

Characteristics of Callers to the Domestic Abuse Helpline for Men

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Published online: 10 February 2007
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Abstract Intimate partner violence (IPV) by women against men has been the subject of much debate. Feminists typically argue that IPV is committed only by men against women. Others argue that violence is a human problem and women also commit much IPV. To resolve these debates, IPV has been classified into two categories: common couple violence captured by population-based studies, and patriarchal terrorism, captured by studies of battered women. This typology ignores male victims of extreme IPV. The current study addresses this omission by describing 190 male callers to the Domestic Abuse Helpline for Men. All callers experienced physical abuse from their female partners, and a substantial minority feared their wives' violence and were stalked. Over 90% experienced controlling behaviors, and several men reported frustrating experiences with the domestic violence system. Callers' reports indicated that their female abusers had a history of trauma, alcohol/drug problems, mental illness, and homicidal and suicidal ideations.

Keywords Abused men · Intimate partner violence · Domestic violence · Female violence

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Since the beginning of systematic research into intimate partner violence (IPV) began in the 1970s, one of the most controversial subjects has been IPV by women. Although data from such sources as crime and hospital reports show that women are the primary victims of IPV (e.g., Melton & Belknap, 2003; Rennison, 2003), population-based studies and studies using either community or convenience samples have consistently shown that women perpetrate as much IPV as men do (e.g., Hines & Saudino, 2003; Morse, 1995; O'Leary et al., 1989; Straus & Gelles, 1986). Critics of these latter studies have stated that violence by women is only in self-defense or retaliation (e.g., Kurz, 1993; Pleck, Pleck, Grossman, & Bart, 1977) and therefore our real concern should be violence against women. Others have argued that violence is a human problem, not a gender problem, and violence by women should not be ignored because most of it is not enacted in self-defense (e.g., Felson, 2002; Hines & Malley-Morrison, 2001; Straus, 1993).

Critics of the population-based studies have primarily been feminists, who have argued that studies which show that men and women use the same number of violent acts in their relationships do not necessarily show that men and women are equally violent. They argue that focusing on the acts ignores motivations, precipitating events, and the interpersonal and historical context of the violence (Dobash, Dobash, Wilson, & Daly, 1992). If one wants to understand domestic violence, they argue, one must understand first that the power structure of society is one in which males are socially, politically, and economically dominant over females. This societal power structure is reflected in interpersonal relationships, and men misuse the power they have in their relationships because they have been socialized to believe they have the right to control women, even through violent means. Thus, many feminists argue, domestic violence is a gendered problem of men's violence against women, and if

women do perpetrate violence against their male partners, it is either in self-defense or they are identifying with the male aggressor. In other words, in the prevailing feminist framework, males are the perpetrators and females are the victims (Dobash & Dobash, 1988; Kurz, 1993; Walker, 1989).

Those who argue that violence by women is also a significant problem have acknowledged that violence by men against women is a more serious problem because it can result in more injuries, but they also argue that in order to properly understand violence, we must acknowledge that women can also be violent in their own right. These researchers point toward several studies which show that (1) the majority of women do not cite self-defense as a motive for their violence against their male partners, but rather anger, jealousy, retaliation for emotional hurt, efforts to gain control and dominance, and confusion (Cate, Henton, Koval, Christopher, & Lloyd, 1982; Felson & Messner, 2000; Follingstad, Wright, Lloyd, & Sebastian, 1991; Makepeace, 1981); (2) half of all violent arguments are initiated by women (Straus & Gelles, 1988); (3) in approximately 50% of violent relationships the violence is mutual, in approximately 25% the violence is perpetrated by only the male, and in approximately 25% the violence is perpetrated only by the female (Hines & Saudino, 2003; Morse, 1995; O'Leary et al., 1989; Straus & Gelles, 1988); and (4) on average, men do not have more power than women in American families (McDonald, 1980). Thus, these researchers argue, domestic violence needs to be viewed as a human problem, not a gender problem (Felson, 2002; Hines & Malley-Morrison, 2001; Straus, 1993).

This controversy has led some researchers to argue that there are two mutually exclusive types of IPV: (1) *common couple violence*, which is typically reported in studies of the general population and is marked by more or less “minor” reciprocal violence between husbands and wives; and (2) more extreme *terroristic violence*, which is mostly found in studies of shelter populations of battered women and criminal justice surveys; women experiencing terroristic violence are usually subject to systematic, serious, and frequent beatings, that are imbedded in a general pattern of control, and any violence by the women would usually be in self-defense (Johnson, 1995; Straus, 1990). This typology has proved useful for settling some of the controversy surrounding the findings of violence by women; however, it has essentially ignored men who are the counterparts to the female victims of terroristic violence.

