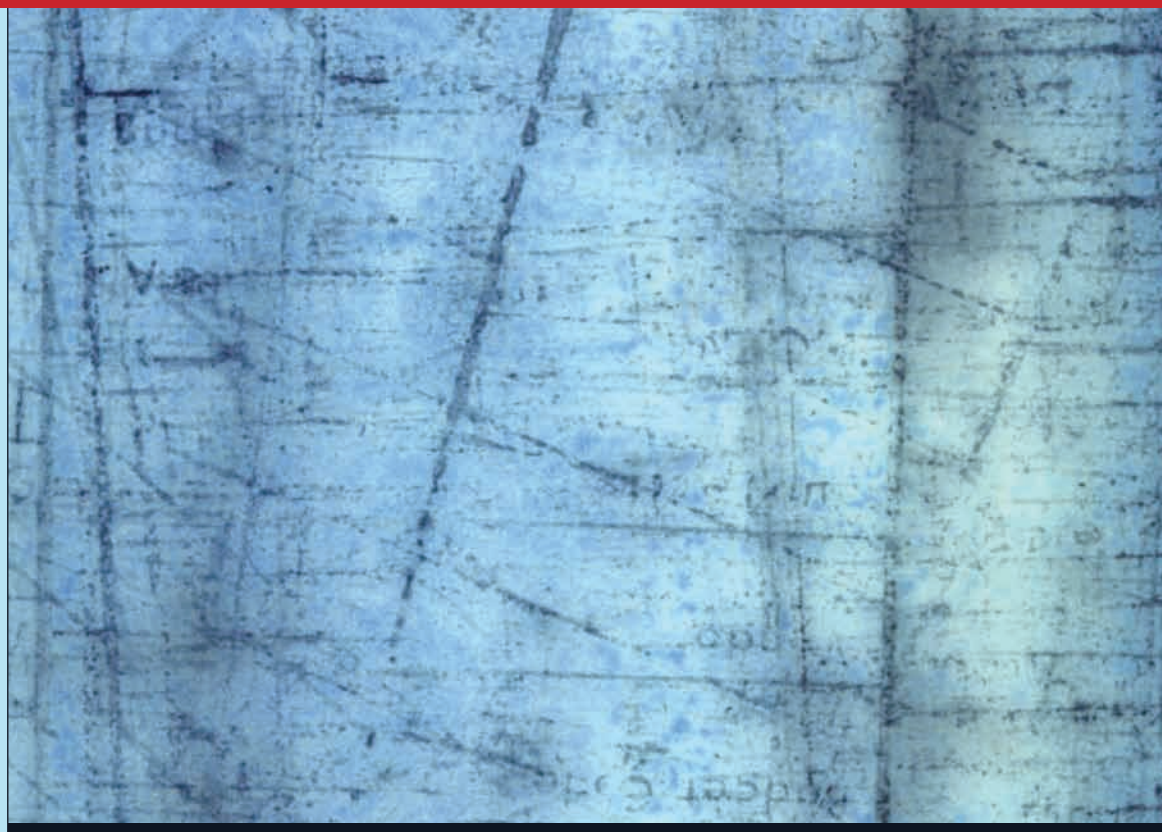
Violence and Victims



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Men Who Sustain Female-to-Male Partner Violence: Factors Associated With Where They Seek Help and How They Rate Those Resources

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Research since the 1970s has documented that men, in addition to women, sustain intimate partner violence (IPV), although much of that research has been overlooked. A growing body of research is examining the experiences of men who sustain female-to-male IPV, but there is still much to be learned. This exploratory study assesses the experiences of 302 men who have sustained IPV from their female partners and sought help from 1 of 6 resources: domestic violence agencies, hotlines, Internet, mental health professionals, medical providers, or the police. We examine what demographic characteristics and life experiences are associated with where men seek help and how they rate those experiences. We make recommendations for agencies, service providers, and first responders about how to tailor services for this specific population and their families.

Keywords: male victims; help seeking; female-to-male violence; service providers; emergency responders

Research since the 1970s has documented that men, like women, sustain intimate partner violence (IPV), which includes the physical, sexual, and psychological maltreatment of one partner against another (Gelles, 1974; Rennison & Welchans, 2000; Straus & Gelles, 1988; Tjaden & Thoennes, 2000). IPV against men is often a controversial issue (George, 2007); research on help seeking among men who have sustained IPV indicates that the domestic violence (DV) service system is not always able to serve them (Hines & Douglas, 2011) and that many men are turned away (Cook, 2009; Douglas, & Hines, 2011). Nonetheless, men attempt to find help for sustaining IPV through various resources, both formal (e.g., helplines, police, mental health professionals) and informal (e.g., friends, relatives, the Internet; Douglas, 2011). What remains unknown is what factors are related to (a) where men seek help and (b) how they rate the resources from which they seek help. This exploratory study will focus on the demographic, personal, and

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relationship characteristics that are associated with where men seek help for sustaining IPV and how they rate those experiences.

