



# Intimate terrorism by women towards men: does it exist?

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## ABSTRACT

Research showing that women commit high rates of intimate partner violence (IPV) against men has been controversial because IPV is typically framed as caused by the patriarchal construction of society and men's domination over women. Johnson's (1995) typology of common couple violence (CCV) and intimate terrorism (IT) attempted to resolve this controversy, but he maintained that IT was caused by patriarchy and committed almost exclusively by men. This study investigates Johnson's theory as it applies to a sample of 302 men who sustained IPV from their female partners and sought help, and a comparison sample of community men. Results showed that the male helpseekers sample was comprised of victims of IT and that violence by the male victims was part of a pattern of what Johnson labels violent resistance. Men in the community sample who were involved in IPV conformed to Johnson's description of CCV. Results are discussed in terms of research, policy, and practice implications of acknowledging women's use of severe IPV and controlling behaviour against their male partners.

## KEY WORDS

**Intimate partner violence; male victims; intimate terrorism; common couple violence; female perpetrators; female-to-male violence; female violence.**

## Introduction

The findings of high rates of women's use of intimate partner violence (IPV) towards their male partners have been the source of much controversy since such results were first published in the 1970s (Gelles, 1974; Straus, 2004). Although IPV is typically considered to be a pattern of behaviours that can involve physical assault, psychological and emotional abuse, and/or sexual assault and coercion (Malley-Morrison & Hines, 2007), most of the findings on rates of women's use of IPV are related to their use of physical IPV. Because IPV was traditionally conceptualised as a consequence of patriarchy and men's deliberate use of violence to maintain power and control in their relationships (Dobash & Dobash, 1979; Loseke & Kurz, 2005), these findings of female-perpetrated IPV have been the source

of substantial criticism, most of which concerns the notion that male power and control should be central to our understanding of IPV and, therefore, high rates of female-perpetrated IPV need to be evaluated within this context (eg. Loseke & Kurz, 2005). However, few critics have actually considered what men report about their IPV victimisation experiences. Moreover, the prevailing theory that attempted to resolve this controversy was Johnson's (1995; 2006) conclusion that there are at least two distinct types of IPV: common couple violence (CCV) and intimate terrorism (IT). Using the existing studies on IPV, Johnson asserted that the perpetration of IT was the domain of men, yet no literature existed that focused on men's possible victimisation from IT. Thus, Johnson's conclusions are worthy of reconsideration. The current study is the first

10.5042/jacpr.2010.0335

systematic, large-scale study of men who are seeking help for IPV victimisation. We will test Johnson's theory of IT victimisation with regard to men who sustain IPV.

### **Prevalence and ensuing controversy**

Incidence reports of women physically aggressing toward their male partners have appeared since the study of IPV began in the early- to mid-1970s. For example, in Gelles' (1974) groundbreaking study of IPV, he found that *'the eruption of conjugal violence occurs with equal frequency among both husbands and wives'* (p77). Since then, our best population-based studies show that between 25% and 50% of victims of IPV in a given year in the United States are men (Catalano, 2007; Straus, 1995; Tjaden & Thoennes, 2000). The lowest rates are found in the US Department of Justice's National Crime Victimization Survey (NCVS), which showed that in 2004, more than 1.3 per 1,000 men were assaulted by an intimate partner, most of whom were women (Catalano, 2007); these men represented 25% of victims of IPV in 2004. A second source of data from the US is from the National Violence Against Women Survey (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); female-perpetrated violence accounted for 40% of all IPV during that time period. National surveys in other countries find the percentage of male victims to be in the same range, with men constituting approximately 43% of domestic abuse victims in Britain in a one-year time period according to the British Crime Survey (Walby & Allen, 2004) and 47% of partner violence victims in Canada in a five-year period according to Canada's general social survey (Laroche, 2005).

A final source of data on violence by women toward men in the US comes from family conflict studies, many of which use the Conflict Tactics Scales (CTS) (Straus *et al*, 1996). Studies using the CTS typically show that about 50% of all victims of IPV in a given year are men. National US studies, including the National Family Violence Surveys (NFVS) of 1975 and 1985, and the 1992 National Alcohol and Family Violence Survey, showed that after controlling for age and socioeconomic status, minor assaults (eg. slapping, pushing) by wives toward husbands were reported to have

occurred at a rate of approximately 75 per 1,000 in 1975 and 1985, and then reports increased to approximately 95 per 1,000 in 1992. Rates of severe assaults (eg. 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, 1995; Straus & Gelles, 1986).

These results have been confirmed by dozens of studies since the 1970s (Straus, 1999), including a meta-analysis (Archer, 2000), and have been shown in other countries that use the CTS as well, including a national cohort study in New Zealand (Magdol *et al*, 1997); yet, the high rates of violence by women towards men have been the source of significant controversy. Traditionally, IPV has been framed from a patriarchal perspective, whereby men's need to maintain power and control in society and at home is at the root of IPV; men systematically and intentionally use violence to maintain a power system in which men are dominant and women are subordinate (eg. Dobash & Dobash, 1977-78). Therefore, the findings of high rates of violence by women have been criticised or explained by proponents of patriarchal theory through several arguments, most of which centre on the view that the CTS, the primary instrument used to measure IPV, typically does not measure the context in which IPV takes place. Patriarchal theorists argue that both sociocultural and relationship factors, in which men hold power due to patriarchal social systems, need to be considered when examining women's violence (eg. Loseke & Kurz, 2005). Examples of some of the more common arguments, and evidence supporting or refuting them, follow.

First, critics argue that although women have the capability of being violent, their violence against men needs to be considered within the broader sociocultural context (Das Dasgupta, 2001). Men have traditionally held power and control, both in society and in intimate relationships. Furthermore, given the physical size and strength differentials between men and women, expected outcomes of violence, and responses available to them if hit, it is likely that women's and men's motives for violence differ greatly (Dobash & Dobash, 1977-78). Researchers who support this theoretical

perspective typically conclude that women use violence in the context of defence of themselves or their children, or in retaliation against an abusive male partner (eg. Belknap & Melton, 2005; Dobash *et al*, 1992; Loseke & Kurz, 2005; Saunders, 1988). However, empirical studies do not support this conclusion and typically show that self-defence or retaliation are among the least cited reasons that women provide for their use of IPV (see Hines & Malley-Morrison, 2001). In fact, research has shown that predictors and motives for IPV are quite similar among men and women (see Medeiros & Straus, 2006, for a review).

A second argument is that men's violence towards women has much stronger effects than women's violence towards men. For example, men's violence strikes fear in their partners, whereas women's violence does not (Das Dasgupta, 2001; Loseke & Kurz, 2005); women are injured more frequently than are men (Berk *et al*, 1983; Dobash *et al*, 1992); and the '*alleged male victim*' is not subjected to the chronic intimidation that battered women sustain (Dobash *et al*, 1992, p80). Researchers who support this theoretical perspective often conclude that women's violence against men is trivial, humorous, or annoying (Currie, 1998; Pagelow, 1985; Saunders, 1988), and violence by women towards men has no social or psychological effects on the men who sustain it (Mills, 1984). However, several anecdotal accounts (Cook, 2009; Migliaccio, 2001) and one larger scale study (Hines *et al*, 2007) of male victims of IPV by female partners clearly indicate that women's violence can induce fear in the men and is not viewed as trivial, humorous or annoying, but as distressing and sometimes life-threatening. Although male victims are injured less frequently than female victims (Archer, 2000), men do sustain injuries that are sometimes very severe (McNeely *et al*, 2001), and suffer both socially and psychologically from the violence that they endure (eg. Cook, 2009; Hines, 2007; Stets & Straus, 1990).