One reason that male victims of severe IPV by women have been ignored in the typology is that they have rarely, if ever, been systematically studied. There have been few grassroots efforts to help these male victims of IPV, and none is as well organized or widespread as the shelter movement, which has allowed research on battered women to proliferate because there are places where battered women gather. These services for victims of IPV have targeted battered

women primarily because the organizers of these efforts have espoused the feminist perspective that the problem of domestic violence is due to the patriarchal structure of society. A second, and related, reason why the male counterpart to female victims of terroristic violence has never been studied is that many researchers in the field deny that such males exist (e.g., Dobash & Dobash, 1988), or that if they do exist, the extent to which men are victimized by women does not represent a significant social problem (e.g., Kurz, 1993).

The current situation for research on male victims of severe IPV can be likened to the situation for female victims of severe IPV prior to the shelter movement: we knew they existed, but we knew little about them because there were few places where we could study them. Similarly, researchers interested in the plight of male victims of severe IPV have been unable to study them because there has been no one place where abused men gather. However, population-based studies have shown that male victims of severe IPV exist. According to the most recent National Family Violence Survey, approximately 4.8% of men, or 2.6 million men nationwide, report being the victims of severe violence by their wives, violence that includes acts such as punching, kicking, beating up, and using a knife or gun (Straus & Gelles, 1986). It is important to study these male victims of severe IPV so that we can understand the dynamics of this type of abusive relationship. Once we understand these dynamics, we can lend further support to one of the two competing arguments concerning domestic violence (i.e., whether it is a gender or a human issue).

Recently, a grassroots effort aided in the formation of a place where abused men can receive help for their violent domestic situations. In October of 2000, the first ever helpline in the United States for male victims of IPV opened. The Domestic Abuse Helpline for Men (DAHMH) is currently the only helpline that specifically focuses on assisting male victims of IPV. Thus, the dynamics of relationships characterized by the abuse of the male partner could finally be studied. DAHMH provides practical assistance in the form of a toll-free crisis line, referral services, and court advocacy support to victims of IPV. The Helpline also advocates for the development of a comprehensive, coordinated approach to reducing all IPV, and works toward facilitating enforcement of the laws, policies, and procedures applicable to domestic violence. Although the focus of the DAHMH is primarily on male victims of abuse, whose needs have traditionally not been addressed by other agencies, they help any victim of IPV who needs assistance. In addition, the helpline is dedicated to promoting awareness by the public, law enforcement, and social service agencies, of the need to redefine domestic violence to equitably recognize and allocate resources to all victims of IPV.

Since the days that the DAHMH first opened, the rate of calls has steadily increased. When the Helpline first started, it

received approximately one call per day; however, in March of 2004, the DAHM received over 225 calls from men who are the victims of IPV or friends/family members of men who are victims. The DAHM recently experienced an exponential increase in the numbers of callers because their phone number was published in Verizon’s 2004 phone books, which were gradually released to each state across the country. The purpose of the current study was to present descriptive data of the male callers to the DAHM so that we can gain preliminary knowledge of male victims of IPV and the dynamics of their relationships. These cases of IPV are most likely not cases of either common couple violence or patriarchal terrorism. Men who are participants in common couple violence would probably not reach out for help to an anonymous helpline because the violence they experience is relatively minor and not embedded within a controlling situation; in other words, when the violence and controlling behaviors are serious enough to prompt these men to call a helpline, the situation can no longer be considered common couple violence. In addition, men who are the perpetrators of patriarchal terrorism would not call a helpline that is advertised for *victims* of abuse. These are cases in which males are most likely the primary victims of IPV and are reaching out for help to either change the abusive situation or figure a way to safely leave the situation.

Methods

Participants

Participants for the current study were 246 callers who called the DAHM between January of 2002 and November of 2003 for whom data was collected by two of the five volunteers at the DAHM (three of the volunteers, who no longer volunteer for the DAHM, did not submit their call sheets to the Executive Director of the DAHM, and repeated attempts to obtain the call sheets were unsuccessful). Table 1 presents characteristics of the callers and how they learned of the DAHM. As shown, 77.2% ($n = 190$) of the callers called for themselves, 5.3% of callers called for a friend, and an additional 7.3% called for a family member (i.e., brother, son, father, or nephew). The 1.2% who called for a husband or boyfriend were calling for information on how to deal with an abusive ex-wife of their current husband or boyfriend.