FEMALE-TO-MALE INTIMATE PARTNER VIOLENCE

Research reporting that women physically aggress toward their male partners first appeared in the 1970s (Gelles, 1974). More recently, the Department of Justice showed that in 2009, 117,210 men were physically assaulted by an intimate partner, most of whom were women, which represents 18% of all IPV victims that year (Truman & Rand, 2010). The same source of data for the period 1993–2004 showed a 61% decline of reported physical IPV toward women between 1993 and 2004, whereas the rates of IPV toward men only declined 19% (Catalano, 2007). The 1995–1996 National Violence Against Women Survey found that 40% of all IPV victims during a 1-year time period were men (Tjaden & Thoennes, 2000). The highest rates of IPV against both men and women have been found in national studies of family conflict, such as the 1975 and 1985 National Family Violence Surveys and the 1992 National Alcohol and Family Violence Survey (Straus, 1995). For example, female-to-male minor physical assaults (e.g., slapping, pushing) occurred at a rate of 75 per 1,000 in 1975 and 1985, and then increased to 95 per 1,000 in 1992. Rates of severe physical assaults (e.g., punching, beating up) by female partners remained constant at 45 per 1,000 in all study years (Straus & Gelles, 1988).

Help Seeking Among Men

Men who sustain IPV are often in need of assistance and support (Cook, 2009; Hines, Brown, & Dunning, 2007), yet may be reluctant to do so (Addis & Mahalik, 2003). One study of service providers found that reasons why men do not or might not seek help for IPV victimization include that IPV services are not targeted toward men and the men's own shame/embarrassment, denial, stigmatization, and fear (Tsui, Cheung, & Leung, 2010). Other research, however, has documented that some men do seek help for IPV victimization through established DV resources; however, they often encounter barriers, such as being blamed for the abuse, being sent to a batterer's program, and being laughed at (Hines et al., 2007).

In a previous investigation using the sample described in this article, we found that men who seek help for IPV victimization use various resources (Douglas, 2011). Men were most likely to seek help from family and friends, but about two-thirds also sought help via the Internet and from mental health professionals; about half sought help from the police and about half from a DV agency. With less frequency, men sought help from DV hotlines/agencies and medical professionals. The men also reported on the quality of the helpfulness that they received. Medical, followed by mental health and online resources, were the most helpful. DV hotlines, DV agencies, and the police were rated as being the least helpful. What remains unknown is what factors lead men to seek help from which resources.

Most research on male help seeking has focused on what characteristics indicate whether men will seek help (Addis & Mahalik, 2003), but there is a developing body of research addressing what factors are related to which services they seek once men actually *do* seek help. Lane and Addis (2005) found that willingness to seek help for depression and/or substance use varied not only by the degree of traditional masculine ideologies held by the individual and the type of problem but also by the source of help. Men who

embraced traditional masculine ideologies were less willing to seek help from a male friend, doctor, or partner and were more likely to consult an anonymous Internet group for depression. Also, these men were more likely to seek help for substance use from the Internet and, in some cases, from a parent. We do not have measures of adherence to traditional masculine ideologies; nonetheless, we aim to expand our knowledge of where men seek help by investigating a range of possible factors.

To our knowledge, only one study has documented factors associated with where men might seek help for IPV victimization (Ansara & Hindin, 2010). This Canadian study of male and female help seeking among IPV victims found that both genders sought help from health professionals and the police. Men were more likely to use both informal and formal sources of support when the IPV that they experienced was more severe than when it was less severe. We, too, will test, among our sample, whether severity of IPV is related to where men seek help.

Seeking Help for Intimate Partner Violence and Levels of Satisfaction Among Female Intimate Partner Violence Victims

Despite the limited research examining where male victims of IPV seek help, there is a growing body of research that predicts where female victims seek help. An Australian study of nearly 1,700 women who sought help for IPV found differences between women who used informal (e.g., friends, family, colleagues, neighbors) versus formal sources of support (e.g., law enforcement, specialized "walk-in" services, residential victim services; Meyer, 2010). Women who used formal sources of support had lower levels of household income and were more likely to be unemployed, to have children who witnessed the IPV, to be married to their abusive partners, to have used drugs or alcohol to cope with the abusive behaviors, to have been injured in the most recent violent episode, and to believe that their lives were in danger.

Women who experience higher levels of violence, do not live with their partners (Leone, Johnson, & Cohan, 2007), have filed protection orders, have higher levels of post-traumatic stress disorder (PTSD; Wright & Johnson, 2009), and are from urban locations (Shannon, Logan, Cole, & Medley, 2006) are more likely to contact the police. Those in shorter relationships, who have higher levels of PTSD symptoms, and were injured by the IPV are more likely to see a medical provider (Leone et al., 2007). Finally, women who are in shorter relationships, are older, have children, have access to financial resources (Leone et al., 2007), and have higher levels of education and income (Vatnar & Bjørkly, 2009) are more likely to see a mental health professional for IPV victimization.

Research also addresses their satisfaction with the services that they receive. Most research simply describes how female IPV victims rate their level of satisfaction/helpfulness with the resource (McNamara, Ertl, Marsh, & Walker, 1997; McNamara, Tamanini, & Pelletier-Walker, 2008; Molina, Lawrence, Azhar-Miller, & Rivera, 2009; Norton & Schauer, 1997; Refuerzo & Verderber, 1989). A small body of research does examine which factors are related to how IPV victims rate their experiences with resources. A study from the mid-1980s found no relationship between female IPV victims' demographic and relationship experiences and whether or not they rated a battered women's shelter as effective (Bowker & Maurer, 1985). Two decades later, similar results were found on another sample of IPV victims (Weisz, 2005), and another study showed no differences between White and African American women on their ratings of helpfulness among health providers and clergy members (El-Khoury et al., 2004).

