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Women's Use of Intimate Partner Violence against Men: Prevalence, Implications, and Consequences

DENISE A. HINES
Clark University, Worcester, Massachusetts, USA

EMILY M. DOUGLAS
Bridgewater State College, Bridgewater, Massachusetts, USA

Evidence showing that women use intimate partner violence (IPV) against their male partners has existed since the 1970s when IPV was first systematically examined. This article discusses the various sources of prevalence rates of IPV by women against men, the dominant theoretical explanation for IPV in general, and its implications for female perpetrators and male victims in the social service and criminal justice systems, as well as the current evidence of the consequences of women's use of IPV to the men who sustain it. Finally, we discuss directions for future research, including our own study focusing on men who sustain IPV.

KEYWORDS domestic violence, female perpetrators, male victims, mental health

Intimate partner violence (IPV) used by women against men is a phenomenon that has received little attention, both within the scholarly literature and the popular media. Despite this lack of attention, for nearly three decades research on IPV has shown that men are frequently the targets of IPV by their female partners. Estimates from national family violence surveys show that within a given year, at least 12% of men are the targets of some sort of physical aggression from their female partners, and 4% (or over 2.5 million men in the United States) sustain severe violence (Straus, 1995). Despite

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Address correspondence to Denise A. Hines, Department of Psychology, Clark University, 950 Main St., Worcester, MA 01610. E-mail: dhines@clarku.edu

declines in other forms of family violence (e.g., against women or children), rates of nonlethal IPV by women against men have remained steady for the past 30 years (Straus, 1995; U. S. Department of Health and Human Services, 2004).[1] In addition, the National Violence Against Women Survey (NVAWS; Tjaden & Thoennes, 2000) showed that female-perpetrated violence accounts for 40% of all injuries due to IPV during a 1-year time period, 27% of all injuries requiring medical attention, and 31% of all victims fearing bodily harm (calculated from NVAWS).

Preliminary research also shows that IPV by women against men is associated with various mental health problems in men, such as depression, stress, psychosomatic symptoms, and general psychological distress (Cascardi, Langhinrichsen, & Vivian, 1992; Simonelli & Ingram, 1998; Stets & Straus, 1990). Thus, IPV by women against men, like other forms of family violence, can be considered a significant health and mental health problem in this country. Scholars, community providers, and mental health practitioners, however, still have much to learn about this social problem. The purpose of the present article is to summarize various estimates of the extent to which women use IPV against male partners. We then discuss how the conceptualization of IPV from a strict feminist viewpoint has hampered the ability of women who use IPV and men who sustain it to seek and get help from the social service and criminal justice systems. It has also hampered our ability to develop programs that can address this issue. We then end with a discussion of our current knowledge of the mental health consequences for men who sustain IPV from women and directions for future research.

EXTENT OF IPV BY WOMEN AGAINST MEN

Incidence reports of women physically aggressing toward their male partners have appeared since studies of IPV began in the early to mid-1970s. For example, in his groundbreaking study of domestic violence, Gelles (1974) found that "the eruption of conjugal violence occurs with equal frequency among both husbands and wives" (p. 77). Since then, information regarding rates of IPV by women toward men has come from multiple sources. First, crime statistics from the U.S. Department of Justice's National Crime Victimization Survey (NCVS) have shown that in 2004, over 1.3 per 1,000 men were assaulted by an intimate partner, most of whom were women (Catalano, 2007). Moreover, in contrast to the dramatic declining rates of reported IPV toward women between 1993 and 2004 (from 9.8 to 3.8 women per 1,000), the rates for men did not decline quite so precipitously

[1] Rates of IPV-related deaths, however, have been declining for both genders. In 1976, 1,357 men and 1,600 women were killed by intimate partners, whereas in 2001, 440 men and 1,247 women were killed by an intimate partner (Rennison, 2003).

(from 1.6 to 1.3 men per 1,000). Crime surveys, however, are likely to underestimate the number of people who sustain IPV because many people, both men and women, often do not conceptualize the physical violence they sustain from their intimate partner as a "crime." This reluctance may be even more pronounced in men because men are commonly expected to be physically dominant; consequently, admitting to sustaining IPV from a woman and labeling it a "crime" may be viewed as emasculating (Steinmetz, 1977). Indeed, studies show that men are not only reluctant to report assaults by women, they are also unlikely to report assaults by other men, even when severe injuries result (Henman, 1996). Furthermore, when marital violence is conceptualized as a crime in surveys, women are significantly less likely than men to report their use of IPV, and some research shows that women fail to report as much as 75% of their use of IPV (Mihalic & Elliott, 1997).