Almost half of the participants learned about the DAHM through their website (www.noexcuse4abuse.org). However, a substantial number also learned about the helpline through media reports, such as newspaper articles on the helpline or television and radio talk shows which gave out the helpline’s number. Although only one caller learned of the DAHM through the phonebook, this number has been increasing

Table 1 Callers, referral sources, and occupational status of callers to the Domestic Abuse Helpline for Men ($n = 246$)

	% of Callers (n)
For whom caller called	
Self	77.2% (190)
Friend	5.3% (13)
Family member	7.3% (18)
Husband/boyfriend	1.2% (3)
Just for information	2.4% (6)
Other/unknown	6.5% (16)
Referral source	
Website	42.3% (104)
Media	16.3% (40)
Domestic violence project	3.7% (9)
Phonebook	0.4% (1)
Other/unknown	37.4% (92)
Occupation ($n = 95$ men who were asked this question)	
Disabled	17.9% (17)
Military/police/fire	13.7% (13)
Students/teachers/education/mental health	13.7% (13)
Laborers	11.6% (11)
Unemployed	9.5% (9)
Doctors/professors/attorneys/advanced degrees	8.4% (8)
Artists/musicians	5.3% (5)
Business: owners/managers	5.3% (5)
Advertising/sales	4.2% (4)
Computers	4.2% (4)
Construction	4.2% (4)
High profile occupations	4.2% (4)
Engineers/architects	3.2% (3)
Stay-at-home dads	3.2% (3)
Journalists	2.1% (2)

Note. Family Member includes brothers, sons, nephews, and fathers. Husband/boyfriend refers female callers who called because their husband or boyfriend had been abused by an ex-wife. Media refers to newspaper articles and television shows that gave information about the DAHM. Domestic Violence Project means that the caller was referred to the DAHM by another domestic violence project.

For occupational status, numbers do not add up to 95 because several men fell under two categories of occupation. High profile occupations include occupations in which if the occupation was revealed it would possibly reveal the identity of the caller.

because, as mentioned previously, the DAHM’s information is currently being published on the crisis page of Verizon phonebooks across the country.

Procedure

When victims of IPV call the DAHM, volunteers trained in advocating for male victims of IPV gather information regarding the victimization experiences and current situation of the male victim. Volunteers typically create a conversation summary and ask the following questions, although because the volunteers are not required to ask them (and because the

callers are not required to answer them), data on all of the questions are not complete for all callers:

1. *Demographic information*: the date and time of the call; the caller's name, location, and phone number; whether it is safe to call him; victim's occupation; presence of children; ages of male victim, partner, and children; for whom the caller is calling; and referral source.
2. *Abuse Information*: Are you currently in the relationship? Is your partner trying to control you and how? What types of physically abusive behaviors has your partner used? Has she threatened to take the children away such that you would not have any contact with them? Has she stalked you?
3. *Characteristics of the Partner*: Does your partner take any drugs? Drink alcohol to excess? Been diagnosed with any mental illness? Threatened suicide? Threatened homicide? Have a history of childhood trauma?

Results

Demographic information

For the following analyses, only the 190 male callers who called the DAHM for themselves will be analyzed. We chose to analyze only these callers because they could provide the most complete and valid information on their experiences. The mean age of the male victims of IPV was 41.32 ($SD = 10.79$), and ranged from 19 years to 64 years, with 1/3 of the victims falling between the ages of 40 and 49. The mean age of their female partners¹ was 35.98 ($SD = 10.50$), and ranged from 17 years to 59 years, with 1/3 of the partners falling between the ages of 30 and 39. Just over half of the men reported currently being in the relationship with their abuser (52.1%, $n = 99$) and having children in the house (56.3%; $n = 107$). The mean number of children for these men was 1.81 ($SD = 0.91$), who ranged in age from under 1 year of age to 23 years of age, with the mean age of the youngest child being 5.79 years ($SD = 4.53$) and the mean age of the oldest child 10.38 years ($SD = 5.47$).

Inspection of the occupational status of these men (Table 1) shows that many of the male victims who were employed were employed in stereotypically masculine occupations, such as policemen, firemen, and the military (13.7%), construction (4.2%), or manual labor (11.6%). In addition, several male victims were employed in prestigious occupations, such as doctors, lawyers, or professors (8.4%), and engineers or architects (3.2%), and some males were in such high profile occupations that revealing their occupational sta-

tus could reveal their identities (4.2%). In addition, several male victims in this study were either unemployed (9.5%) or disabled (17.9%).