Other research has found that victim characteristics and experiences can predict how victims rate the helpfulness of the resources they use for IPV victimization. Shannon et al. (2006) found that women from urban locations rated criminal justice resources as more helpful, whereas women from rural locations rated women's shelters as more helpful. Weisz (2005) found that women who had better experiences with victim advocates also had better experiences with the police and criminal justice system. Another study found that among women who wanted their partners arrested, women whose partners were ultimately not arrested were much less satisfied with the help that they received from the police compared with women whose partners were arrested (Apsler, Cummins, & Carl, 2003). This research will consider the demographic, relationship, and life experiences of male help seekers, as well as the nature of the response that they received from each resource in predicting how helpful they rated each resource. No research has examined whether women's own use of IPV is related to their help-seeking experiences even though samples of women in shelters show that most women do use IPV (Giles-Sims, 1983; Saunders, 1988). We will include a measure of men's own use of IPV in this study as a potential predictor of where they seek help and the helpfulness of that resource.

CURRENT STUDY

This study builds on the small body of research that examines factors related to where men seek help for IPV victimization and how they rate these resources. Specifically, this exploratory study addresses the following: (a) What demographic and life experience factors are related to where men who have sustained IPV seek help? and (b) What demographic and life experience factors are related to how men rate the helpfulness of these resources?

These questions were examined on a sample of 302 men who sought help for female-to-male physical, sexual, and psychological IPV victimization and who experienced physical IPV in the previous year. The men sought help from various resources: the police, medical and mental health providers, DV hotlines, DV agencies, and the Internet. The large dataset for this study permitted us to conduct exploratory analyses concerning men's help-seeking experiences.

METHOD

Procedure

The methods for this study were approved by the boards of ethics at the participating institutions. All of the men participated anonymously and were apprised of their rights as study participants. At the completion of the survey, participants were given information about obtaining help for IPV victimization and how to delete the history on their Internet Web browser.

In order to participate, the men had to speak English, live in the United States, and be 18–59 years old; they had to have been involved in an intimate relationship with a woman in the previous year lasting at least 1 month in which they sustained a physical assault within the previous year, and they had to have sought help for this IPV. Help seeking included seeking help from formal sources: hotlines, DV agencies, the police, mental and medical health professionals, lawyers, and ministers; and informal sources, such as friends/family and the Internet. The sample was recruited from multiple sources, including

the Domestic Abuse Helpline for Men and Women (DAHMW), a national helpline specializing in men who sustain IPV; and online Websites, newsletters, blogs, and e-mail lists that specialize in IPV, male IPV victims, fathers' and divorced men's issues, men's health, and men's rights. Potential participants were told and advertisements stated,

> Researchers at Clark University and Bridgewater State College are conducting a study on men who experience aggression from their girlfriends, wives, or female partners. If you are a man between the ages of 18–59 and have experienced aggression from your partner within the past 12 months, you may be eligible to participate in this study. We invite you to follow this link to the study Webpage where you can complete an Internet survey about your experiences.

Callers to DAHMW who had received assistance from the helpline staff and who met the eligibility criteria were invited to participate in the study by calling a survey research center to complete an interview over the phone or by visiting the study Website to complete the anonymous study questionnaire online. 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. Data were collected between December 2007 and January 2009. Sixteen participants completed the survey via phone, whereas 286 completed the online version of the study.

Sample

The sample consisted of 302 men from 45 states who sought help after sustaining IPV. Table 1 displays their characteristics. The average age was 40 years. This sample was well educated, with almost half having a college degree or higher; their mean income was $50,439. Their average occupational status was 6.7 (where 1 = *elementary occupations* and 9 = *legislators, senior officials, management*). The sample had limited ethnic and racial diversity, with 16.2% of the sample identifying with a minority group. The help seekers were in relationships lasting a mean of about 8 years. Approximately 75% were or had been married to the partner who used IPV against them. About half were currently still in the relationship; the remainder had ended the relationship within the past year. Almost 75% reported that minor-aged children were present.

The violence that the men in this sample sustained has been reported in detail in other papers (Hines & Douglas, 2010a, 2010b). A brief summary is provided in this article to orient the reader to the nature of the sample and of the types of IPV experiences reported by the study participants. The men in this study sustained serious violence: 96.0% reported sustaining severe psychological aggression in the past year (e.g., threats to physically harm the man or someone he cares about, destroying something belonging to him), 93.4% reported controlling behaviors (e.g., monitoring his time and whereabouts, not allowing him access to household income, isolating him from family/friends), 98.7% reported minor violence (e.g., pushing, shoving), 90.4% severe violence (e.g., punching, kicking), and 54.0% very severe violence (e.g., beating up, using a knife/gun). Of the men who reported each of these types of IPV, severe psychological aggression sustained a mean number of 28.90 times in the previous year; controlling behaviors, 42.62 times; minor violence, 32.01 times; severe violence, 16.74 times; and very severe violence, 7.46 times. The assaults often led to injuries—77.5% of the sample reportedly experienced minor injuries (e.g., bruise or cut) in the past year and 35.1% experienced severe injuries (e.g., broken bone, needing medical attention).

Measures

The survey contained questions about demographics, aggressive behaviors that both partners may have used, risk factors, and mental health. Help-seeking questions focused on where they sought help, that resources' helpfulness, and follow-up questions specific to each resource. Only questions used in the current analysis are described subsequently.