A second source of data on violence by female partners has come from the NVAWS, which showed that 0.8% of men reported being physically assaulted by a current or former intimate partner in the previous year, most of whom were women (Tjaden & Thoennes, 2000). Straus (1999) argued that the NVAWS may have underestimated the amount of IPV that all participants experienced (1.8% of women reported sustaining IPV) for several reasons, including the fact that the respondents were asked first if they were assaulted by anyone and subsequently asked who the assaulter was; however, when thinking about assaults, many people may fail to think of aggressive acts on the part of family members or intimate partners as assaults or violence. Also, in the introductory and subsequent sections of the NVAWS, participants were told that the survey was on personal safety, then were asked if they perceived that violence by men was more or less of a problem "these days." These two components of the survey may lead to underestimates of IPV by women toward men because (a) violence by women is less likely than violence by men to lead to an injury, thus, when considering assaults, men are unlikely to think of the physical aggression their intimate partners may have used; and (b) by framing the study as one concerned with violence by men, all respondents were primed to think of assaults that were committed only by men. The fact that the NVAWS is likely underestimating the extent of IPV experienced by both men and women is further highlighted by the fact that these estimates are one fifteenth of those obtained in hundreds of family conflict studies on IPV (Straus, 1999).

A final source of data on violence by women toward men comes from family conflict studies, many of which use the Conflict Tactics Scales (CTS; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). In contrast to the NVAWS, the instructions for the CTS prompt participants to think about their relationships first and conflicts that may be occurring within those relationships, then report the number of times specific behaviors—such as

slapping, punching, and beating—were used. The words "assault," "violence," or "crime" are never used, but the behaviors are commensurate with the criminal classifications of simple and aggravated assaults. National studies (National Family Violence Surveys [NFVS] of 1975 and 1985; 1992 National Alcohol and Family Violence Survey) conducted by researchers at the University of New Hampshire in the 1970s to 1990s showed that in contrast to declining rates of violence by men toward women, violence by women toward men has remained stable over the 17-year period that spans the time between the first (1975) and last (1992) surveys (Straus, 1995). These trends mirror those found in the NCVS, only the rates of IPV in the family violence surveys are much higher. Specifically, after controlling for age and socioeconomic status, minor assaults (e.g., slapping, pushing) by wives toward husbands were reported to have occurred at a rate of approximately 75 per 1,000 in 1975 and 1985; reports then increased to approximately 95 per 1,000 in 1992. Rates of severe assaults (e.g., punching, beating up) by wives toward husbands reportedly remained constant at approximately 45 per 1,000 in all study years. These rates of severe assaults projected into approximately 2.6 million men per year who sustained IPV that had a high likelihood of causing an injury (Straus & Gelles, 1986).

Rates of sexual and psychological IPV by women toward male partners are harder to obtain because they have rarely been systematically investigated, even though studies show women use both of these types of IPV toward male partners. Studies of college women show that as many as 33% report using aggression (either verbal or physical) to coerce men into engaging in sexual behavior or intercourse (Anderson, 1998; Hines & Saudino, 2003; Struckman-Johnson, 1988), and 20% of men report sustaining such sexual aggression from a woman (Hines & Saudino, 2003; Struckman-Johnson, 1988). Percentages differ based on the exact operational definition of "sexual aggression," and although most of the aggressive tactics used by the women in these encounters to coerce men into sex were verbal, a few women and men indicated that women sometimes use physical force to achieve their sexual goals (Anderson, 1998; Struckman-Johnson & Struckman-Johnson, 1998). Reports of the prevalence of psychological aggression by women toward men estimate that at least half, and as much as 90%, of men are the recipients of some type of psychologically aggressive act (e.g., being threatened, called names, or being insulted or sworn at) in their relationships (Hines & Malley-Morrison, 2001; Hines & Saudino, 2003; Simonelli & Ingram, 1998; Straus & Sweet, 1992).

SOCIAL SERVICE AND CRIMINAL JUSTICE IMPLICATIONS

Taken together, our best population-based surveys show that between 25% and 50% of victims of IPV are men, yet the policy and practice responses to

IPV from the social service and criminal justice professions have been based on a response to patriarchy theory (Dutton & Corvo, 2006). In these arenas, patriarchal theorists assert that the sole cause of IPV is the gendered structure of society. Men have economic, political, social, and occupational power over women, a power structure that is reflected in heterosexual romantic and sexual relationships. To maintain their power in heterosexual relationships, men strategically use IPV and have been socialized to believe that IPV is justified to maintain their dominance (e.g., Dobash & Dobash, 1979; Hammer, 2003). This perspective dominates because feminist advocates were the leaders in enlightening the public, lawmakers, and scholars during the feminist movement of the 1970s to the problem of IPV against women, changing IPV laws and policies, and developing programs to help female victims of IPV and reform male batterers (see Straus, 2009).