Experience of physically abusive behaviors and stalking

All of the men who called the DAHM were primarily calling because their wives were physically abusive towards them, and 52.4% of males who were currently in an abusive relationship indicated that they were fearful that their female partners would cause a serious injury if she found out that they had called the helpline. Most ($n = 158$; 83%) of the callers were asked specifically what types of physically aggressive behaviors their wives used against them (Table 2). Callers were asked to spontaneously recall the types of behaviors their wives used, and thus, these numbers probably underestimate the true extent to which each of these behaviors actually occurred. As shown in Table 2, the most frequently cited physically aggressive behavior was being slapped or hit, which was reported by 43.7% of the men. In addition, a large minority of men were pushed (41.8%), kicked (39.2%), grabbed (31.0%), and punched (24.7%). According to qualitative accounts, several physical attacks were reported to have occurred to the groin area, as in the following examples:

“G reports that his estranged wife frequently targeted his testicles in her attacks, which included head butting and choking. Police were called to his home six times; one call resulted in the wife's arrest.”

“I was writhing, crying in the corner . . . I couldn't get up for two hours . . . she kicked me in the groin at least 12 times.”

“She held a knife to my balls and threatened to cut them off.”

Severe and life threatening physical attacks, such as being choked ($n = 35$; 22.2%) and being stabbed ($n = 3$; 1.9%), were also reported by these men. Extreme physical violence is also a theme in these men's qualitative reports:

“She drove her car through her dad's car and the garage into the main living room She has also physically attacked me and made me black and blue.”

“My wife has ripped the phone off the wall and she hits on me all the time . . . She is a prominent person in the community Who would believe me if I told?”

“She has pulled knives on me and she lashes out and blames me for everything.”

“I tried to call the cops but she wouldn't let me . . . She beat me up, punched me She raped me with a dildo . . . I tried to fight her off, but she was too strong

¹ We use here the term “female partners” because the DAHM receives less than 4% of its calls per year from gay men.

Table 2 Physically aggressive and controlling behaviors experienced by the abused male callers to the DAHM

	% Who experienced it (<i>n</i>)
Type of physical aggression (<i>n</i> = 158 men who were asked this series of questions)	
Slapped/hit	43.7% (69)
Pushed	41.8% (66)
Kicked	39.2% (62)
Grabbed	31.0% (49)
Punched	24.7% (39)
Choked	22.2% (35)
Spit on	9.5% (15)
Stabbed	1.9% (3)
Scratched	1.3% (2)
Type of Controlling Behaviors (<i>n</i> = 155 men who were asked this series of questions)	
Does your partner try to control you?	94.8% (147)
Of those who were controlled, how were they controlled?	
Through coercion and threats	77.6% (114)
Through emotional abuse	74.1% (109)
Through intimidation	63.3% (93)
Through blaming, minimizing, and denying	59.9% (88)
Through manipulating the system	50.3% (74)
Through isolation	41.5% (61)
Through economic abuse	38.1% (56)
Through the children (<i>n</i> = 107)	64.5% (69)

Note. The types of controlling behaviors were coded according to the Power and Control Wheel of the Duluth Model.

... I was bleeding and she wouldn't let me go to the doctor's."

"She has been arrested two times before and I asked that she not be arrested this time [after she broke both of my eardrums], but she gave the cops a hard time so they took her anyway. My daughter told the police, 'Daddy never hits; Mommy hits on Daddy.'"

The last two quotes show that several men were the victims of violence that was extreme enough to warrant calling the police and/or getting medical intervention. One man suffered physical injuries due not only to the physical abuse by his wife, but also to the sexual abuse. The final quote shows that some women had been arrested several times because of their violence toward their family members, and that children may be the witnesses to this extreme violence toward their fathers.

In addition, two behaviors that are not usually included on standard instruments that measure IPV were reported by these men; that is, 15 men (9.5%) reported being spit on, and two men (1.3%) reported being scratched. Consider

these men's experiences of being physically assaulted by their wives:

"She spit at me, pushed me, and when she couldn't get a reaction, she hit me in the head with a cutting board. I don't want to be hurt any more."

"She scratched my face badly; it bled for two hours."

"She has jumped on my back, clawed and scraped me, and I have gotten the shit beat out of me several times. I can never please her."