Demographic Information. Men were asked about their age, race/ethnicity (which we dichotomized as 1 = *minority*, 0 = *not a minority*), personal income, education, occupational status, and self-reported disability status (dichotomized as 1 = *yes*, 0 = *no*). Men were also asked about the current status (dichotomized as 1 = *currently married*, 0 = *not married*) and length of their relationship, if minor children were involved in the relationship (1 = *yes*, 0 = *no*), and if children had witnessed or heard the IPV in the relationship (1 = *yes*, 0 = *no*). We also inquired about the weight (in pounds) and height (in inches) of the help seeker and whether he had an existing diagnosis of mental illness (1 = *yes*, 0 = *no*). We asked to include the help seeker's locality (urban, rural, suburban) and region in the United States (North, South, Midwest, and West), which were coded as dummy variables in the analyses. These characteristics, along with all of the independent variables in this study, are summarized in Table 1.

Help-Seeking Questions. Men were asked if they had sought help from various resources, including DV agencies, DV hotlines, police, medical and mental health professionals, and online sources of support. We also asked whether they had talked with friends, family, clergy, and attorneys. For each of the sources used, we asked about the helpfulness of the resource (where 1 = *not at all helpful*, 2 = *somewhat helpful*, and 3 = *very helpful*). We also asked follow-up questions that were specific to each resource. For help seekers who used a DV agency, DV hotline, and/or the Internet, we asked if they were told that the resource only helps women, if they were accused of being the batterer in the relationship, and/or if they were given the impression that the staff was biased against men. For men who saw a mental health practitioner, we asked if the provider took their concerns seriously and if they were given information about how to get help for IPV victimization. For men who saw a medical provider for injuries, we asked if the provider inquired about the source of the injuries, if the men accurately answered these questions, and if they were given information by the provider about how to get help for IPV victimization. For men who sought help from police, we asked about how the police handled the complaint; who, if anyone, was arrested; who, if anyone, was put in jail; if the charges were dropped; and if the partner was determined to be the primary aggressor. All of the follow-up questions pertaining to seeking help were dichotomously coded (1 = *yes*, 0 = *no*). These questions were developed by the authors and were based on the literature and previous research by the second author (Hines et al., 2007). The results of these questions were discussed in detail in a previous paper using this same dataset (Douglas, 2011). The main results that are relevant to this article are summarized in Table 2.

Social Support. The Enhancing Recovery in Coronary Heart Disease (ENRICHD) Social Support Instrument (Mitchell et al., 2003) contains six items that measure emotional and instrumental support, such as "How often is someone available to you who shows you love and affection?" (emotional support) and "How often is someone available to help you with daily chores?" (instrumental support). Participants indicate on a 5-point scale the extent to which each statement is true of their situation (1 = *none of the time*, 5 = *all of the time*). This instrument has demonstrated excellent convergent and predictive validity and excellent internal consistency reliability (Mitchell et al., 2003). The mean for the current sample was 16; a = .90.

TABLE 1. Demographics of Sample and Predictor Variables ($N = 302$)

Variable	% or *M* (*SD*)
Help seeker demographic characteristics	
Age	40.49 (8.97)
Disabled	11.2
Educational status[a]	4.40 (1.56)
Height of help seeker (inches)	70.75 (2.93)
Income	$50.44K (25.69)
Locality: rural	20.8
Locality: suburban	50.2
Locality: urban	29.1
Mental illness diagnosis	24.0
Occupational status[b]	6.73 (2.14)
Race/ethnicity: White	86.8
Race/ethnicity: Black	6.0
Race/ethnicity: Hispanic	5.0
Race/ethnicity: Asian	4.3
Race/ethnicity: Native American	2.0
Region: Midwest	20.3
Region: North	21.7
Region: South	29.4
Region: West	28.4
Weight of help seeker (pounds)	195.22 (38.74)
Relationship demographics	
Currently in relationship	56.3
Minors involved in the relationship	73.2
Minors witnessed IPV[c]	70.4
Relationship length (months)	97.90 (82.06)
Relationship status: married	46.0
Time since relationship ended (in months)	6.10 (7.69)
Additional predictor variables	
False allegation made against help seeker	74.0
Physical assault perpetrated against partner: any	55.0

(Continued)

TABLE 1. Demographics of Sample and Predictor Variables ($N = 302$) (Continued)

Variable	% or *M* (*SD*)
Physical assault sustained: severe	90.0
Physical assault sustained: very severe	54.0
PTSD Checklist total score	46.56 (14.22)
Sexual Abuse in Childhood scale	2.94 (1.50)
Social Support scale	15.95 (5.91)
Violence Socialization in Childhood scale	4.12 (1.65)
Nature of help-seeking experience as predictor variable	
DV hotline—gave phone number, turned out to be for batterer's program[d]	25.4
DV hotline—gave references to local programs that helped[d]	27.0
DV hotline—referred to another hotline[d]	3.6
DV hotline—referred to batterer's program[d]	31.7
DV hotline—told "we only help women"[d]	63.9
Internet—gave phone number, turned out to be for batterer's program[e]	27.1
Internet—gave references to local programs that helped	25.8
Internet—refer helpseeker to batterer's program[e]	18.9
Internet—told "we only help women"[e]	42.9
Medical provider—ask about causes of injuries[f]	90.0
Medical provider—help seeker told about cause of injury[f]	59.2
Medical provider—give info about getting help for IPV[f]	14.3
Mental health provider—give info about getting help for IPV[g]	30.1
Mental health provider—took IPV concerns seriously	68.4
Police—arrest help seeker[h]	33.3
Police—arrest partner[h]	26.5
Police—put help seeker in jail[h]	29.7
Police—put partner in jail[h]	20.9
Police—determine partner was primary aggressor[h]	54.9