The patriarchal theoretical framework is exemplified in the Duluth Model (Pence & Paymar, 1983), the long-standing and dominant model for treating IPV perpetrators, which stresses that battering is a calculated choice by men to exert their power and control over women. According to the Duluth Model, women do not and would not use IPV against men because IPV is an issue of power and control of which only men in a system of patriarchy are capable. Thus, women who use IPV face considerable barriers when seeking help within the current domestic-violence service system because it does not allow for their existence. The following quote exemplifies the experiences of some of these women: "[Now] he tries to understand my side of the argument. He talks to me rather than hits me. I still hit him, however. I would like to enroll in a class in anger management, but the [local] shelter for battered women does not help women with this problem" (Stacey, Hazlewood, & Shupe, 1994, p. 63).

The predominant criminal justice policy that has affected female perpetrators of IPV has been mandatory arrest policies, which mandate (or in some states, strongly encourage) police officers to make an arrest in any call involving IPV. These policies have led to an increase in women being arrested for IPV, particularly in "dual-arrest" situations—those that are seemingly mutually volatile and in which the police cannot determine whether one party is the perpetrator of assault, and therefore arrest both parties (Buzawa & Buzawa, 2003). Dual-arrest situations have allowed many researchers to investigate possible gender differences between male and female perpetrators of IPV, which could have implications for differential treatment programs. Arrest data from one midwestern city in 1997 (Melton & Belknap, 2003) showed the types of violence used by male versus female perpetrators. Male perpetrators seemed to engage in more severe violence than female perpetrators. For example, men were more likely to have used lethal and nonlethal threats; attempted to prevent their female partners from calling the police; and shoved, grabbed, dragged, pulled the hair of, physically restrained, or strangled their partners. Female perpetrators were more

likely than male perpetrators to have hit their male partners with an object, thrown an object at him, struck him with a vehicle, bit him, and used a weapon against him. There were no gender differences in whether the perpetrator slapped, punched, hit, knifed, or stabbed the victim, or in injury rates for cuts, abrasions, broken bones, or broken teeth.

A study of IPV offenders in Shelby County, Tennessee, from December 1997 and March 2001 found similar results for levels of violence, but also extended our knowledge by analyzing other perpetrator and victim data (Henning & Feder, 2004). Male perpetrators engaged in more serious violence—such as choking, forcing sexual activity, and threatening homicide—and engaged in such violence more frequently than female perpetrators, but female perpetrators were more likely to have used a weapon. Male perpetrators had a longer criminal history and more substance abuse problems. The authors found no gender differences in victim injury rates, frequency or severity of psychological abuse, suicidal threats, stalking behaviors, or juvenile arrest rates.

A final study investigated gender differences among 45 male and 45 female IPV primary perpetrators in North Carolina who were mandated to attend treatment as part of their probation (Busch & Rosenberg, 2004). This study showed that although men had a longer history of domestic violence offenses and other nonviolent criminal offenses than women, the majority of women did have criminal histories. There were no gender differences in the number of previous domestic violence arrests among perpetrators with a prior offense or in a history of violent crime outside the home. In addition, men used more violent acts in the arrest incident, but men and women were equally likely to use a severely violent act. There were no gender differences in the injury rates of the victims, but there were gender differences in the method used to inflict injury: women tended to use a weapon or object, whereas men tended to use their bodies alone, to injure their victims. Finally, there were no gender differences in substance abuse problems, the use of substances at the time of arrest, or the types of substances that the perpetrators abused.

Overall, these studies show that there may be some gender differences in the way men and women use IPV and in the events that precipitate their use of IPV. At the same time, these studies present information concerning documented instances of criminal-level IPV perpetration by women. This research demonstrates the importance of studying women who use IPV because the service needs for women may differ from those of men.

These studies also allude to the potential problems that men who sustain IPV from their female partners may face when encountering the social service and criminal justice systems as an IPV victim. Men who sustain IPV from their female partners face several potential internal and external barriers to seeking help from social services and the criminal justice system. For example, men, in general, are not likely to seek help for issues that society

deems nonnormative or for which society deems they should be able to handle themselves (Addis & Mihalik, 2003). Men who sustain IPV may not seek help because of fears that they will be ridiculed and experience shame and embarrassment (McNeely, Cook, & Torres, 2001).