Finally, 23 of the 79 (29.1%) men who were asked questions regarding the stalking behaviors of their partners reported that their wives had stalked them at one point in time.

Experience of controlling behaviors

Table 2 also presents information concerning these men's reports of their wives' controlling behaviors. As shown, of the 155 men who were asked, close to 95% reported that their wives tried to control them, and several types of controlling behaviors were recalled by the men. These behaviors were classified according one of the well-respected models of controlling behaviors in husband-wife relationships, the Power and Control Wheel of the Duluth Model (Pence & Paymar, 1983). However, because the term "using male privilege" does not apply to female perpetrators of IPV, we changed this term to "manipulating the system" to reflect the behaviors of some women who recognize that the domestic violence system was designed to help female victims and who use that fact against their male partners.

The most frequent type of controlling behavior was the use of threats and coercion (*n* = 114; 77.6%), which included such acts as threatening to kill themselves or their husbands, threatening to call the police and have the husband falsely arrested, or threatening to leave the husband. The second most reported type of controlling behavior was emotional abuse (*n* = 109; 74.1%), which included such acts as making the victim feel bad about himself, calling him names, making him think he is crazy, playing mind games, humiliating him, and making him feel guilty. Intimidation was also frequently cited (*n* = 93; 63.3%), and this included making him feel afraid by smashing things, destroying his property, abusing pets, or displaying weapons. Furthermore, several men indicated that their wives controlled them through blaming the men for their own abuse or minimizing the abuse (*n* = 88; 59.9%), through manipulating the system such that the abusers used the court system to do such things as gain sole custody of the children or falsely obtain a restraining order against the victim (*n* = 72; 49.0%), through isolating the victim by keeping him away from his family and friends and using jealousy to justify these actions (*n* = 61; 41.5%), and through controlling all of the money

and not allowing the victim to see or use the checkbook or credit cards ($n = 56$; 38.1%). Some examples of what the men experienced are as follows:

“I don’t know our phone number here because she changed it and it’s unlisted. I have tried to get it but I haven’t been able to She checks the caller ID to see who has called when she comes home from work and she locks up my sneakers in the daytime.”

“She convinces me that I am wrong all the time. She came at me flailing her arms hitting me and I went outside to get away from her and she locked me out. I was in my pajamas and slippers . . . but she wouldn’t let me back in.”

“She doesn’t want me to have any friends.”

“She has spent all our savings without telling me.”

“Yelling, screaming at me that if I don’t shut up, I won’t live to see tomorrow.”

“She calls my mother and father and threatens to take me out.”

“I started the car and she stood behind the car with the baby Then she put the baby on the ground behind the car where I couldn’t see her so I wouldn’t leave.”

As this last quote shows, male victims with children seem to face some additional problems that those without children do not have to consider, as their wives sometimes use their children as pawns to control them. Of the 107 men who reported having children, 64.5% ($n = 69$) reported that their wives used the children to control them, and 67.3% ($n = 72$) reported that their wives threatened to remove the children from the home. What is important to keep in mind about all of these controlling behaviors is that the male victims were not specifically asked about whether their wives used each of the behaviors; rather, they were asked to spontaneously recall any controlling behaviors their wives may have used. Thus, these numbers most likely underestimate the true extent to which these behaviors occurred in the relationships.

Characteristics of the female abuser

Some of the male victims were asked to report on whether their wives exhibited any mental health problems, the results of which are reported in Table 3. As shown, the overwhelming majority (91.7%) of these abusive wives, as reported by their husbands, had a history of childhood trauma, and currently, the majority of them threatened suicide (61.9%) or homicide (59.0%), and used alcohol (52.1%). In addition, a large minority of the wives had a mental illness (46.0%) and used drugs (34.8%), as in the following examples:

Table 3 Characteristics of the partners of the abused males who called the DAHM

Characteristic (# of men who were asked question)	% of Partners (n)
Partner has a history of childhood trauma ($n = 48$)	91.7% (44)
Partner has threatened suicide ($n = 63$)	61.9% (39)
Partner has threatened homicide ($n = 61$)	59.0% (36)
Partner uses alcohol ($n = 96$)	52.1% (50)
Partner has a mental illness ($n = 100$)	46.0% (46)
Partner uses drugs ($n = 89$)	34.8% (31)

“J, father of two small children, is seeking help. After being convicted of domestic violence and attending a batterers’ program, his wife has become more abusive, and her abuse of methamphetamines has increased. Her attacks are more frequent and she has begun hitting herself and trying to blame him.”

