

THE MEN'S EXPERIENCES WITH PARTNER AGGRESSION PROJECT

Symptoms of Post-Traumatic Stress Disorder in Men who Sustain Intimate Partner Violence: A Study of Helpseeking and Community Samples

This fact sheet and the others in this series summarize the results of a study that Drs. Denise A. Hines and Emily M. Douglas conducted in 2008 about men who sustained intimate partner violence (IPV) from their female partners and sought help. In this study, which was funded by the National Institute of Mental Health, 302 men participated in an online survey; we recruited them through advertising on websites that dealt primarily with men's issues and through the Domestic Abuse Helpline for Men and Women. Men reported about the level of IPV (psychological, sexual, and physical) that they both sustained from and perpetrated against their female partners, their mental health status (post traumatic stress, alcohol and substance use), and their experiences with seeking help. The experiences of these helpseekers were compared to a community sample of 520 men who were recruited to participate either through a random digit dial telephone or Internet survey. For more information, results, and media mentions about this study, please visit our study [website](#).

WHAT IS INTIMATE TERRORISM?

Intimate terrorism (IT) is a severe form of intimate partner violence (IPV) in which the physical violence is one tactic in a general pattern of control of one partner over another partner. The violence is frequent and severe, occurring at least on a monthly basis, is unlikely to be mutual and is likely to involve serious injury and emotional abuse. ^{i ii}

WHAT DID WE INVESTIGATE?

Our previous research documented that men who seek help for IPV are more likely to experience intimate terrorism (IT) than men from the community who sustain IPV but do not seek help. ⁱⁱⁱ Thus, we hypothesized that their reactions to such IPV will be different; we investigated:

- Whether the symptoms of post-traumatic stress disorder (PTSD)^{iv} are more severe among men who sustain IT, and
- Whether pre- and post-exposure environments are important in the development of this disorder, particularly: (1) The level of violence experienced during childhood (pre-exposure); and (2) The level of social support the person receives after the traumatic event (post-exposure).

DIFFERENCES BETWEEN THE GROUPS OF MEN

There were significant differences between the helpseeking and community samples in demographic characteristics, IPV, social support, and exposure to violence during childhood.^v



In regard to IPV, social support, and exposure to violence during childhood, the men in the helpseeking sample:

- Had less social support, and
- Were more likely to have experienced all forms of IPV in the past year and all forms of violence during childhood.

Tables 1 and 2 list the differences between the samples in regard to the percentage experiencing different forms of IPV and childhood aggression:

Table 1. Percent Sustaining IPV

Type of IPV	Helpseeking Sample	Community Sample
Severe Psychological	96.0%	13.7%
Controlling Behaviors	93.4%	20.0%
Physical Aggression	100.0%	16.3%
Injury	78.5%	4.0%

Table 2. Exposure to Violence During Childhood

Type of Violence	Helpseeking Sample	Community Sample
% sustaining physical aggression	46.8%	35.3%
% witnessing parental IPV	21.5%	14.3%
% sustaining familial sex abuse	12.9%	6.4%
% sustaining non-familial sex abuse	17.2%	8.5%