If they do overcome these internal barriers, they may experience external barriers when contacting social services or the police. They may have trouble locating the few resources that are available specifically for male victims of IPV and may encounter resistance by those providing IPV services. For example, when calling domestic violence hotlines, men who sustained IPV have reported that hotline workers indicate that they only help women or infer that the men must be the actual abuser. Male help-seekers report that hotlines will sometimes refer them to batterers' programs. Some men have reported that when they call the police during an incident in which their female partners are violent, the police sometimes fail to respond or take a report. Other men report being ridiculed by the police or being incorrectly arrested and convicted as the violent perpetrator, even when there is no evidence of injury to the female partner (Cook, 1997; Hines, Brown, & Dunning, 2007; McNeely et al., 2001). There are also policies in some regions that discourage the arrest of women as the primary perpetrators of IPV. For example, in Massachusetts, instances involving male victims were five times less likely to end in an arrest than similar instances involving female victims. Furthermore, in some instances involving male victims, officers either made no arrest or arrested the male victims—presuming that they were the primary aggressors (Buzawa & Hotaling, 2000).

Anecdotal studies, in which self-identified male victims described their experiences with the criminal justice system, provide some indication that within the judicial system, some men who sustained IPV may be treated unfairly because of their gender. Even with apparent corroborating evidence that their female partners were violent and that the help-seekers were not violent toward their partners or children, male help-seekers reported that they have lost custody of their children and have been falsely accused by their female partners of violence and of sexually abusing their children. Male help-seekers have reported that their complaints concerning their female partners' violence have not always been taken seriously, yet their partner's false accusations have reportedly been given serious weight during the judicial process (Cook, 1997). Other men have reported similar experiences in which their female partners misused the legal or social service systems to inappropriately block access between them and their children or to file false allegations with child welfare services (Hines et al., 2007). According to some experts, the burden of proof for IPV victimization is high for men because it falls outside of our common understanding of gender roles (Cook, 1997); this can make leaving a violent female partner that much more difficult. For example, many men who sustained IPV report

that they stayed with their violent female partners in order to protect the children from their partner's violence. The men worried that if they left their violent wives, the legal system could still grant custody of the children to their wives and that perhaps even their custody rights would be blocked by their wives as a continuation of the controlling behaviors that their wives used during the marriage (McNeely et al., 2001).

CONSEQUENCES TO MEN WHO SUSTAIN IPV

Most research concerning the outcomes and consequences for men who sustain IPV typically have been conducted on men in community- or population-based samples, thus, these results cannot necessarily be generalized to all men seeking help for IPV victimization. Furthermore, many of these studies compare the relative consequences of female versus male victims, and because the female victims tend to have worse outcomes, the problematic outcomes that men experience are typically glossed over. Nonetheless, these studies are useful for elucidating possible outcomes on men who sustain IPV. Overall, results have shown that many men are physically injured and sometimes even killed as a result of IPV (Mann, 1996; Stets & Straus, 1990). Emergency room doctors have reported treating many types of injuries to men who sustained IPV, including ax injuries, burns, injuries with fireplace pokers and bricks, and gunshot wounds (Duminy & Hudson, 1993; Krob, Johnson, & Jordan, 1986; McNeely et al., 2001). Reports of men being physically injured by their female partners are also evident in the literature on community samples of couples. For example, Cascardi and colleagues (1992) found that 2% of men who reported experiencing minor or severe IPV also reported suffering broken bones, broken teeth, and/or an injury to a sensory organ. Similarly, data from the 1985 NFVS showed that 1% of the men who reported being severely assaulted needed medical attention (Stets & Straus, 1990). Morse (1995) and Makepeace (1986) found higher rates of injury among men: between 10% and 20% of the men who sustained IPV reported some type of injury. These higher injury rates could be a function of the different measures of injuries among the studies and/or the different types of samples (e.g., Morse sampled younger adults, whereas Stets and Straus studied a U.S. population–based sample).

Research on the possible psychological outcomes on men who sustain physical IPV shows that many report experiencing anger, emotional hurt, shame, and fear as a result of IPV (Follingstad, Wright, Lloyd, & Sebastian, 1991; Morse, 1995). Studies also show that in comparison to men who have not experienced IPV, men who sustained IPV experienced greater levels of depression, stress, psychological distress, and psychosomatic symptoms (Cascardi et al., 1992; Simonelli & Ingram, 1998; Stets & Straus, 1990). Men who experienced psychological maltreatment from a partner have been

shown to display depressive symptoms and psychological distress (Simonelli & Ingram, 1998; Vivian & Langhinrichsen-Rohling, 1994). Little work has been done on the mental health status of men who sustained sexual aggression from a female intimate partner, although preliminary research does indicate that the majority of these men are upset by these experiences (Struckman-Johnson & Struckman-Johnson, 1998).