A final argument suggests that focusing on physical assault is misguided. IPV consists of a range of acts, such as verbal abuse, psychological humiliation, sexual aggression, using or threatening violence against others, and coercive control within the relationship, which are largely ignored but are found to be the most damaging acts of IPV against women (Currie, 1998; Loseke & Kurz, 2005; Yllo, 2005). That said, we cannot ignore the fact that research consistently shows

that verbal abuse, sexual aggression, threats and controlling behaviours are not the sole domain of men (eg. Felson & Messner, 2000; Hines *et al*, 2007; Hines & Saudino, 2003; Simonelli & Ingram, 1998; Straus & Sweet, 1992).

### **Common couple violence versus intimate terrorism**

Johnson (1995) attempted to reconcile these two divergent viewpoints on IPV by women by asserting that each side was drawing their conclusions based on non-overlapping data gathered from two fundamentally different sources. The studies that showed high rates of violence by women were typically studies of community- or population-based samples that were unlikely to recruit women who were battered by their partners; on the other hand, researchers studying female victims typically recruit their participants from shelter or other clinical samples (eg. hospital, police) that focus on severe violence by men towards women. Thus, the two groups, according to Johnson, were analysing two distinctly different phenomena. He labelled the IPV found in community and population-based samples CCV, which is characterised by low-level (eg. slapping, pushing), low-frequency violence in a couple where both members are about equally violent; this IPV is not part of an overall pattern of control of one partner over the other, but is the result of a conflict 'getting out of hand'. Johnson labelled the violence found in shelter and other clinical samples 'intimate terrorism' or IT. The central feature of IT is that the violence is one tactic in a general pattern of control of one member of the couple over the other. The IPV is more frequent than what is found in cases of CCV, is less likely to be mutual, is more likely to involve serious injury, and involves emotional abuse as well (Johnson, 1995; Johnson & Ferraro, 2000).

Johnson (1995) reviews research that gives an indication of the relative frequency of violence in CCV versus IT couples. He cites Straus' (1990) analysis of the NFVS, which showed that women who experienced CCV sustained an average of six assaults per year, whereas women who experienced IT sustained an average of 15 assaults. Others have found that women from shelter samples may sustain an average of 65–68 assaults per year (Giles-Sims, 1983; Okun, 1986), and still others have found that the female IT victims sustain an

average of 18 violent acts per year (Johnson, 2006), whereas female CCV victims sustain an average of three violent acts per year. Thus, women who experience IT sustain an assault about once a week or once a month and the assaults are usually initiated by their male partners, whereas women who experience CCV are involved in assaults about once every two-to-four months, with an equal likelihood that either the women or their male partners initiated the assault.

Johnson later updated his theory to include the behaviour of the partner in IT relationships (Johnson, 2006; Johnson & Ferraro, 2000). When sustaining IT, the partner can react nonviolently, react violently in defence or retaliation, or participate in this general pattern of severe violence and controlling behaviours. When a partner reacts violently in defence or retaliation, Johnson asserts that this partner is engaging in 'violent resistance.' Violent resistance is characterised by the victim sometimes reacting to their partner's IT with violence, but not within a general pattern of trying to control their partner. If the partner is reacting with severe violence and controlling behaviours, Johnson would call this '*mutual violent control*'. This pattern is basically two intimate terrorists battling for control in a relationship and is very rare.

Johnson (1995; 2006; Johnson & Ferraro, 2000) asserts that IT is the almost exclusive province of men and can be explained by patriarchal theories in which men are trying to exert and maintain control over 'their' women. Violent resistance, on the other hand, is the almost exclusive province of women; it is characterised by battered women who sometimes use violence in retaliation or defence of themselves when their male partner is engaging in IT. However, Johnson's conclusions, much like the conclusions of the critics of female perpetration of IPV, were drawn without considering the experiences of men who sustain severe IPV and controlling behaviours from their female partners. Johnson asserts that these men represent only a few case studies, and therefore do not contradict his conclusions that IT is due to patriarchy. However, there is consistent evidence that not only do women use IPV but they also use controlling behaviours in their intimate relationships, at rates that represent more than merely a few case studies (eg. Felson & Messner, 2000; Graham-Kevan & Archer, 2005; Hines *et al*, 2007; Migliaccio, 2001; Straus,

2008). Furthermore, Johnson's conclusions were based on a qualitative review of the extant research that did not include clinical samples of men who had sustained IPV and controlling behaviours; this omission was due to the fact that at the time that he published his theory, there was no research on large samples of men who sustained severe IPV and controlling behaviours. However, he never called for such research either, and when he later tested his theory (Johnson, 2006), he preselected samples that conformed to his ideas that IT perpetrated by women was rare and was, therefore, able to conclude again that it could be explained exclusively by patriarchal theory.

### **Male victims of severe IPV and controlling behaviours**

In 2007, the first larger-scale study of male victims of IPV was published (Hines *et al*, 2007). This was an exploratory analysis of data collected through 190 phone call logs, between January 2002 and November 2003, to the US national Domestic Abuse Helpline for Men and Women (DAHMW), a helpline that specialises in male victims of IPV. The results showed a pattern of victimisation that might be consistent with IT victimisation. Callers to the helpline sustained physical and psychological aggression from their female partners. The most common physical acts were hitting, pushing, kicking, grabbing and punching. Their female partners' physical aggression was sometimes severe enough to warrant calling the police or getting medical intervention. Over 20% of the sample reported violence that could be considered life threatening (eg. choking, using a knife). The callers reported that their female partners would target their genitals during physical attacks, and a majority of the callers reported living in fear of their partners' violence. The DAHMW callers reported that their female partners engaged in a variety of psychologically aggressive behaviours: close to 95% of the callers reported that their female partners used controlling behaviours, including threats and coercion (eg. threatening to kill herself or him, threatening to leave; 77.6%), emotional abuse (eg. calling him names, humiliation; 74.1%), intimidation (eg. instilling fear by smashing things, destroying property, abusing pets, displaying weapons; 63.3%), blaming the male caller for the violence, denying the violence (59.9%), misusing the judicial system (eg. using the court system to

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gain sole custody of children; falsely obtaining a restraining order against the male caller; 49.0%), isolating the caller from family and friends (41.5%), controlling the household finances and not allowing the caller to see or use the chequebook or credit cards (38.1%) and using the children to keep the caller in the violent relationship (64.5%).

Although valuable in elucidating the experiences of men who sustain IPV from their female partners, this study is limited in a number of ways. For example, because the DAHMW is an advocacy helpline whose primary focus is not research, the data were not systemically collected (eg. the percentages of each type of IPV are based on men's spontaneous recall of their IPV experiences). Reliable and valid instruments were not used to gather data, and questions were not asked of the men in a systematic manner. Moreover, data from a comparison community sample were not collected, so no firm conclusions about CCV versus IT could be made. The current study improves on this research through the recruitment of a large number of men who were seeking help for IPV victimisation, and the use of reliable, valid, and consistent data collection instruments to gather information about their experiences of IPV. Moreover, we collected similar data on a community sample of men so that we could compare the IPV experiences of men seeking help for IPV victimisation with those of men in the community. These comparisons allowed us to draw conclusions about whether the male helpseekers in our sample can be considered victims of IT.

Given Johnson's (1995; 2006; Johnson & Ferraro, 2000) conceptualisation, we expect that:

1. CCV will mostly be found in the community sample of men. In other words, we expect that the community men's use of IPV and controlling behaviours will be similar to their female partner's use of IPV and controlling behaviours, that each partner will be equally likely to have initiated the last physical argument, and that their overall frequency of IPV will be less than that found in the helpseeking sample.
2. IT will be found in the helpseeking sample. Given that the female partners' use of IPV and controlling behaviours would theoretically resemble terroristic violence, the female partners of men in

the helpseeking sample are expected to use more physical IPV, severe psychological IPV, and controlling behaviours than both their male partners and the female partners of the men in the community sample. In addition, the helpseeking men will be injured more frequently than their partners and men in the community sample. We also expect that the female partners in the helpseeking sample will be the initiators of the assaults in almost all of the cases.