(Continued)

TABLE 1. Demographics of Sample and Predictor Variables ($N = 302$) (Continued)

Variable	% or *M* (*SD*)
Police—drop charges against help seeker[h]	16.2
Police—drop charges against partner[h]	15.8

Note. IPV = intimate partner violence; PTSD = posttraumatic stress disorder; DV = domestic violence.
[a]Educational status: 1 = less than high school; 2 = high school graduate or graduate equivalency degree (GED); 3 = some college/trade school; 4 = two-year college graduate; 5 = four-year college graduate; 6 = some graduate school; 7 = graduate degree.
[b]Occupational status, $n = 197$: 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.
[c]Percentage is based on the number of help seekers who have children, $n = 203$.
[d]Percentage is based on the number who contacted a DV hotline, $n = 67$.
[e]Percentage is based on the number who used the Internet for help, $n = 144$.
[f]Percentage is based on the number who contacted a medical provider, $n = 54$.
[g]Percentage is based on the number who contacted a mental health professional, $n = 198$.
[h]Percentage is based on the number who contacted the police, $n = 139$.

Posttraumatic Stress Symptoms. The *PTSD Checklist* (PCL; Weathers, Litz, Herman, Huska, & Keane, 1993) is a 17-item self-report measure of PTSD symptomology and reflects three symptom clusters: reexperiencing, numbing/avoidance, and hyperarousal. Participants were asked to think about their worst argument with their female partner and then indicate the extent to which they were bothered by each symptom in the preceding month (where 1 = *not at all* and 5 = *extremely*). The items were summed to create a single score of PTSD symptoms and dichotomized to indicate the likely presence of PTSD, which

TABLE 2. Help-Seeking Experiences With Six Resources ($N = 302$)

Type of Resource Used	Percentage Used Resource	Rating of Helpfulness[a] *M* (*SD*)
DV agency	44.1	1.45 (0.67)
DV hotline	23.4	2.13 (0.81)
Internet	63.4	1.87 (0.67)
Mental health professional	66.2	1.99 (0.76)
Medical professional	18.1	2.06 (0.70)
Police	46.3	1.63 (0.78)

Note. DV = domestic violence.
[a]Scale of 1–3, where 1 = *not at all helpful*; 2 = *somewhat helpful*; 3 = *very helpful*.

equals 45 or higher (Weathers et al., 1993). The PCL has excellent reliability (Weathers et al., 1993), strong convergent and divergent validity (Ruggiero, DelBen, Scotti, & Rabalais, 2003), and high diagnostic use (.79–.90) when validated against the Structured Clinical Interview for *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM-IV*) Axis I Disorders (First, Gibbon, Spitzer, & Williams, 1996). The reliability for the total scale for this sample was $\alpha = .92$. The mean for this sample was 46.56, with 57.9% of the sample meeting the cutoff for PTSD. We used to total scale score for all analyses.

Alcohol and Drug Abuse. Alcohol and drug abuse were measured using the scale developed for the National Women's Study (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997). Participants answered up to 19 questions about their use of alcohol and illicit drugs and related negative experiences. Consistent with recommendations by Kilpatrick et al. (1997) and criteria established for the *DSM*, participants who answered affirmatively to any of the questions about negative experiences within the past year because of alcohol use (e.g., getting in trouble with family, the police) were classified as having abused alcohol; 17.9% met this classification. Participants who reported using illicit drugs four or more times in the previous year were considered to have abused drugs in the past year; 21.5% met this criteria. This scale has been shown to have excellent construct validity (Kilpatrick et al., 1997).

Childhood Experiences. We measured the potential impact of two types of childhood experiences—violent socialization and sexual abuse history—on help-seeking behaviors and experiences. Childhood violent socialization was measured with two items from the Violent Socialization scale of the Personal and Relationships Profile (PRP; Straus & Mouradian, 1999). Participants were asked the extent to which they agreed or disagreed (1 = *strongly disagree,* 4 = *strongly agree*) with each statement: "When I was less than 12 years old, I was spanked or hit a lot by my mother or father" and "When I was a kid, I saw my mother or father kick, punch, or beat up their partner." These two items were summed (range = 2–8, $M = 4.12$). Finally, two items from the Sexual Abuse History scale of the PRP were used to measure childhood sexual abuse. Participants were asked the extent to which they agreed or disagreed (1 = *strongly disagree*, 4 = *strongly agree)* with each statement: "Before I was 18, a family member did things to me that I now think might have been sexual abuse" and "Before I was 18, someone who was not part of my family did things to me that I now think might have been sexual abuse." These two items were summed (range = 2–8, $M = 2.94$). Both of these scales have demonstrated adequate validity and overall alphas of .73 (Violent Socialization scale) and .76 (Sexual Abuse History scale; Straus & Mouradian, 1999).

Intimate Partner Violence. We hypothesized that sustaining or perpetrating physical IPV might be related to where men do, or do not, seek help. All of the men in the sample had sustained a physical assault within the past year because it was a screening criterion for inclusion in this study. To partial out men's different experiences with sustaining violence, we included measures of having perpetrated *any* physical assault and having sustained a severe or very severe assault—all using the physical assault scale of the Revised Conflict Tactics Scales (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). We included these measures because we wanted to assess whether perpetrating IPV is related to help-seeking experiences and because previous research has documented that sustaining severe physical IPV can be a predictor of where victims seek help (Meyer, 2010). We did not include a measure of injury based on the rationale that in order to be injured, one must sustain a serious, or very serious, assault. Furthermore, one could seek help in immediate response to a severe assault, even if no injury results from the attack. Thus, using the physical assault scale may be a more accurate predictor of help seeking.