The studies reviewed here are valuable in addressing possible outcomes of IPV toward men, but they are limited. For example, these studies focused primarily on internalizing symptoms, which women experience at two times the rate of men in the population as a whole. The studies did not examine more externalizing symptoms, such as alcoholism, which are more characteristic of how men respond to stressful events (Comer, 1992), and they did not assess symptoms of post-traumatic stress disorder (PTSD), which have been found in women who sustain IPV (Walker, 1993), as well as men who have been exposed to other types of traumatic events (Kulka et al., 1990). Also, none of the studies on mental health status were of men who sustained IPV and sought help; help-seeking men may experience more physical and psychological injuries than men in a community- or population-based sample, in the same way that samples of women who use shelters experience more injuries than women who sustain IPV in community- or population-based studies.

The experience of IPV is generally considered to be a traumatic event, and many men who sustain IPV and seek help view their IPV experiences as traumatic (Cook, 1997). People who experience traumatic events are at increased risk for a range of psychological disorders, such as those discussed above. However, more common types of traumatic responses include symptoms of PTSD and alcohol/substance abuse (American Psychiatric Association, 1994). PTSD is a psychiatric condition that can follow the experience of a traumatic incident, and its symptoms tend to cluster on three dimensions: persistent re-experiencing of the trauma, persistent avoidance of stimuli associated with the trauma, and persistent increased arousal (American Psychiatric Association, 1994). Severe and persistent symptoms are needed for one to be diagnosed with PTSD (Wakefield & Spitzer, 2002); however, many people who experience a traumatic event respond with at least some of the symptoms of PTSD. PTSD has consistently been found among women who experience IPV. For example, among battered women, about 30–60% evidence PTSD (Astin, Lawrence, & Foy, 1993; Cascardi, O'Leary, Lawrence, & Schlee, 1995; Gleason, 1993; Saunders, 1994). Moreover, increased symptoms are positively correlated with greater severity of IPV exposure, although even psychological or mild IPV can elicit PTSD symptoms (Astin et al., 1993; Housekamp & Foy, 1991; Kemp, Rawlings, & Green, 1991; Woods & Isenberg, 2001). Little work has been conducted on whether men could have similar mental health reactions. Preliminary work suggests that greater severity of IPV experiences among men is associated

with increased PTSD symptoms (Hines, 2007; Hines & Malley-Morrison, 2001); however, these studies used only university students in their subject pools. It is unknown whether this association would generalize to the larger population and/or to a population of men who sustain IPV and seek help. Moreover, research has not examined whether PTSD symptoms would be more severe among male help-seekers than among men sustaining IPV in the general population.

In addition, alcohol and substance abuse are common means of coping with the experience of a traumatic event. Stress-coping models of alcohol and substance use suggest that increases in the use of these substances may be associated with the psychological sequelae of a traumatic experience (Jacobsen, Southwick, & Kosten, 2001; Simons, Gaher, Jacobs, Meyer, & Johnson-Jimenez, 2005; Stewart, 1996). Indeed, research consistently shows that victims of abuse in both childhood and adulthood have higher rates of alcohol and substance abuse than nonvictims, and that the severity of abuse is related to the severity of trauma exposure (Stewart, 1996). Thus, the use of alcohol or other substances is a maladaptive mechanism for coping with the negative emotions associated with a traumatic event (Jacobsen et al., 2001). However, no studies to our knowledge have investigated the association between sustaining IPV and alcohol/substance abuse among men.

Not only are both PTSD and alcohol/substance abuse independent sequelae of traumatic exposure, but in both clinical and nonclinical samples, they are highly comorbid disorders that are functionally related (Chilcoat & Breslau, 1998; Jacobsen et al., 2001; Stewart, 1996; Stewart, Pihl, Conrod, & Dongier, 1998). Studies consistently have shown that alcohol and substance abuse are most often associated with the re-experiencing and hyperarousal symptoms of PTSD (Shipherd, Stafford, & Tanner, 2005; Stewart, 1996; Stewart et al., 1998). Although the functional relationship between PTSD and alcohol/substance abuse could follow one of many causal pathways, the dominant model in the field that receives the overwhelming majority of research support is the self-medication model (Chilcoat & Breslau, 1998; Jacobsen et al., 2001; Stewart, 1996; Stewart et al., 1998). In this model, alcohol and other substances seem to provide acute-symptom relief of PTSD. In particular, they seem to lessen the hyperarousal components and facilitate the forgetting of traumatic memories through their effects on the central nervous system (Chilcoat & Breslau, 1998; Jacobsen et al., 2001; Stewart, 1996; Stewart, Conrod, Pihl, & Dongier, 1999; Stewart et al., 1998). In other words, alcohol and other substances seem to be used in an effort to provide relief from the distressing symptoms of PTSD (Chilcoat & Breslau, 1998). Thus, PTSD seems to serve as a partial mediator for the association between the experience of a traumatic event and alcohol/substance abuse. Although studies indicate that many trauma victims will abuse alcohol and substances as a result of the trauma independent of PTSD symptoms, the more severe the trauma, the more likely both PTSD