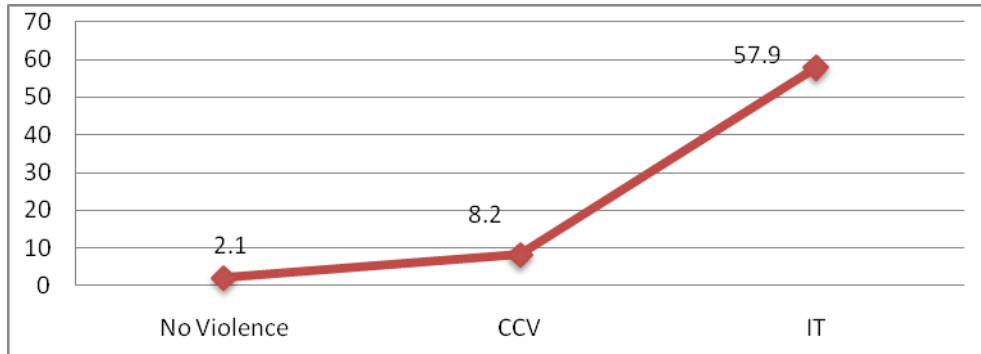
DIFFERENCES BETWEEN THE GROUPS OF MEN: PTSD SYMPTOMS

Our research indicates that the frequency of all four forms of IPV is significantly correlated with PTSD symptoms. In other words, as the frequency of IPV increased so did the number of symptoms of PTSD and the likelihood of meeting a “clinical cutoff” for PTSD. As shown in Figure 1 (next page), only 2.1% of the men who experienced no IPV met the PTSD cutoff; this jumped to 8.2% for the group determined to use the lower-level of IPV called common couple violence (CCV),^{vi} and then increased exponentially to 57.9% for the IT group.

Therefore, we found that in comparison to men who sustain no physical IPV and men who sustain CCV, men who sustain IT are at a seriously increased risk for reaching a clinical cut-off for PTSD. In fact, almost 60% of the male helpseekers met the cutoff for PTSD, a percentage which is similar to what samples of battered women typically show.^{vii, viii, ix, x}



Figure 1. Percent of Each IPV Group meeting the PTSD “Clinical Cutoff”



HOW DOES SOCIAL SUPPORT AND CHILDHOOD EXPEREINCES WITH VIOLENCE AFFECT THE DEVELOPMENT OF PTSD?

The associations between PTSD and sustaining different types of IPV were somewhat different for each sample.

For the community sample:

- Sustaining childhood abuse put the men at risk for experiencing higher frequencies of IPV and was associated with higher levels of PTSD symptoms,
- Men who had higher levels of social support had lower levels of PTSD symptoms than men with lower levels of social support; and
- Sustaining higher frequencies of physical IPV and controlling behaviors from one’s partner was associated with higher levels of PTSD symptoms.

For the helpseeking sample:

- Sustaining childhood physical aggression, and experiencing higher frequencies of adult physical IPV and controlling behaviors from their partners, was associated with higher levels of PTSD symptoms.

CONCLUSION

We found that childhood experiences of familial aggression and adult experiences of IPV influenced the presentation of PTSD symptoms in the helpseeking sample. These findings have important implications for treatment:

- It is important for any treatment provider who encounters a man who discloses physical IPV and controlling behaviors against him by his partner to acknowledge that this man has likely been traumatized.
- The trauma of experiencing violence in childhood, as well as IPV as an adult, should be central to any treatment program and should be viewed as within the continuum of



potentially traumatic life experiences, including combat exposure and natural disasters; by doing so, it may remove any self-blame the men may be feeling.^{xi}

- Service providers who encounter men who sustain IPV will need to make the distinction between whether the IPV they are experiencing is IT or CCV. Men who are experiencing CCV might benefit from couples' therapy,^{xii, xiii} whereas this may not be appropriate for men experiencing IT, since they may risk retaliation.

ⁱJohnson, M.P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57, 283-294.

ⁱⁱ Johnson, M.P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12(11), 1003-1018.

ⁱⁱⁱ Hines, D. A., & Douglas, E. M. (2010). Intimate terrorism by women towards men: Does it exist? *Journal of Aggression, Conflict, and Peace Research*, 2(3), 36-56.

^{iv} As measured by the *Post-traumatic Stress Checklist*.

^v Men in the community sample were significantly older (average ages: 43.68 v. 40.49), more likely to be currently in a relationship (95.8% v. 56.3%), and in significantly longer relationships than the men in the helpseeking sample (164.90 months v. 97.90 months). Also, men in the helpseeking sample attained significantly higher levels of education (four years of a college education v. two years) and were more likely to have minor children (73.2% v. 45.3%).

^{vi} A form of mutual violence in which one partner does *not* disproportionately use violence in a general pattern of control (Johnson, 1995).

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

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

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

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

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

^{xii} O'Leary, K. D., Heyman, R. E., & Neidig, P. H. (1999). Treatment of wife abuse: A comparison of gender-specific and couple approaches. *Behavior Assessment*, 30, 475-505.

^{xiii} Stith, S. M., Rosen, K. H., & McCollum, E. E. (2003). Effectiveness of couples treatment for spouse abuse. *Journal of Marriage and Family Therapy*, 29, 407-426.