Finally, we explored the male helpseekers' reaction to their female partners' IT. As theorised by Johnson (2006), there are three ways the men can respond: non-violently; with violence but no controlling behaviours (violent resistance); or with levels of violence and controlling behaviours equal to their female partners (mutual violent control). We explored the male helpseekers' reactions by comparing their levels of IPV and controlling behaviours to both their female partners and the men in the community sample. Although Johnson would assert that it is unlikely that men engage in violent resistance, we predict that any violence by the men would be consistent with that found in shelter samples of battered women, and would be violent resistance.

## Method

### Participants and procedure

Two separate samples of male participants were recruited for this study: a helpseeking sample and a community sample. For both samples, the men had to speak English, live in the US, and be between the ages of 18 and 59 to be eligible; they also had to have been involved in an intimate relationship with a woman lasting at least one month in the previous year. In addition, to be eligible for the helpseeking sample, the men had to have sustained a physical assault from their female partner within the previous year, and they had to have sought help/assistance for their partner's violence. Help/assistance was broadly defined and included seeking help from formal sources such as hotlines, domestic violence agencies, the police, mental health and medical health professionals, lawyers and ministers, to more informal helpseeking efforts, such as talking with

friends and family members and searching the internet for information or support groups for male victims.

The helpseeking sample of men ( $n = 302$ ) was recruited from a variety of sources, including the DAHMW, online websites, newsletters, blogs, and listservs that specialise in treatment of IPV, male victims of IPV, fathers' rights issues, divorced men's issues, men's health issues and men's rights issues. Men who called the DAHMW seeking assistance and who met the eligibility criteria were invited to participate in this study either by calling a survey research centre to complete the interview over the phone or by visiting the study website to complete an anonymous, secure version of the study questionnaire online. Men who saw an advertisement for the study online were directed to the study website to complete the online version of the study. Screener questions regarding the study criteria were on the first page of the survey, and men who were eligible were allowed to continue the survey. Men who did not meet the eligibility requirements were thanked for their time and were redirected to an 'exit page' of the survey. Sixteen men completed the interview over the phone; the remaining 286 completed it online. Demographics of the helpseeking sample can be found in **Table 1**.

Participants also included 520 men from the community. Approximately half of the community sample ( $n = 255$ ) was recruited to participate in a phone version of the survey by a survey research centre, using a random digit dialing technique and CATI administration. The interviewers attempted to reach each phone number on 15 different days, at different times of the day, and made call-back appointments whenever possible. They also made refusal conversion efforts when appropriate. Because of low response rates (8%) during the first two months, advance letters were sent to potential participants informing them that they had been randomly selected to participate in a study focusing on how men and women get along, sponsored by the National Institutes of Health, and that they would be contacted within a week by a survey research centre interviewer. The response rate for the participants who received an advance letter was 15.5%. The overall response rate was 9.8%. The other half of the community sample ( $n = 265$ ) was recruited through a panel of survey participants maintained by Survey Sampling, Inc. (SSI), to

complete an online version of the same survey. Email invitations were sent to 16,000 male SSI panel members inviting them to participate in a study on how men and women get along. They were directed to an anonymous, secure, online version of the survey. The first page of the survey included screener questions testing for eligibility. Eligible men were able to continue to the rest of the survey, whereas non-eligible men were thanked for their time. The survey was closed after we met our target sample size of 265 men. Because data collection was ceased when the target goal for the number of completed surveys was reached and we did not wait for all men who received invitations to complete the survey, response rates for the internet sample cannot be reliably calculated. Demographic information on the full community sample ( $n = 520$ ) can be found in **Table 1**, and further information on the differences between the phone and online community samples can be found in Hines *et al* (in press).

The methods for this study were approved by the boards of ethics at the participating institutions. All the men participated anonymously and were apprised of their rights as study participants. Steps were taken to ensure their safety: at the completion of the survey, the participants were given information about obtaining help for IPV victimisation and how to delete the history on their internet web browser.

### Measures

Both the helpseeking and community samples were given the same core questionnaires regarding demographics, aggressive behaviours that they and their female partners may have used in the previous year, more detailed information regarding their last physical argument (if applicable), their mental health, and various risk factors. The helpseeking sample was given additional questions pertaining to their specific helpseeking experiences in an aggressive relationship and what prevents them from leaving the relationship. Only the questionnaires used in the current analyses will be described below.

**Demographic information.** The men were asked basic demographic information about themselves and their partners, including age, race/ethnicity, personal income, education and occupation. The men were also asked about the current status of their relationship, the length of their relationship with their partners, how long

**Table 1: Demographics**

	<b>Helpseeking sample (n = 302) % or M (SD)</b>	<b>Community sample (n = 520) % or M (SD)</b>	<b><math>\chi^2</math> or t</b>
<i>Male participant demographics</i>			
Age	40.49 (8.97)	43.68 (10.88)	4.52***
White	86.8	84.8	0.59
Black	6.0	8.3	1.48
Hispanic	5.0	5.0	0.00
Asian	4.3	3.1	0.85
Native American	2.0	1.0	1.52
Income	\$50.44K (25.69) (n = 296)	\$48.98K (26.13) (n = 508)	0.77
Educational status <sup>1</sup>	4.40 (1.56) (n = 300)	4.04 (1.72) (n = 514)	3.13**
Occupational status <sup>2</sup>	6.73 (2.14) (n = 197)	6.05 (2.61) (n = 376)	3.32**
<i>Female partner demographics</i>			
Age	37.91 (8.61)	41.73 (11.37)	5.44***
White	74.2	83.3	9.85**
Black	7.3	6.0	0.56
Hispanic	7.6	6.5	0.34
Asian	9.3	4.6	6.99**
Native American	2.6	2.1	0.24
Income	\$30.13K (24.32) (n = 269)	\$31.43K (23.65) (n = 462)	0.71
Educational status <sup>1</sup>	3.82 (1.90) (n = 299)	3.78 (1.76) (n = 514)	0.32
Occupational status <sup>2</sup>	6.84 (1.68) (n = 195)	6.73 (1.69) (n = 360)	0.70
<i>Relationship demographics</i>			
Currently in a relationship	56.3%	95.8%	193.70***
Relationship length (months)	97.90 (82.06)	164.90 (131.01)	8.93***
Time since relationship ended (in months)	6.10 (7.69)	3.56 (2.16)	1.31
Minors involved in the relationship	73.2%	45.3%	64.60***
Number of minors involved in relationship	2.00 (1.01)	1.90 (1.01)	1.12
<p><sup>1</sup> Educational status: 1 = Less than high school; 2 = High school graduate or GED; 3 = Some college/ trade school; 4 = Two-year college graduate; 5 = Four-year college graduate; 6 = Some graduate school; 7 = Graduate degree</p> <p><sup>2</sup> Occupational status: 1 = Elementary occupations; 2 = Plant and machine operators and assemblers; 3 = Craft and related trades workers; 4 = Skilled agricultural and fishery workers; 5 = Services workers and shop and market sale workers; 6 = Clerks; 7 = Technicians and associate professionals; 8 = Professionals; 9 = Legislators, senior officials, managers</p> <p>**p &lt; .01, *** p &lt; .001</p>			

ago the relationship ended (if applicable) and how many minor children were involved in that relationship, if any.