The physical assault scale of the CTS2 includes physical assault items that may take place in response to an argument. Respondents are asked if they did these acts to their partner *and* if their partner did them to the respondents. Our measure of perpetrating *any* physical assault was assessed using the entire physical assault scale, which includes 12 items ranging from minor to severe assault (e.g., pushing, slapping, beating up). Severe physical aggression victimization was measured with seven items (e.g., beating up, slamming partner against wall) and very severe physical aggression victimization with four items (e.g., using knife/gun, choking). Participants responded by indicating the number of times each of the behaviors occurred to them in the previous year and the number of times they used each of these behaviors as well (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 dichotomized into three variables: perpetrated a physical assault (1 = *yes*, 0 = *no*), sustained a severe assault (1 = *yes*, 0 = *no*), and sustained a very severe physical assault (1 = *yes*, 0 = *no*). The reliability for these scales is perpetrated any physical assault, $\alpha = .81$; severe physical assault victimization, $\alpha = .59$; and very severe physical assault victimization, $\alpha = .15$. Because of the low number of items on the latter two scales, the low base rates of these behaviors, and the constrained variance, the correlations were attenuated when calculating the alphas for these scales, which artificially reduced the magnitude of the alphas. On such scales, low alphas should not necessarily be considered indicative of low reliability (Garson, 2009) because many factors can influence alphas.

False Allegations. We asked the help seekers a series of yes/no response questions concerning whether they had been falsely accused of the following several abusive behaviors: beating his female partner, physically abusing the children, and sexually abusing the children. We also asked the help seekers if a restraining/protective order had been taken out against them under false pretenses. We combined these questions into one dichotomous variable (where 1 = *any false allegation* and 0 = *no false accusation*).

Analyses

We conducted bivariate analyses between the independent variables and the dependent help-seeking variables. We retained any variables for multivariate analyses where $p \leq .10$. For the questions concerning where help was sought, the variables are dichotomous (1 = *yes, used resource*, 0 = *did not*); thus, we used logistic regression to conduct these analyses. For the questions concerning the helpfulness of each resource that was used, the variables contain ordinal data (aka ranked data; 1 = *not at all helpful*, 2 = *somewhat helpful*, 3 = *not at all helpful*); thus, ordinal logistic regression was used. Statistical Package for the Social Sciences (SPSS) does not produce odds ratio estimates for ordinal regression. We used the exponent function in Excel to calculate the odds ratios from the log odds estimates provided by SPSS. For each regression analysis, we pruned nonsignificant predictors one-by-one until only significant or marginally significant predictors remained.

RESULTS

Factors Related to Where Men Seek Help

Table 3 summarizes the results of the logistic regressions which explore how the demographic and life experiences of men who seek help are related to where they seek help. The final column on the right displays the odds ratios (*ORs*), which show that the odds of

TABLE 3. Logistic Regression Summary of Predictors Concerning Where Men Seek Help ($N = 302$)

Independent Variable	*B*	*SE*	Odds Ratio	Wald
Seeking help from DV agency ($\chi^2[4] = 32.04$, $p < .001$), *Nagelkerke* $R^2 = .196$				
Abused alcohol in past year	−0.71	0.41	0.49^	3.00
Age of help seeker	0.07	0.02	1.08***	14.16
Children witnessed IPV	1.10	0.35	3.01***	9.93
False allegation made against help seeker	0.84	0.39	2.31*	4.59
Seeking help from DV hotline ($\chi^2[3] = 11.73$, $p = .008$), *Nagelkerke* $R^2 = .063$				
Abused drugs in past year	−1.01	0.57	0.36^	3.20
Region: south	−0.67	0.35	0.51*	3.73
Sexual abuse in childhood	0.21	0.09	1.23*	4.83
Seeking help via the Internet ($\chi^2[3] = 19.87$, $p < .001$), *Nagelkerke* $R^2 = .120$				
Physical IPV sustained: severe	−1.58	0.79	0.21*	4.00
PTSD total score	0.02	0.01	1.02*	4.34
Region: West	−0.93	0.31	0.40***	8.94
Seeking help from medical professional ($\chi^2[6] = 36.52$, $p < .001$), *Nagelkerke* $R^2 = .203$				
Disabled help seeker	0.95	0.46	2.59*	4.35
False allegation against helpseeker	1.44	0.56	4.20**	6.52
Physical IPV perpetrated against partner: any	−0.58	0.34	0.56^	2.88
Physical IPV sustained: very severe	1.07	0.38	2.92***	8.06
PTSD total score	0.03	0.01	1.03*	5.17
Region: Midwest	0.72	0.39	2.06^	3.49
Seeking help from mental health professional ($\chi^2[5] = 37.90$, $p < .001$), *Nagelkerke* $R^2 = .169$				
Children in home	0.90	0.30	2.47***	8.99
Education level of help seeker	0.24	0.09	1.27***	7.37
False allegation against help seeker	0.56	0.30	1.76^	3.46
Mental illness diagnosis	1.25	0.36	3.49***	12.16
Physical IPV perpetrated against partner: any	−0.54	0.27	0.59*	3.82
Seeking help from police ($\chi^2[8] = 48.13$, $p < .001$), *Nagelkerke* $R^2 = .202$				
Age of help seeker	0.03	0.02	1.03*	4.00
False allegation against help seeker	0.76	0.31	2.15**	6.21
Height of help seeker	0.11	0.05	1.11*	5.31