“B’s son is in an abusive relationship. His wife, a professional dominatrix diagnosed with bipolar disorder, filed false allegations, and he was mandated to attend a 26 wk BIP.”

“E has not seen his child for three days. During an attack by his wife he called the police, who made a dual DV arrest . . . E’s wife was admitted to a battered womens’ shelter which is supporting her in preventing his contact with his child. E is concerned for the child’s welfare, given his wife’s instability (two involuntary hospitalizations) and propensity for using weapons in the course of violent rage.”

Male victims’ experiences with the system

In addition to showing the mental instability of some female perpetrators of abuse, the last quote in the previous section also points towards a common theme in the men’s qualitative reports: When men are victimized by women, they may be additionally victimized through their dealings with domestic violence advocates. Consider also these men’s experiences:

“I called eleven different numbers for battered women and got no help.”

“She stabbed me with a knife, and I didn’t even defend myself, and after I got out of the hospital two weeks later, the court tells me to go to a group they say is for victims. It turns out to be for batterers and I am expected to admit to being an abuser and talk about what I did to deserve getting stabbed.”

“M, a 37 year old ex-police officer with two young children is seeking a temporary safe haven from threats of serious violence from his ex-wife, who will be released from prison soon. . . . In M’s case, attempts to access domestic violence resources increased his sense of fear

and helplessness which he expresses as anger, particularly over the apparent lack of concern for the welfare of his children, who would receive no shelter from the violence of one parent simply because the other parent is male. The only help M obtained from a local domestic violence agency was a referral to a statewide ‘resource center’ for men, which turned out to be program for batterers. [DAHM confirmed with both agencies. The referring agency stated, ‘We send all our male callers there.’]”

“J tried to access the limited resources available in his area in an attempt to initiate couples counseling. Reaching out for help left J feeling further abused; he was treated with suspicion, disbelief and thinly veiled accusations that he was a ‘batterer.’ [DAHM confirmed. The first response of the agency supervisor was, ‘Why would a man call a helpline if he were not the abuser.’]”

“While married, R was kicked in the groin, punched, stabbed and strangled. R states that for several years he ‘just took it’ because ‘that’s what we’re supposed to do.’ . . . Although separation has stopped the physical violence, R’s estranged wife continues the abuse through the only means available: preventing visitation, alienating the children and filing false allegations with Child Protective Services.”

As these quotes illustrate, several men, prior to finding the DAHM, were revictimized by a system that is set up to help female victims of IPV, and at times, may not even consider that men can be victimized. A number of male victims in the current study reported calling several different domestic violence helplines only to be turned away, laughed at, or accused of being a male batterer. These quotes are illustrative of the ways in which male victims can be revictimized through the current domestic violence service system: A man who was stabbed by his abusive wife must admit that he deserved being stabbed because he is the real abuser; another man who is stabbed by his wife but was not violent in return is prevented from seeing his children; a man seeking refuge for both himself and his children because of a violent wife is referred to a batterers’ program. The revictimization that many of these men experienced in the very system that is set up to help victims of domestic violence is important to consider because it can have grave consequences. Consider this woman’s call to the DAHM. She called to receive support and validation of her son’s experiences:

“B is calling for support; it is close to the anniversary of her son’s suicide. She wants someone to hear her grief and understand her belief that he was driven to suicide by the false allegations of a controlling wife who knew how to manipulate the system. After leaving the relationship, his estranged wife would obtain a restraining

order, initiate contact, then charge him with violating the order. Several such encounters with the justice system left her son emotionally and financially drained. With ‘no where to go and no one to talk to,’ he became increasingly despondent and eventually took his own life.”

Discussion

Several themes arise from these data on callers to the only hotline in the United States devoted to male victims of IPV. Overall, the male victims of severe IPV in many ways resemble female victims of severe IPV in that they experience similar controlling and physically abusive behaviors from their spouses, but in many ways, they have experiences that are unique to male victims, such as their experiences with a system that is designed to help female victims of IPV. It is important to note that the current study provides no information on the relative prevalence of severe IPV against men and women, nor does it directly compare the experiences of female versus male victims. However, several themes that we have observed through the years in studies of battered women (e.g., Walker, 2000) have re-emerged in this study of male victims of severe IPV – male victims can be subjected to life-threatening violence, they often fear their wives’ aggression, their wives sometimes stalk them, and their wives attempt to control their behaviors. Thus, this study provides evidence that violence is a human problem, not a gender problem, and violence by women should be taken seriously so that the goal of ending all violence can be achieved.