**Revised Conflict Tactics Scales (CTS2).**

The CTS2 (Straus *et al*, 1996) was used to measure the extent to which the men in the study perpetrated and sustained psychological, physical and sexual aggression, and injuries in their relationships. The items used for this study included five items assessing minor physical aggression (eg. grabbing, shoving, slapping), seven items assessing severe physical aggression (eg. beating up, using knife/gun), two items assessing minor injuries (eg. having a small cut or bruise), four items assessing severe injuries (eg. broken bone, passing out) and one item assessing sexual aggression (insisting on sex when the partner did not want to). The eight CTS2 items regarding psychological aggression were supplemented with seven items from the Psychological Maltreatment of Women Inventory (PMWI-F; Tolman, 1995).

Participants responded to items depicting each of the conflict tactics by indicating the number of times these tactics were used by the participant and his partner in the previous year. Participants indicated on a scale from 0 to 6 how many times they experienced each of the acts in the previous year: 0 = 0 times; 1 = 1 time; 2 = 2 times; 3 = 3-5 times; 4 = 6-10 times; 5 = 11-20 times; 6 = more than 20 times. These data were then transformed in order to obtain an approximate count of the number of times each act occurred in the previous year, using the following scale: 0 = 0 acts in previous year; 1 = 1 act in the previous year; 2 = 2 acts in the previous year; 3 = 4 acts in the previous year; 4 = 8 acts in the previous year; 5 = 16 acts in the previous year; 6 = 25 acts in the previous year.

Because we supplemented the eight CTS2 psychological aggression items with seven items assessing controlling and monitoring behaviour, we conducted a principal axis factor analysis with varimax rotation to investigate subtypes of psychological aggression. We combined both

**Table 2: Summary of items and factor loadings from principal axis factoring with varimax rotation of the 15 psychological aggression items**

Item	Factor loading			Communality
	1	2	3	
Your partner restricted your use of the phone	.67			.48
Your partner did not allow you to leave the house	.64			.48
Your partner prevented you from having access to household income	.62			.45
Your partner restricted your use of car	.61			.40
Your partner did not allow you to see family/friends	.59			.50
Your partner threatened to harm someone close to you	.44			.28
Your partner monitored your time or made you account for your whereabouts	.43			.48
Your partner shouted or yelled at you		.88		.75
Your partner insulted or swore at you		.79		.71
Your partner stomped out of the room during a disagreement		.59		.50
Your partner did something to spite you		.52		.60
Your partner called you fat or ugly			.69	.49
Your partner threatened to hit or throw something at you			.61	.55
Your partner called you a lousy lover			.57	.50
Your partner intentionally destroyed something belonging to you			.52	.49
Eigenvalues	3.02	2.85	2.18	
% of variance	20.11	18.99	14.55	

*Note: Factor 1 = Controlling behaviours; Factor 2 = Minor psychological aggression; Factor 3 = Severe psychological aggression*

the helpseeking and community samples to achieve greater stability of the factor solution and used the victimisation items because they had more variability than the perpetration items. The results of the factor analysis (**Table 2**) revealed three factors with eigenvalues greater than 1: controlling behaviours; minor psychological aggression; and severe psychological aggression. The existence of three factors was confirmed by investigation of the scree plot.

For the present article, we calculated both a dichotomous variable and a chronicity variable for each scale of the CTS2. The dichotomous variable indicates the presence or absence of each type of IPV and thus can be used to indicate the prevalence of perpetration and victimisation of each type of IPV. Chronicity is the frequency with which the participant and his partner used each type of IPV, among only those who indicated that a given type of IPV had been used. Thus, the lower bound of the chronicity variables would be 1 (indicating that that person used one act of that type of aggression in the past year) because participants and their partners who did not use that particular type of IPV would be removed.

The CTS2 has been shown to have good construct and discriminant validity and good reliability, with internal consistency coefficients ranging from .79 to .95 (Straus *et al.*, 1996). Reliability statistics for the current samples, calculated using frequency scores that include all zeros, ranged from .60 (minor injury) to .76 (minor physical aggression) for the perpetration items and .26 (severe injury) to .93 (minor physical aggression) for the victimisation items. Lower alpha coefficients typically occurred in scales with few items and representing rare events (eg. injuries). For all other scales, alpha coefficients were typically above .75.

**Follow-up questions.** Following the CTS2, we gathered specific information about the most recent violent episode. These questions were asked of all men in the helpseeking sample and any men in the community sample who reported experiencing at least one violent episode within the previous year. Among the questions asked, the two that will be included in the present study are: who was the first to ever use physical aggression in the relationship and who hit whom first in the last physical argument.

## Results

### Comparisons of IPV perpetration between men and women within each sample

Our first series of analyses compared men and their partners on the men's reports of IPV perpetration by both partners. Because these are paired variables (ie. we are using the men's reports on both variables), McNemar's test statistic was used when comparing the prevalence of all types of IPV. However, caution should be taken when interpreting these results because, overall, studies show that although men and women tend to provide congruent reports on women's perpetration of IPV, individuals do tend to under-report their own perpetration of IPV (Archer, 1999). Note, though, that it is the difference between samples in the magnitude of the sex differences that is informative to the purpose of this study.

Among the helpseeking sample, female partners were reported by the male participants to have used all types of IPV at significantly higher rates than the male participants (see **Table 3**). When examining their frequency of aggression within the previous year, we see that among those who used aggression, female partners were reported to have used these types of aggressive behaviours at 1.72 times (insisting on sex) to more than six times (physical IPV) the frequency of the male participants (see **Table 4**). Note that significance testing cannot be conducted for these sex differences in frequencies, yet the magnitude of these differences, in comparison to the magnitude of the sex differences in the community sample (presented in the lower parts of **Tables 3** and **4**), are meaningful when assessing whether the IPV is CCV or IT.

For the community sample, a different pattern emerged. Male participants and female partners engaged in minor psychological, severe psychological, sexual (ie. insisting on sex), minor physical and total physical aggression at relatively equal rates (bottom of **Table 3**), although female partners were reported to have engaged in significantly higher rates of controlling behaviours and severe physical aggression. In addition, within male participants and their female partners who were reported to have engaged in any of these aggressive acts, the relative frequency of aggression within the previous year was approximately equal for all types of aggression (bottom of **Table 4**).

### Differences between helpseeking and community samples in rates and frequency of IPV

To investigate whether there were differences between samples in the prevalence of each type of IPV, logistic regressions were conducted using the presence and absence of each type of IPV as the dependent variable and sample type (helpseeking versus community) as the independent variable. Because there were demographic differences between the two samples, correlations were conducted to investigate possible covariates to include in the regression models. The only demographic variables that consistently correlated with the various types of IPV were participant's age, partner's age, whether the participant was currently involved in a relationship with his partner, the length of the relationship, and whether minor children were involved. Participant's age, partner's age, and relationship length were highly intercorrelated ( $r$ 's = .55-.85,

$p < .001$ ); therefore, to maintain adequate power and avoid multicollinearity, only participant's age was used as a possible covariate because it is likely to be the most reliable variable. Thus, possible covariates in all logistic regressions included age, whether the participant was currently in a relationship, and whether minors were involved in the relationship. For each regression, nonsignificant covariates were removed to increase power to detect effects. To correct for multiple tests of the same hypothesis, Bonferonni corrections were employed.