(Continued)

TABLE 3. Logistic Regression Summary of Predictors Concerning Where Men Seek Help ($N = 302$) (Continued)

Independent Variable	*B*	*SE*	Odds Ratio	Wald
Locality: rural	0.79	0.33	2.19*	5.73
Physical IPV perpetrated against partner: any	−0.74	0.27	0.48**	7.37
Physical IPV sustained: very severe	0.64	0.26	1.89**	6.01
Racial/ethnic minority	0.87	0.37	2.38*	5.61
Social support of help seeker	0.04	0.02	1.04^	3.35

Note. DV = domestic violence; IPV = intimate partner violence; PTSD = posttraumatic stress disorder.
^$p \leq .10$. *$p \leq .05$. **$p \leq .01$. *** $p \leq .001$.

seeking help from each source are either increased or decreased with each characteristic. All predictors displayed are significant or approaching significance. For every additional year in a man's age, the odds of him seeking help from a DV agency increased by 8%; men who reported that their children had witnessed the IPV were three times more likely to seek help from a DV agency than men who did not report children witnessing the abuse, and men who had had a false accusation made against them were 2.3 times as likely to seek help from a local DV agency. Regarding seeking help via a hotline, men who used this resource were 49% less likely to be from the South and 1.23 times more likely to have experienced sexual abuse in childhood.

Men who sought help via the Internet were about 80% less likely to have sustained a severe physical assault from their partner in the past year and were 60% less likely to be from the Western region in the United States. For every one point increase on the PCL (PTSD measure), men's odds of seeking help via the Internet increased by 2%.

Regarding seeking help from a medical professional, most of the characteristics that were significant increased the odds of using this resource. Men who sought help from a physician/emergency room were more than 2.5 times as likely to have a self-reported disability, 4.2 times more likely to have had a false allegation made against them, and 2.9 times more likely to have sustained a very severe physical assault in the past year. For every one point increase on the PCL scale, men's likelihood of seeking help from a medical professional increased by 3%. Men who reported seeking help from a mental health provider were 2.5 times more likely to have children in the home and 3.5 times more likely to have an existing mental illness. Every unit increase in their educational level raised their odds of seeking help from a mental health provider by 27%. They were also 41% less likely to have perpetrated any physical IPV against a partner.

In decreasing order of importance, men who sought help from the police for their partner's violence were 2.4 times more likely to be from a racial/ethnic minority, 2.2 times more likely to be from a rural location, 2.2 times more likely to have had a false accusation made against them, and 1.9 times more likely to have sustained a very severe assault. Each additional inch to the helpseekers' height increased their odds of calling the police by 11%; each additional year

of their age increased their odds of calling the police by 3%. The men who called the police were also about 50% less likely to have perpetrated physical IPV against their partners.

Factors Related to How Men Rate Those Resources

The results of the analyses predicting which factors are related to how men rate the helpfulness of the resources that they used are presented in Table 4. The *OR* represent how much an independent variable contributes to moving a help seeker between the ratings of 1 (*not at all helpful*) and 2 (*somewhat helpful*) or from 2 (*somewhat helpful*) to 3 (*very helpful*). For example, an "average" male help seeker might rate his experience with a DV agency as somewhat helpful. But, if he has children present in the relationship, his odds of giving this rating are decreased by 0.72. In other words, DV agency help seekers with children are 72% less likely to provide a favorable rating than help seekers without children. Similar results were found for men from a suburban location, as compared with rural or urban locations; they rated these services as significantly less helpful ($OR = 0.35$). Furthermore, the higher the levels of social support the men reported, the more positive their experiences with the DV agency were ($OR = 1.09$).

Men's experiences with DV hotlines greatly influenced how the men rated their level of helpfulness. The strongest predictor, with an $OR = 29.88$, was receiving a referral to a local DV agency that was helpful; men who received such a referral provided more positive ratings of the DV hotline. On the flip side, men who called DV hotlines and were told "we only help women" provided more negative ratings of the DV hotline ($OR = 0.09$). Regarding men's demographic characteristics and life experiences, the stronger the sexual abuse history ($OR = 1.9$) and the less they weighed ($OR = 0.97$), the more positive their ratings are. For seeking help on the Internet, men's experiences influenced their ratings of the degree of helpfulness of the resource. Men who were given referrals that were helpful rated this resource more positively ($OR = 3.37$); men who were told, "We only help women" rated it more negatively ($OR = 0.30$).

Men who sought help from a medical provider/emergency room and were given information about IPV victimization were much more likely to rate this resource as helpful ($OR = 5.84$). A strong association was also found between men who had a diagnosis of mental illness and ratings of helpfulness among medical providers. Among men who sought help from a medical provider, a diagnosis of mental illness was associated with a lower rating of helpfulness ($OR = 0.14$).

The nature of men's experiences with mental health providers was related to how they rated this resource. Men who said that their concerns about IPV were taken seriously ($OR = 20.71$) and who reported that the provider gave them information about getting help for IPV victimization ($OR = 2.16$) reported this resource more favorably than their respective counterparts.