One other important issue to address is the believability of the callers to the DAHM. Some may argue that we cannot believe what the men report because it is these very men who are probably the real abusers in the relationship. Although we have no information on the types of violent or controlling behaviors that the callers may have used in their relationships, there are reasons to believe that what the men reported is accurate with regard to their wives’ behaviors. First, the men in this study repeatedly sought services for their situation and were often frustrated with the responses they got from the domestic violence service system. Either through luck or much research, they finally found the DAHM. Many were then offered help with finding shelter, filing a restraining order, or other such actions. Why would they go through so much trouble if they were not involved in a relationship that was exceedingly distressing to them? Second, the callers’ anonymity was protected; thus, they had nothing to gain from lying to the DAHM volunteer. Third, the biases of certain domestic violence agencies reported by the male callers were verified by follow-up calls to those same agencies by the DAHM volunteers, thus lending credibility to the callers’ stories. Finally, studies of battered women have

been using this very same methodology for years. Battered women have told their stories, and their stories and situations were believed because that was the best data there was on them (e.g., Walker, 2000). Similarly, in the current study, the men told their stories, and it is the best data we have on them. However, it is important to also note that just as studies of battered women are not representative of the population of women experiencing physical aggression from their intimate partners, neither is this population of callers to the DAHM representative of all men who experience physical aggression from their partners. These men, as with battered women, represent extreme cases of IPV victimization.

These male victims of IPV were in their early 40s and, on average, five years older than their female abusers. The majority had children, and contrary to stereotypical assumptions that abused men must be wimps to allow their wives to do such things to them, these male victims came from a range of occupational statuses. Of those who were employed, a large minority were from stereotypically masculine (e.g., police, fireman, military, and construction) or high prestige (e.g., doctors, lawyers, professors, engineers) careers. It is important to also note that the majority of the male victims for whom occupational status was reported were either unemployed or disabled. Unemployment has been shown to be a risk factor for the abuse of husbands in population-based studies (Straus, Gelles, & Steinmetz, 1980), and disability is a risk factor for wife abuse (Nosek, Howland, & Young, 1997). Thus, the stress of having a spouse who is unemployed or disabled may lead females to abuse their spouses, but two caveats must be considered. First, not all women who have unemployed or disabled spouses abuse them; thus, it is important to consider what other factors contribute to the abuse of these men. Second, the results here are correlational; it could be that unemployment and/or disability are the result of abuse (e.g., the wife demands that her husband does not work; the wife's abuse caused his disability) or that a third variable that is related to both is causing an association.

These male victims of IPV are experiencing a range of abusive behaviors from their spouses, and these behaviors in many ways mirror those that abused females experience. For example, we were successfully able to classify the men's experiences of controlling behaviors into those described by the Power and Control Wheel of the Duluth Model (Pence & Paymar, 1983), a model that was developed from battered women's experiences. The majority of men in this study not only experienced controlling behaviors from their spouses, but also each of the behaviors on the Power and Control Wheel. Thus, acts such as economic abuse, intimidation, isolation, threats, emotional abuse, and blaming or minimizing abuse are not confined solely to that of the male batterer. Females are capable of these behaviors as well. In addition, we altered the "male privilege" category of the Power and Control Wheel to reflect these men's experiences: many of

the men were victims of their spouses using the system, which is designed to aide female victims of domestic violence, to their advantage. The female abusers were able to successfully get restraining orders under false pretenses, and thus labeled the male victim as the abuser. Female abusers with children were able to threaten to take the children away from the male victim or even threaten to hurt the children so that their husbands would comply with their abuse. These women probably knew that they could behave in this manner because the system is designed to help not only female victims of domestic violence, but mothers as well. Because male victimization is not widely recognized or accepted as a serious form of victimization (Steinmetz, 1977; Straus, 1997), these women were able to use the system to their advantage so that the women were viewed as victims, not the men.

Many of the physically abusive behaviors these men experienced were expected, considering that population- and community-based studies (e.g., Hines & Saudino, 2003; Morse, 1995; O'Leary et al., 1989; Straus & Gelles, 1986) show that women use such tactics as hitting, slapping, kicking, punching, and grabbing their partners during conflicts, sometimes even more than men do. In addition, this study showed some additional behaviors that women can use against their male partners. Specifically, the males in this study reported that their wives attacked their groins, scratched them, and spit on them, behaviors that are not captured in current measures of relationship violence. Why females choose to focus on the groin as a target of their anger, or scratch or spit on their partners, need to be replicated and explored in future research.