To investigate whether there were differences between samples in the chronicity of IPV used by male participants and their female partners among those who used IPV, negative binomial regression analyses were conducted. Because the chronicity data represented counts of the number of aggressive acts used or sustained in the previous year, the data were positively skewed. Furthermore, as shown in **Table 4**, the standard deviations

**Table 3: Prevalence of intimate partner violence among both samples**

	% of female partners who perpetrated	% of male participants who perpetrated	$\chi^2$
<i>Helpseeking sample</i>			
Minor psychological	100.0	95.4 <sup>a</sup>	12.07*
Severe psychological	96.0 <sup>a</sup>	40.1 <sup>a</sup>	163.15*
Controlling behaviours	93.4 <sup>a</sup>	45.7 <sup>a</sup>	134.53*
Insisting on sex	41.1 <sup>a</sup>	13.6	58.47*
Minor physical	98.7 <sup>a</sup>	53.3 <sup>a</sup>	133.07*
Severe physical	90.4 <sup>a</sup>	19.5 <sup>a</sup>	208.12*
Total physical (minor and severe)	100.0	55.0 <sup>a</sup>	134.01*
<i>Community sample</i>			
Minor psychological	73.7	73.1	0.10
Severe psychological	13.7	10.4	4.49
Controlling behaviours	20.0	11.5	29.82*
Insisting on sex	9.9	12.7	4.36
Minor physical	15.4	13.1	3.03
Severe physical	5.8	2.3	11.12*
Total physical (minor and severe)	16.3	13.8	3.35

Note: tests of significant differences between male participants and their female partners were conducted using McNemar's test. For each sample, a Bonferonni correction was employed to test for significant differences (.05/8 = .006).

<sup>a</sup> Indicates a significant difference between the helpseeking and community samples, after controlling for significant covariates and employing a Bonferonni adjustment,  $p < .006$

\*  $p < .006$

**Table 4: Chronicity of intimate partner violence among both samples<sup>1</sup>**

	Female partners' perpetration <i>M (SD)</i>	Male participants' perpetration <i>M (SD)</i>	Ratio (F/M)
<i>Helpseeking sample</i>			
Minor psychological	65.12 (24.15) ( <i>n</i> = 302)	27.88 (23.40) ( <i>n</i> = 288)	2.33
Severe psychological	28.90 (26.20) ( <i>n</i> = 290)	5.74 (8.59) ( <i>n</i> = 121)	5.03
Controlling behaviours	42.62 (36.25) ( <i>n</i> = 282)	7.20 (8.99) ( <i>n</i> = 138)	5.92
Insisting on sex	9.60 (8.48) ( <i>n</i> = 124)	5.59 (7.31) ( <i>n</i> = 41)	1.72
Minor physical	32.01 (34.33) ( <i>n</i> = 298)	6.17 (11.83) ( <i>n</i> = 161)	5.19
Severe physical	16.74 (22.06) ( <i>n</i> = 273)	4.86 (6.52) ( <i>n</i> = 59)	4.55
Total physical (minor + severe)	46.72 (53.48) ( <i>n</i> = 302)	7.71 (14.25) ( <i>n</i> = 166)	6.07
<i>Community sample</i>			
Minor psychological	16.82 (19.49) ( <i>n</i> = 383)	15.38 (17.74) ( <i>n</i> = 380)	1.09
Severe psychological	9.13 (13.26) ( <i>n</i> = 71)	6.07 (14.49) ( <i>n</i> = 54)	1.50
Controlling behaviours	11.36 (16.31) ( <i>n</i> = 104)	12.29 (16.99) ( <i>n</i> = 60)	0.92
Insisting on sex	6.82 (7.88) ( <i>n</i> = 51)	7.41 (8.30) ( <i>n</i> = 66)	0.92
Minor physical	8.66 (19.18) ( <i>n</i> = 80)	7.01 (14.27) ( <i>n</i> = 68)	1.24
Severe physical	11.54 (24.08) ( <i>n</i> = 30)	12.35 (26.75) ( <i>n</i> = 12)	0.93
Total physical (minor + severe)	12.22 (33.29) ( <i>n</i> = 85)	8.68 (24.21) ( <i>n</i> = 72)	1.41

*Note: pairwise comparisons within samples cannot be conducted because only those pairs in which both members of the couple used a given type of aggression would be included.*

<sup>1</sup> *Chronicity is the average number of aggressive acts used by those participants who reported any of the corresponding aggressive acts.*

were greater than the means for most of the aggression variables. Therefore, negative binomial regression analyses were conducted using the type of sample as the predictor and the chronicity of each of the aggression types as dependent variables (see Hutchinson & Holtman, 2005, for a discussion of the use of negative binomial regression to analyse count data of infrequently occurring events). As with

the logistic regressions, possible covariates in all negative binomial regressions included age, whether the participant was currently in a relationship, and whether minors were involved in the relationship, and nonsignificant covariates were removed to increase power to detect effects. Goodness-of-fit of negative binomial regression models was evaluated by examining whether the deviance divided by

the degrees of freedom (ie. deviance/df) was close to 1.00. If so, the significance of the sample type was then evaluated.

**Female partners' use of IPV.** Logistic regression analyses showed that, according to the male participants' reports, female partners of men in the helpseeking sample were significantly more likely than the female partners of men in the community sample to use all types of IPV. (Logistic regression could not be performed on minor psychological aggression or total physical aggression because all female partners in the helpseeking sample reportedly committed those types of aggression.) For severe psychological aggression,  $\chi^2(2, N = 822) = 613.46, p < .001$ , controlling behaviours,  $\chi^2(2, N = 822) = 470.48, p < .001$ , insisting on sex,  $\chi^2(2, N = 822) = 152.62, p < .001$ , minor physical  $\chi^2(2, N = 822) = 655.34, p < .001$ , and severe physical aggression,  $\chi^2(2, N = 822) = 670.19, p < .001$ , the overall regression models were significant. After controlling for significant covariates, the type of sample significantly predicted women's use of severe psychological aggression, Wald = 240.33,  $p < .001$ , controlling behaviours, Wald = 240.72,  $p < .001$ , insistence on sex, Wald = 53.31,  $p < .001$ , minor physical, Wald = 133.57,  $p < .001$ , and severe physical aggression, Wald = 283.31,  $p < .001$ . Specifically, in comparison to female partners in the community sample, female partners in the helpseeking sample were reportedly 147.15 times more likely to use severe psychological aggression, 53.67 times more likely to use controlling behaviours, 5.28 times more likely to insist on sex when her partner did not want to, 406.84 times more likely to use minor physical aggression, and 122.39 times more likely to use severe physical aggression.

Moreover, negative binomial regressions showed that among women who reportedly used each type of IPV respectively, female partners in the helpseeking sample used significantly more minor psychological aggression, severe psychological aggression, controlling behaviours, minor physical aggression, severe physical aggression and total physical aggression in the previous year than female partners in the community sample (**Table 5**). However, when investigating the frequency with which female partners insisted on sex just among those who were reported to have done that, negative binomial regressions revealed that there were no significant differences between samples.

**Male participants' use of IPV.** For all types of psychologically and physically aggressive behaviours, logistic regression analyses showed that men in the helpseeking sample were significantly more likely to use aggression than men in the community sample. Specifically, for each type of aggression, the overall logistic regression models were significant (minor psychological:  $\chi^2(2, N = 822) = 77.89, p < .001$ ; severe psychological:  $\chi^2(2, N = 822) = 105.16, p < .001$ ; controlling behaviours:  $\chi^2(2, N = 822) = 130.03, p < .001$ ; total physical:  $\chi^2(2, N = 822) = 192.15, p < .001$ , minor physical:  $\chi^2(2, N = 822) = 185.78, p < .001$ , and severe physical:  $\chi^2(2, N = 822) = 94.05, p < .001$ ), and after controlling for significant covariates, the type of sample predicted men's use of minor psychological aggression, Wald = 44.65,  $p < .001$ , severe psychological aggression, Wald = 84.45,  $p < .001$ , controlling behaviours, Wald = 98.31,  $p < .001$ , any physical aggression, Wald = 129.44,  $p < .001$ , minor physical aggression, Wald = 126.47,  $p < .001$ , and severe physical aggression, Wald = 47.99,  $p < .001$ . Men in the helpseeking sample were 7.06 times more likely to use minor psychological aggression, 5.58 times more likely to use severe psychological aggression, 6.04 times more likely to use controlling behaviours, 7.46 times more likely to use any physical aggression, 7.43 times more likely to use minor physical aggression, and 9.93 times more likely to use severe physical aggression than men in the community sample.