and alcohol/substance abuse will develop (Kilpatrick & Resnick, 1993). However, no studies have investigated whether men who sustain IPV are at risk for PTSD and alcohol/substance abuse comorbidity, and if greater IPV severity is associated with PTSD–alcohol/substance abuse comorbidity.

CONCLUSION

Overall, there is evidence that women use IPV against their male partners. The evidence also suggests that criminal justice and social service agencies are unsure of how to respond to or provide services to female perpetrators or male victims. Given the potentially serious physical and mental health consequences this can have, particularly for victims, there are compelling reasons why research in this area needs to move beyond the argument over who perpetrates more IPV and who suffers more as a consequence of IPV. As shown above, the majority of research thus far on men who sustain IPV makes these comparisons, and because the prevalence of male victimization may be lower and the injuries and mental health consequences to male victims may be less widespread or severe on average, the very severe consequences suffered by many men who sustain IPV have been largely overlooked. It is time that these men get the attention and services they need regardless of the prevalence of their experiences in comparison to others.

We are currently conducting a study on men who sustain IPV and seek help that is funded by the National Institute of Mental Health. Our goal is to move research in this field beyond arguments over who perpetrates the most IPV and who suffers most. We are concentrating on men who seek help for IPV issues so that we can better understand the dynamics of their relationships (e.g., the extent of physical, psychological, and sexual abuse by both the female and male partners; the details of their last physical argument; the extent to which alcohol and drug abuse are involved in arguments; and the extent to which children witness IPV); the physical injuries men sustain and the possible mental health issues men experience in these relationships, particularly PTSD symptoms and alcohol/substance abuse; and the help-seeking experiences of men who sustain IPV (e.g., the extent to which they find domestic violence helplines, domestic violence programs, and the police to be helpful or barriers in their quest to end the IPV in their relationships) and the potential mental health problems that may be related to or correlated with barriers to seeking help. Data collection was completed in early January 2009; we will begin to make preliminary results available on our study Web site and at national professional conferences (see http://www.clarku.edu/faculty/dhines). We are hopeful that this study will provide solid groundwork for future studies on women's IPV against male partners.

REFERENCES

Addis, M. E., & Mihalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*, 5–14.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Anderson, P. B. (1998). Women's motives for sexual initiation and aggression. In P. B. Anderson & C. Struckman-Johnson (Eds.), *Sexually aggressive women: Current perspectives and controversies* (pp. 79–93). New York: Guilford.

Astin, B., Lawrence, K. J., & Foy, D. W. (1993). Posttraumatic stress disorder among battered women: Risk and resiliency factors. *Violence and Victims*, *8*, 17–28.

Busch, A., & Rosenberg, M. (2004). Comparing women and men arrested for domestic violence: A preliminary report. *Journal of Family Violence*, *19*, 49–58.

Buzawa, E. S., & Buzawa, C. G. (2003). *Domestic violence: The criminal justice response*. Thousand Oaks, CA: Sage.

Buzawa, E. S., & Hotaling, G. (2000). *The police response to domestic violence calls for assistance in three Massachusetts towns: Final report*. Washington, DC: National Institute of Justice.

Cascardi, M., Langhinrichsen, J., & Vivian, D. (1992). Marital aggression: Impact, injury, and health correlates for husbands and wives. *Archives of Internal Medicine*, *152*, 1178–1184.

Cascardi, M., O'Leary, K. D., Lawrence, E. E., & Schlee, K. A. (1995). Characteristics of women physically abused by their spouses and who seek treatment regarding marital conflict. *Journal of Consulting and Clinical Psychology*, *63*, 616–623.

Catalano, S. (2007). *Intimate partner violence in the United States* [Electronic Version]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved October 1, 2007 from http://www.ojp.usdoj.gov/bjs/intimate/ipv.htm.

Chilcoat, H. D., & Breslau, N. (1998). Investigations of causal pathways between PTSD and drug use disorders. *Addictive Behaviors*, *23*(6), 827–840.

Comer, R. J. (1992). *Abnormal psychology*. New York: Freeman.

Cook, P. W. (1997). *Abused men: The hidden side of domestic violence*. Westport, CT: Praeger.

Dobash, R. E., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy*. New York: Free Press.