In addition, many of the male victims experienced severe and life-threatening forms of physical victimization. Close to 25% of the men reported that their spouses choked them, and three men reported that they had been stabbed. In addition, the qualitative accounts showed that several men needed police and/or medical interventions in their abuse incidents, and one man reported being sexually assaulted by his wife. These results emphasize the importance of considering male victimization in its own right as a valid and potentially serious form of victimization. In addition, what is important to remember when considering these results is that they are most likely underestimates of the true extent to which these men experienced controlling and physically abusive behaviors. The men were asked to spontaneously recall their experiences, and thus, they likely did not report every type of controlling or physically assaultive act that their wives used against them in their relationship.

This study also provided some information on the female perpetrators of abuse. Admittedly, obtaining information on the characteristics of these females from reports of their male victims is not ideal; however, studies of battered women have used this methodology repeatedly to understand male batterers (e.g., Walker, 2000). This study shows that similar

to male batterers (e.g., Gondolf, 1999; Holtzworth-Munroe & Stewart, 1994; Walker, 2000) and consistent with previous population-based studies on violence by women (e.g., Coleman & Straus, 1983; Straus & Gelles, 1986; Swan & Snow, 2003), female abusers likely have a history of childhood trauma, may be suffering from a mental illness, and are likely to use alcohol and/or drugs. Finally, these women have a high rate of threatening either suicide and/or homicide, a result which should be replicated and further explored, especially considering that only a minority of the men in the study were specifically asked about these behaviors.

Finally, the qualitative data provided powerful validation of the seriousness of the controlling and abusive behaviors these women used against their husbands. In addition, these data gave some information regarding some of these men's experiences with the system, the same system that their female abusers' have sometimes used against them. Several men, before finding the DAHM, were turned away and/or laughed at by other hotlines designed to help victims of IPV. Moreover, a few men who experienced severe violence from their abusers reported that they either were forced to enter a batterers' program or were referred to batterers' programs. What these results show is that a system that has been set up to help victims of IPV is unavailable to half of the population. Male victims, unless they come upon the DAHM, may be unable to find resources to help them change or leave their abusive situation, and in many ways, they are revictimized by the system. This situation has occurred because the current system that has been developed to deal with victims of IPV is heavily influenced by the prevailing feminist perspective on domestic violence, which states that victims are women and perpetrators are men, and that any violence by women is solely in self-defense. The results from these male victims of IPV show otherwise: males can be victimized by females, and thus, the system that is currently in place to help IPV victims is inadequate because it at best ignores and at worst revictimizes many of those victims.

The current study has several limitations that need to be addressed in future studies on male victims of IPV. First, data was not gathered in a systematic manner, mainly because the primary purpose of the helpline is to advocate for the male victims, rather than collect data on them. Thus, future studies should collect data in a more systematic manner by using validated and reliable measures of IPV and controlling behaviors and by asking *all* callers the same set of questions. In addition, future studies should assess both the physical and emotional consequences of IPV on these male victims. Another weakness of the current study was relying on the male victims' reports of their partners' mental health. Although this methodology has been used in studies of male batterers, future studies should use both victim and perpetrator reports of the mental health of the female perpetrators. Finally, future studies need to consider the children in these families.

Many of the female perpetrators used the children as a means of controlling their spouses, and many of the children probably witnessed the violence that their mothers used against their fathers. Research needs to address the effects of these experiences on the children: How do they respond to being pawns in the victimization of their fathers, and how does the witnessing of their mother's violence affect them?

Overall, the current study shows that males can be the victims of severe IPV from their female partners, and that many of their experiences mirror those of female victims of severe IPV. In addition, male victims have unique experiences in that their female abusers are able to use a system that is designed to aide female victims of domestic violence. Thus, some female perpetrators of IPV manipulate their husbands because they know that the system is designed without the abused male's experiences in mind, and that more often than not, people will not believe or take seriously these men's victimization. Female perpetrators, who often have a history of trauma and mental illness, use various types of controlling behaviors and physical violence against their husbands, behaviors that include using the children as pawns, intimidation, threats, and life-threatening violence. Contrary to popular beliefs, the male victims, when employed, tend to be employed in masculine and high prestige occupations, and are looking for help on how to change or escape their wives' behaviors. This study is a first step in studying and voicing male victims' experiences.

Acknowledgements The authors wish to thank the Family Research Laboratory and Crimes Against Children Research Center's seminar group for their helpful comments on a previous version of this article.

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