However, when we look at differences in frequency of aggressive behaviours among just those men who reported using each type of aggression (**Table 5**), we find a mixed picture. Negative binomial regressions showed that among men who used minor psychological aggression, male participants in the helpseeking sample used significantly more minor psychological aggression than male participants in the community sample; for severe psychological aggression, there were no differences between samples in frequency; and among men who used controlling behaviours, male participants in the helpseeking sample used significantly *fewer* controlling behaviours than male participants in the community sample. For physical IPV, there were no differences between samples in the frequency with which they used total or minor physical aggression in the past year; moreover, among men who used severe physical aggression, men in the

**Table 5: Negative binomial regression analyses predicting chronicity of IPV from sample type**

Variable	B	SEB	Wald $\chi^2$
<b>Female partners' use of IPV</b>			
<i>Minor psychological: goodness-of-fit: deviance/df = .78</i>			
Minors involved <sup>1</sup>	0.19	.08	5.19*
Sample type <sup>2</sup>	1.32	.08	264.89***
<i>Severe psychological: goodness-of-fit: deviance/df = 1.04</i>			
Sample type <sup>2</sup>	1.15	.14	69.18***
<i>Controlling behaviours: goodness-of-fit: deviance/df = 1.03</i>			
Sample type <sup>2</sup>	1.32	.12	124.06***
<i>Sexual: goodness-of-fit: deviance/df = 0.83</i>			
Sample type <sup>2</sup>	0.34	.18	3.72
<i>Minor physical: goodness-of-fit: deviance/df = 1.18</i>			
Age	-0.02	.01	9.81**
Sample type <sup>2</sup>	1.34	.13	102.63***
<i>Severe physical: goodness-of-fit: deviance/df = 1.31</i>			
Age	-0.03	.01	23.68***
Current relationship <sup>3</sup>	0.35	.13	7.91**
Minors involved <sup>1</sup>	-0.32	.14	5.19*
Sample type <sup>2</sup>	0.74	.21	12.11***
<i>Total physical: goodness-of-fit: deviance/df = 1.35</i>			
Age	-0.02	.01	17.17***
Sample type <sup>2</sup>	1.40	.13	120.14***
<b>Male participants' use of IPV</b>			
<i>Minor psychological: goodness-of-fit: deviance/df = 1.02</i>			
Age	-0.01	.01	7.62**
Minors involved <sup>1</sup>	0.19	.08	4.90*
Sample type <sup>2</sup>	0.54	.08	41.28***
<i>Severe psychological: goodness-of-fit: deviance/df = 1.20</i>			
Sample type <sup>2</sup>	-0.06	.18	0.10
<i>Controlling behaviours: goodness-of-fit: deviance/df = 1.09</i>			
Current relationship <sup>3</sup>	-0.55	.17	10.11***
Sample type <sup>2</sup>	-0.78	.18	19.13***
<i>Sexual: goodness-of-fit: deviance/df = 1.24</i>			
Sample type <sup>2</sup>	-0.28	.21	1.74
<i>Minor physical: goodness-of-fit: deviance/df = 1.24</i>			
Minors involved <sup>1</sup>	-0.48	.16	9.48**
Sample type <sup>2</sup>	0.02	.16	0.02
<i>Severe physical: goodness-of-fit: deviance/df = 1.21</i>			
Sample type <sup>2</sup>	-0.93	.33	7.89**
<i>Total physical: goodness-of-fit: deviance/df = 1.42</i>			
Age	-0.02	.01	5.03*
Minors involved <sup>1</sup>	-0.51	.15	11.17***
Sample type <sup>2</sup>	0.01	.16	0.01
<i>Note: deviance/df indicates the goodness-of-fit of the model, with values close to 1.00 indicating a good fit.</i>			
<sup>1</sup> Minors involved: 1 = Yes, 0 = No			
<sup>2</sup> Sample type: 1 = Helpseeking, 0 = Community			
<sup>3</sup> Current relationship: 1 = Current, 0 = Past			
* $p < .05$ , ** $p < .01$ , *** $p < .001$			

community sample used significantly more severe physical aggression in the previous year.

For insisting on sex, after controlling for age and whether the relationship was current, logistic regressions revealed that the type of sample did not predict men's insistence on sex when his partner did not want to, Wald = 2.35, *ns*. In addition, among men who insisted on sex, negative binomial regression showed that there were no differences between samples in the frequency with which they did this (Table 5).

### Comparisons between men and women within each sample of injuries sustained

In the helpseeking sample, McNemar's test showed that male participants reported that they were injured at significantly higher rates than their female partners in the previous year (Table 6). Moreover, within just the male participants and their female partners who reportedly sustained injuries, the male participants reported that they were injured at 1.52 times (severe injuries) to 2.25 times (total injuries) the frequency of their female partners (Table 7).

In the community sample, a different picture emerged, with McNemar's test revealing no significant differences between male participants

and their female partners in the rates of overall, minor or severe injuries (bottom of Table 6), and with female partners sustaining more injuries in the previous year than the male participants (bottom of Table 7).

### Differences between the helpseeking and community samples in injuries

Logistic regression analyses showed that men in the helpseeking sample were significantly more likely than men in the community sample to sustain injuries. For injuries overall,  $\chi^2 (1, N = 822) = 532.34, p < .001$ , and for both minor,  $\chi^2 (1, N = 822) = 534.64, p < .001$ , and severe injuries,  $\chi^2 (2, N = 822) = 206.47, p < .001$ , the overall regression models were significant. After controlling for significant covariates, the type of sample significantly predicted men's total injuries, Wald = 287.57,  $p < .001$ , minor injuries, Wald = 272.20,  $p < .001$ , and severe injuries, Wald = 67.89,  $p < .001$ . Specifically, in comparison to men in the community sample, men in the helpseeking sample were 86.64 times more likely to sustain any injury, 95.97 times more likely to sustain a minor injury and 24.75 times more likely to sustain a severe injury. Negative binomial regression analyses showed that among men from both samples who were injured, men in the helpseeking sample sustained significantly

**Table 6: Prevalence of injuries among both samples**

	% of male participants who sustained	% of female partners who sustained	$\chi^2$
<i>Helpseeking sample</i>			
Minor injuries	77.5 <sup>a</sup>	25.2 <sup>a</sup>	150.30**
Severe injuries	35.1 <sup>a</sup>	7.3 <sup>a</sup>	70.30**
Total injuries	78.5 <sup>a</sup>	26.2 <sup>a</sup>	150.30**
<i>Community sample</i>			
Minor injuries	3.5	4.2	0.75
Severe injuries	1.5	1.0	0.80
Total injuries	4.0	4.6	0.31

Note: tests of significant differences between male participants and their female partners were conducted using McNemar's test. For each sample, a Bonferonni correction was employed to test for significant differences (.05/3 = .02).