Duminy, F. J., & Hudson, D. A. (1993). Assault inflicted by hot water. *Burns*, *19*, 426–428.

Dutton, D. G., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior*, *11*, 457–483.

Follingstad, D. R., Wright, S., Lloyd, S., & Sebastian, J. A. (1991). Sex differences in motivations and effects in dating violence. *Family Relations*, *40*, 51–57.

Gelles, R. J. (1974). *The violent home: A study of physical aggression between husbands and wives*. Beverly Hills, CA: Sage.

Gleason, W. J. (1993). Mental disorders in battered women: An empirical study. *Violence and Victims*, *8*, 53–68.

Hammer, R. (2003). Militarism and family terrorism: A critical feminist perspective. *The Review of Education, Pedagogy, and Cultural Studies*, *25*, 231–256.

Henman, M. (1996). Domestic violence: Do men under report? *Forensic Update*, *47*, 3–8.

Henning, K., & Feder, L. (2004). A comparison of men and women arrested for domestic violence: Who presents the greater threat? *Journal of Family Violence*, *19*(2), 69–80.

Hines, D. A. (2007). Post-traumatic stress symptoms among men who sustain partner violence: A multi-national study of university students. *Psychology of Men and Masculinity*, *8*, 225–239.

Hines, D. A., Brown, J., & Dunning, E. (2007). Characteristics of callers to the Domestic Abuse Helpline for Men. *Journal of Family Violence*, *22*, 63–72.

Hines, D. A., & Malley-Morrison, K. (2001, August). *Effects of emotional abuse against men in intimate relationships*. Paper presented at the American Psychological Association's Annual Convention, San Francisco, CA.

Hines, D. A., & Saudino, K. J. (2003). Gender differences in psychological, physical, and sexual aggression among college students using the Revised Conflict Tactics Scales. *Violence and Victims*, *18*, 197–218.

Housekamp, B. M., & Foy, D. W. (1991). The assessment of posttraumatic stress disorder in battered women. *Journal of Interpersonal Violence*, *6*, 367–375.

Jacobsen, L. K., Southwick, S. M., & Kosten, T. R. (2001). Substance use disorders in patients with posttraumatic stress disorder: A review of the literature. *American Journal of Psychiatry*, *158*(8), 1184–1190.

Kemp, A., Rawlings, E. I., & Green, B. L. (1991). Post-traumatic stress disorder (PTSD) in battered women: A shelter sample. *Journal of Traumatic Stress*, *4*, 137–148.

Kilpatrick, D. G., & Resnick, H. S. (1993). Posttraumatic stress disorder associated with exposure to criminal victimization in clinical and community populations. In J. R. T. Davidson & E. B. Foa (Eds.), *Posttraumatic stress disorder: DSM-IV and beyond* (pp. 113–143). Washington, DC: American Psychiatric Press.

Krob, M. J., Johnson, A., & Jordan, M. H. (1986). Burned and battered adults. *Journal of Burn Care and Rehabilitation*, *7*, 529–531.

Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., et al. (1990). *Trauma and the Vietnam War generation: Report of the findings from the National Vietnam Veterans Readjustment Study*. New York: Brunner/Mazel.

Makepeace, J. M. (1986). Gender differences in courtship violence victimization. *Family Relations*, *35*, 383–388.

Mann, C. R. (1996). *When women kill*. New York: State University of New York Press.

McNeely, R. L., Cook, P. W., & Torres, J. B. (2001). Is domestic violence a gender issue, or a human issue? *Journal of Human Behavior in the Social Environment*, *4*, 227–251.

Melton, H. C., & Belknap, J. (2003). He hits, she hits: Assessing gender differences and similarities in officially reported intimate partner violence. *Criminal Justice and Behavior*, *30*(3), 328–348.

Mihalic, S. W., & Elliott, D. (1997). If violence is domestic, does it really count? *Journal of Family Violence*, *12*, 293–311.

Morse, B. J. (1995). Beyond the Conflict Tactics Scales: Assessing gender differences in partner violence. *Violence and Victims*, *10*, 251–272.

Pence, E., & Paymar, M. (1983). *Education groups for men who batter: The Duluth Model*. New York: Springer.

Rennison, C. M. (2003). *Intimate partner violence, 1993–2001* (Special Report, NCJ 197838). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Saunders, D. G. (1994). Post-traumatic stress symptom profiles of battered women: A comparison of survivors in two settings. *Violence and Victims*, *9*, 31–44.

Shipherd, J. C., Stafford, J., & Tanner, L. R. (2005). Predicting alcohol and drug abuse in Persian Gulf War veterans: What role do PTSD symptoms play? *Addictive Behaviors*, *30*, 595–599.