<sup>a</sup> Indicates a significant difference between the helpseeking and community samples, after controlling for significant covariates and employing a Bonferonni adjustment,  $p < .006$

\*\*  $p < .001$

**Table 7: Chronicity of injuries among both samples<sup>1</sup>**

	Injuries sustained by male participants <i>M (SD)</i>	Injuries sustained by female partners <i>M (SD)</i>	Ratio (M/F)
<i>Helpseeking sample</i>			
Minor injuries	9.73 (12.75) ( <i>n</i> = 234)	4.51 (6.22) ( <i>n</i> = 76)	2.16
Severe injuries	4.64 (7.50) ( <i>n</i> = 106)	3.05 (3.58) ( <i>n</i> = 22)	1.52
Total injuries	11.68 (15.61) ( <i>n</i> = 237)	5.19 (6.40) ( <i>n</i> = 79)	2.25
<i>Community sample</i>			
Minor injuries	5.11 (11.36) ( <i>n</i> = 18)	6.68 (12.28) ( <i>n</i> = 22)	0.76
Severe injuries	3.00 (2.73) ( <i>n</i> = 8)	4.00 (4.64) ( <i>n</i> = 5)	0.75
Total injuries	5.52 (11.42) ( <i>n</i> = 21)	6.96 (12.01) ( <i>n</i> = 24)	0.79

*Note: pairwise comparisons cannot be conducted within samples because only those pairs in which both members of the couple were injured would be included.*

<sup>1</sup> *Chronicity is the average number of injuries sustained by those participants and their partners where any of the corresponding injuries were reported.*

more minor injuries and total injuries; however, they did not sustain more severe injuries (see top of **Table 8**).

For injuries among women, the overall regression models were significant (any:  $\chi^2$  (2, *N* = 822) = 85.81, *p* < .001; minor:  $\chi^2$  (2, *N* = 822) = 84.85, *p* < .001; and severe:  $\chi^2$  (1, *N* = 822) = 25.57, *p* < .001) and after controlling for significant covariates, the type of sample significantly predicted any women's injuries, Wald = 67.48, *p* < .001; minor injuries, Wald = 59.76, *p* < .001; and severe injuries, Wald = 17.42, *p* < .001. Female partners of men in the helpseeking sample were reportedly 6.99 times more likely to sustain any injury, 7.25 times more likely to sustain a minor injury, and 8.09 times more likely to sustain a severe injury than female partners of men in the community sample. Among women from both samples who were injured, however, negative binomial regressions showed that there were no differences between the samples in the number of minor, severe or total injuries they sustained in the previous year (see bottom of **Table 8**).

### Initiation of IPV

Men in the helpseeking sample were significantly more likely than men in the community sample to report that their female partners hit first during the last physical argument (93.0% v. 56.9%),  $\chi^2$  (1, *N* = 404) = 20.58, *p* < .001. Men in the helpseeking sample were also significantly more likely to report that their female partners were the first to ever hit (91.7% v. 53.0%),  $\chi^2$  (1, *N* = 404) = 46.99, *p* < .001.

### Discussion

This study is the first to provide a systematic, quantitative description of the IPV experiences of a large sample of men who sought help for IPV victimisation. Until now, this group has been largely overlooked in the discussion about women's use of IPV. Johnson's (1995) typology of CCV versus IT guided the conceptualisation of our methodology: by comparing the sample of men who sustained IPV and sought help with a community sample of men, we were able to gain a better understanding of the IPV experiences of both groups of men.

<b>Table 8: Negative binomial regression analyses predicting chronicity of injuries from sample type</b>			
<b>Variable</b>	<b>B</b>	<b>SEB</b>	<b>Wald <math>\chi^2</math></b>
<b>Male participants' injuries</b>			
<i>Minor injuries: goodness-of-fit: deviance/df = 1.07</i>			
Age	-0.02	.01	6.76**
Minors involved <sup>1</sup>	-0.34	.16	6.76**
Current relationship <sup>2</sup>	0.37	.14	7.01**
Sample type <sup>3</sup>	0.88	.28	9.98**
<i>Severe injuries: goodness-of-fit: deviance/df = 0.84</i>			
Age	-0.02	.01	4.37*
Current relationship <sup>2</sup>	0.57	.21	6.99**
Sample type <sup>3</sup>	0.62	.44	2.04
<i>Total injuries: goodness-of-fit: deviance/df = 1.13</i>			
Age	-0.02	.01	9.92**
Minors involved <sup>1</sup>	-0.31	.15	4.24*
Current relationship <sup>2</sup>	0.34	.14	6.01**
Sample type <sup>3</sup>	0.94	.26	13.37***
<b>Female partners' injuries</b>			
<i>Minor injuries: goodness-of-fit: deviance/df = 0.94</i>			
Minors involved <sup>1</sup>	-0.58	.26	5.07*
Sample type <sup>3</sup>	-0.13	.29	0.21
<i>Severe injuries: goodness-of-fit: deviance/df = 0.68</i>			
Sample type <sup>3</sup>	-0.27	.56	0.24
<i>Total injuries: goodness-of-fit: deviance/df = 0.96</i>			
Sample type <sup>3</sup>	-0.29	.25	1.37
<i>Note: deviance/df indicates the goodness-of-fit of the model, with values close to 1.00 indicating a good fit.</i>			
<sup>1</sup> Minors involved: 1 = Yes, 0 = No			
<sup>2</sup> Current relationship: 1 = Current, 0 = Past			
<sup>3</sup> Sample type: 1 = Helpseeking, 0 = Community			
* $p < .05$ , ** $p < .01$ , *** $p < .001$			

The IPV experiences of the community sample closely resembled Johnson's description of CCV. The rates and frequencies of IPV perpetration and victimisation in this sample closely resemble other community and population-based surveys of IPV (eg. Morse, 1995; Straus, 1990; Straus & Gelles, 1986). Given that there were few differences reported between the men and their female partners in their use of all types of IPV, it is likely that their experiences are mostly reciprocal acts of IPV, what Johnson calls CCV (Johnson, 1995, 2006; Johnson & Ferraro, 2000).

A very different picture emerged with the helpseeking sample. The female partners of men in the helpseeking sample had significantly

higher rates of all types of IPV. Johnson (1995) describes IT as physical aggression against one's partner that occurs within a general pattern of control. The female partners of the male helpseekers fit this definition: among those men and women in the helpseeking sample who engaged in physical and psychological aggression, the female partners used five-to-six times the frequency of physical and severe psychological aggression, and controlling behaviours; in addition, the female partners' rates of these types of aggression were twice as high as their male partners. Moreover, the helpseeking men had significantly higher rates of injuries than their female partners: among those men and women who sustained

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injuries, the men were injured at approximately twice the frequency as their female partners. Moreover, the frequency with which men sustained violence in the previous year (46.72 acts) is comparable to the frequency of violence sustained in samples of battered women (between 15 and 68 acts per year) (Giles-Sims, 1983; Johnson, 2006; Okun, 1986; Straus, 1990).

Patterns of IT can also be found when we compare the helpseeking sample with the community sample: in comparison with the female partners of men in the community sample, the female partners of men in the helpseeking sample engaged in significantly higher rates and frequency of all types of IPV – they were 54 (controlling behaviours) to 407 (minor physical aggression) times more likely to use IPV. Among only those women who used IPV, the female partners in the helpseeking sample had significantly higher frequencies of IPV, ranging from approximately one and a half times (sexual aggression, severe physical aggression) to over 3.75 times (controlling behaviours, total physical aggression) the frequency of aggression of female partners in the community sample. Moreover, the men in the helpseeking sample were injured at higher rates and frequencies than men in the community sample – helpseeking men were close to 90 times more likely to have sustained an injury in the past year than men from the community sample. Finally, we also found that the female partners in the helpseeking sample were significantly more likely than female partners in the community sample to have used physical IPV first, in both the last physical argument and ever. Taken together, there is strong evidence that the female partners of men in the helpseeking sample conform to Johnson's (1995) conceptualisation of IT. This is not violence that can be viewed as trivial, humorous or merely annoying, as some have suggested (Dobash *et al*, 1992; Pagelow, 1985; Saunders, 1988).

The high rates of IPV by the men in the helpseeking sample deserve discussion as well. With the exception of insisting on sex, men in the helpseeking sample engaged in significantly higher rates of all types of IPV than men in the community sample. These rates of IPV perpetration among the helpseeking men are similar to the rates found in studies of battered women in shelters (Giles-Sims, 1983; McDonald *et al*, 2009; Saunders, 1988). Although rarely addressed, we found three studies in

which researchers reported on the percentage of women seeking help in shelters who used physical IPV towards their partners. Giles-Sims (1983) found that 50% of helpseeking women in a shelter reported using physical aggression against their partner within one year prior to coming to the shelter. Saunders (1988) found that 75% of shelter women stated that they had engaged in nonsevere violence in the previous year; 50%-60% engaged in severe violence, with 8% saying they beat up their partners or used a knife or gun, and 12% threatened their partners with a knife or gun. Finally, McDonald *et al* (2009) found that 67.1% of the women in their helpseeking shelter sample had used severe physical aggression in the previous year against their partners. Our findings that 55% of helpseeking men used violence, with 19.5% using severe violence, are congruent with or lower than the rates of battered women in shelters, and indicate somewhat similar behaviour, regardless of sex, among individuals who are seeking help for IPV victimisation.

Why do the helpseeking men in our sample use violence at such high rates? Johnson's (2006) conceptualisation of the various types of IPV suggests that these helpseeking men are engaging in either violent resistance or mutual violent control; our findings suggest that the majority of IPV was likely a reaction to their female partner's violence, or violent resistance. The helpseeking men's rates of all types of IPV were lower than those of their female partners, and among just those men who used IPV, their frequencies of IPV were also much lower. The differences between the community and helpseeking men in the frequencies of different types of IPV are also informative. Among those men who used IPV, there were few differences between the helpseeking and community men in the frequency of IPV in the previous year, with the most notable differences being that the *community* men reported significantly higher frequencies of controlling behaviours and severe physical aggression, the types of IPV that are most pertinent to mutual violent control. Therefore, it is likely that the helpseeking men's IPV is characteristic of violent resistance and a reaction to their female partner's IT, and that their female partner's IT is the overarching problem in the relationship. We note that classifying the men's behaviour as violent resistance does not excuse their aggression; in addition, even though the

female partners' IPV is more severe, the male helpseekers, as a whole, were engaging in behaviours that are problematic, dysfunctional, and need to be addressed.

At this point, what we do not know is the prevalence of this type of relationship in the US. Our study only shows that these relationships, in which the woman is the intimate terrorist, exist, but we cannot draw any conclusions as to how prevalent these relationships are, in the same way that studies using shelter samples of battered women cannot be used to make inferences about how prevalent IT is against women. These inferences are difficult to make because IT against both men and women is relatively infrequent in comparison to CCV (eg. Ehrensaft *et al*, 2004; Straus, 1990). However, two population-based studies, one in New Zealand (Ehrensaft *et al*, 2004) and one in Canada (Laroche, 2005), show that women and men commit IT at similar rates. The New Zealand study, in particular, was a cohort study that encompassed almost the entire population of that cohort, and it showed that the prevalence rate of IT was 9%, with men and women equally likely to be intimate terrorists. This study was able to capture a sizeable proportion of 'clinical' cases in which the IPV had led to injury and/or intervention. This is significant because such epidemiological studies capture not only IPV that comes to the attention of authorities, but also serious cases that, for whatever reason, elude official detection and remain hidden in traditional clinical samples (Ehrensaft *et al*, 2004), such as Johnson's (2006). Nonetheless, more research needs to be conducted to replicate these findings and establish the prevalence of female IT, particularly in the US.

There are several limitations of our study that need to be considered in future research on male victims of female IT. Our first limitation is that the study relies solely on the men's reports of their own and their partners' aggressive behaviours. This limitation is important to consider for two primary reasons:

1. It is possible that the male helpseekers overestimated their female partners' use of IPV and underestimated their partners' injuries. Studies of couples reporting on IPV show little difference between male and female partners in their estimates of women's use of IPV (Archer, 1999), but it could be the case that when men seek

help because of their partner's violence, they may overestimate their female partner's use of IPV and underestimate their partner's injuries. However, the magnitude of the differences between the male helpseekers' and their female partners' rates and frequencies of all types of IPV perpetration are so large that, even if the men exaggerated their female partners' use of IPV and underestimated their injuries, our classification of the helpseekers as victims of IT would still be valid. Studies also show that both men and women tend to underestimate their own use of IPV (Archer, 1999), but even if this occurred with our helpseeking sample of men, their actual use of IPV would still approximate the rates that are found in self-report studies using shelter samples of women seeking help for IPV victimisation (Giles-Sims, 1983; McDonald *et al*, 2009; Saunders, 1988).

2. By using only the men's reports, we have no external validation of the authenticity of their reports. We were concerned, particularly for our helpseeking sample, about the confidentiality and safety of the participants if we asked their partners to participate in this study as well. Therefore, we opted not to obtain these data directly from the female partners and note that methodologies similar to ours have been used in other social science research (Furstenberg *et al*, 1987; Lee, 1997; Seltzer, 1991; Seltzer & Bianchi, 1988; Walker, 2000). It is also important to consider that these men will have had to overcome several societal and internal barriers to seeking help (Addis & Mihalik, 2003) and by this very factor are likely to be reporting legitimate concerns.

Nonetheless, this limitation of using only the male participants' reports of IPV highlights the importance of replicating the findings reported here with studies using multiple informants.

A second limitation is that we restricted our sample of male victims to men seeking help for IPV victimisation, which most likely resulted in a large group of men being excluded because they did not seek help. In fact, men are reluctant to seek help in general and particularly for issues that society deems non-normative (Addis & Mihalik, 2003). Given that IPV is

typically framed as a women's issue, it is likely that many male victims of IPV do not seek help because they perceive their experiences as non-normative. We also were not able to recruit men who did not have access to the internet or to the DAHMW. Therefore, future studies should aim to recruit men who may have sought help from other sources of support or who may not have sought help at all, to investigate any possible differences in their experiences.

In sum, our study shows the existence of male victims of female-perpetrated IT. These men sustained very high rates and frequencies of psychological, sexual, and physical IPV, injuries, and controlling behaviours, the pattern of which is congruent with Johnson's (1995) conceptualisation of IT. And even though the male helpseekers had high rates of perpetrating IPV themselves, their rates are similar to or lower than those found in shelter samples of battered women (Giles-Sims, 1983; Saunders, 1988), and their violent behaviour conforms to Johnson's conceptualisation of violent resistance.

These findings represent important challenges to Johnson's (1995; 2006; Johnson & Ferraro, 2000) assertion that, with the exception of a few case studies, IT is committed almost exclusively by men and violent resistance is committed almost exclusively by women, with both conforming to the patriarchal notion that men use IT to maintain power and control over their female partners. These findings also have important implications for family violence researchers and practitioners, and we offer the following recommendations:

1. It is important that practitioners who engage in community outreach understand that both men and women can be victims of severe types and levels of IPV, including controlling behaviours.
2. All the men in this study indicated that they had sought help of some form. Training for members of the helping professions should include information about men's IPV victimisation.
3. Public awareness/education campaigns that address IPV should be sex inclusive. The public should understand that both sexes can be the instigators and recipients of IT.
4. In research concerning family violence, IPV perpetration and victimisation should be asked of both men and women in all relationships, regardless of sex.

5. The results of this study indicate that the adherence to the theory that patriarchy is the foundation of IT in Western, developed nations deserves reconsideration. Because IT can be perpetrated by both men and women, against both men and women, it is imperative that researchers, practitioners, and decision/policy-makers reconsider their conception of the causes of both IT and CCV so that all potential victims are addressed and provided with services.

### Acknowledgements

The project described here was supported by Grant Number 5R21MH074590 from the National Institute of Mental Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the NIMH. Special thanks to Dr Murray Straus for his continued guidance, support and consultation on this project.

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