Simonelli, C. J., & Ingram, K. M. (1998). Psychological distress among men experiencing physical and emotional abuse in heterosexual dating relationships. *Journal of Interpersonal Violence*, *13*, 667–681.

Simons, J. S., Gaher, R. M., Jacobs, G. A., Meyer, D., & Johnson-Jimenez, E. (2005). Associations between alcohol use and PTSD symptoms among American Red Cross disaster relief workers responding to the 9/11/2001 attacks. *American Journal of Drug and Alcohol Abuse*, *31*, 385–304.

Stacey, W. A., Hazlewood, L. R., & Shupe, A. (1994). *The violent couple*. Westport, CT: Praeger.

Steinmetz, S. K. (1977). Wifebeating, husbandbeating: A comparison of the use of physical violence between spouses to resolve marital fights. In M. Roy (Ed.), *Battered women: A psychosociological study of domestic violence* (pp. 63–72). New York: Van Nostrand Reinhold Co., Inc.

Stets, J. E., & Straus, M. A. (1990). Gender differences in reporting marital violence and its medical and psychological consequences. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptation to violence in 8,145 families* (pp. 151–166). New Brunswick, NJ: Transaction.

Stewart, S. H. (1996). Alcohol abuse in individuals exposed to trauma: A critical review. *Psychological Bulletin*, *120*(1), 83–112.

Stewart, S. H., Conrod, P. J., Pihl, R. O., & Dongier, M. (1999). Relations between posttraumatic stress syndrome dimensions and substance dependence in a community-recruited sample of substance-abusing women. *Psychology of Addictive Behaviors*, *13*, 78–88.

Stewart, S. H., Pihl, R. O., Conrod, P. J., & Dongier, M. (1998). Functional associations among trauma, PTSD, and substance-related disorders. *Addictive Behaviors*, *23*(6), 797–812.

Straus, M. A. (1995). Trends in cultural norms and rates of partner violence: An update to 1992. In National Council on Family Relations (Series Ed.) & S. Stith & M. A. Straus (Vol. Eds.), *Families in Focus, Vol. 2. Understanding partner violence: Prevalence, causes, consequences, and solutions* (pp. 30–33). Minneapolis, MN: National Council on Family Relations.

Straus, M. A. (1999). The controversy over domestic violence by women: A methodological, theoretical, and sociology of science analysis. In X. B. Arriaga & S. Oskamp (Eds.), *Violence in intimate relationships* (pp. 17–44). Thousand Oaks, CA: Sage.

Straus, M. A. (2009). Why the overwhelming evidence on partner physical violence by women has not been perceived and is often denied. *Journal of Aggression, Maltreatment, & Trauma*, *18*(6), 552–571.

Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family*, *48*, 465–479.

Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric properties. *Journal of Family Issues*, *17*, 283–316.

Straus, M. A., & Sweet, S. (1992). Verbal/symbolic aggression in couples: Incidence rates and relationships to personal characteristics. *Journal of Marriage and the Family*, *54*, 346–357.

Struckman-Johnson, C. (1988). Forced sex on dates: It happens to men, too. *Journal of Sex Research*, *24*, 234–241.

Struckman-Johnson, C., & Struckman-Johnson, D. (1998). The dynamics and impact of sexual coercion of men by women. In P. B. Anderson & C. Struckman-Johnson (Eds.), *Sexually aggressive women: Current perspectives and controversies* (pp. 121–143). New York: Guilford.

Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice. Retrieved September 9, 2003, from http://www.ojp.usdoj.gov/nih/victdocs.htm#2000.

U. S. Department of Health and Human Services. (2004). *Child maltreatment, 2002*. Washington, DC: Administration on Children, Youth, and Families. Retrieved September 11, 2004, from http://www.acf.hhs.gov/programs/cb/publications/cmreports.htm.

Vivian, D., & Langhinrichsen-Rohling, J. (1994). Are bi-directionally violent couples mutually victimized? A gender sensitive comparison. *Violence and Victims*, *9*, 107–124.

Wakefield, J. C., & Spitzer, R. L. (2002). Lowered estimates—but of what? *Archives of General Psychiatry*, *59*, 129–130.

Walker, L. E. (1993). The battered woman syndrome is a psychological consequence of abuse. In R. J. Gelles & D. R. Loseke (Eds.), *Current controversies on family violence* (pp. 133–153). Newbury Park, CA: Sage.

Woods, S., & Isenberg, M. A. (2001). Adaptation as a mediator of intimate abuse and traumatic stress in battered women. *Nursing Science Quarterly*, *14*, 215–221.