A combination of personal characteristics and the nature of men's interactions with the police were related to how they rated this resource. Regarding personal characteristics, higher levels of sexual abuse as children ($OR = 0.67$) and higher levels of posttraumatic stress symptoms ($OR = 0.97$) were associated with less favorable rating of police helpfulness. Moreover, men who sustained very severe IPV from their partner ($OR = 0.33$) also rated their experiences with the police less favorably. Men whose partner was arrested by the police ($OR = 2.46$) and men whose partner was determined to be the primary aggressor ($OR = 5.31$) rated the police as being more helpful than their respective counterparts.

TABLE 4. Ordinal Logistic Regression Summary for Predictors of Ratings of Helpfulness

Independent Variable	Parameter Estimate	*SE*	*OR*	Wald
Helpfulness of DV agency (n = 132; $\chi^2[4] = 22.72$, $p < .001$), *Nagelkerke* $R^2 = .206$				
Children in home	−1.28	0.47	0.28**	7.56
Locality: suburban	−1.05	0.42	0.35**	6.10
Region: West	0.76	0.43	2.14^	3.06
Social support of help seeker	0.09	0.03	1.09**	6.90
Helpfulness of DV hotline (n =67; $\chi^2[4] = 49.27$, $p < .001$), *Nagelkerke* $R^2 = .724$				
Hotline gave referrals that were helpful	3.40	1.09	29.88***	9.68
Hotline said "we only help women"	−2.36	1.01	0.09*	5.46
Sexual abuse in childhood	0.63	0.26	1.88**	6.01
Weight of help seeker	−0.03	0.01	0.97*	5.18
Helpfulness of internet resources (n = 144; $\chi^2[3] = 25.12$, $p < .001$), *Nagelkerke* $R^2 = .212$				
Social support of help seeker	0.06	0.03	1.06^	3.42
Web resource gave referrals that were helpful	1.22	0.42	3.37***	8.20
Web resource said "we only help women"	−1.19	0.37	0.30***	10.35
Helpfulness of medical provider (n = 54; $\chi^2[2] = 12.72$, $p = .002$), *Nagelkerke* $R^2 = .263$				
Medical provider gave info on help for IPV victimization	1.76	0.87	5.84*	4.12
Mental illness diagnosis	−1.95	0.68	0.14***	8.26
Helpfulness of mental health professional (n = 198; $\chi^2[2] = 83.30$, $p < .001$), *Nagelkerke* $R^2 = .441$				
MH provider took IPV concerns seriously	3.03	0.43	20.71***	48.84
MH provider gave info on help for IPV victimization	0.77	0.35	2.16*	4.90
Helpfulness of police (n = 139; $\chi^2[5] = 44.07$, $p < .001$), *Nagelkerke* $R^2 = .359$				
Partner arrested	0.90	0.46	2.46*	3.83
Partner determined as primary aggressor	1.67	0.46	5.31***	13.02
Physical IPV sustained: very severe	−1.11	0.41	0.33**	7.33
PTS symptoms	−0.03	0.01	0.97*	4.07
Sexual abuse history	−0.41	0.20	0.67*	4.28

Note. DV = domestic violence; IPV = intimate partner violence; MH = mental health; PTS = posttraumatic stress.
^$p \leq .10$. *$p \leq .05$. **$p \leq .01$. *** $p \leq .001$.

DISCUSSION

The purpose of this study was to explore the demographic and life experiences that might be related to where men who experience IPV seek help and how they rate those experiences. This study is the first to take an in-depth examination of the predictive characteristics of help seeking for IPV among a large, nationally based sample of U.S. men who have sustained severe IPV and has important implications for each type of service or professional group featured in this study. The results also point to the importance of ensuring that agency policy supports and gives sufficient training for providers working with men seeking help for IPV victimization and that the local, state, and national policies parallel such efforts as well.

Understanding Where Men Seek Help

The men in this sample seek help in somewhat patterned ways. For example, men who had sustained a severe or very severe assault from their partner sought help from emergency personnel—emergency rooms (or physicians) and police officers—and were less likely to seek help through more passive means, such as the Internet. This pattern is probably because of the severe and criminal nature of the violence that warrants criminal justice and medical involvement. Similarly, in comparison to men with no mental illness, men with a diagnosis of mental illness were more likely to have sought help from a mental health provider. Men's reports that at least one false accusation was made against him by his partner was associated seeking help from four of the six help-seeking areas: local DV programs, medical providers, mental health professionals, and police. These men may be looking for ways to document their abusive experiences, which may be more possible through these resources than via the Internet or a hotline.

Our findings are also somewhat consistent with the literature on where female victims of IPV seek help. For example, we found that seeking help from a mental health practitioner was associated with having children in the home and having higher levels of education—results that are congruent with both Leone et al.'s (2007) and Vatnar and Bjørkly's (2009) studies of female victims. Moreover, our findings that sustaining severe levels of assault are associated with seeking help from the police are congruent with Leone et al. The unique contribution of this study is that the previous research was conducted almost solely on women, and this study confirms some of these findings on a sample of male help seekers. This research did not, however, find significant relationships with help-seeking behaviors and duration of the relationship or marital status, as did Leone et al. in their studies of female victims.

Help Seeking by Type of Resource

One of the most important contributions of this study is the findings because they relate to each type of service or provider. The results make it possible for providers to better understand who seeks their assistance and the conditions under which help seekers rate that assistance positively.

Domestic Violence Agency. Men who sought help for IPV victimization from a DV agency were more likely to have children who have witnessed IPV in the home and to have had a false allegation made again them. They were also older and half as likely to have abused alcohol in the past year. A substantive body of research has focused on children's exposure to IPV and the fact that victims (usually women) who seek help from DV

agencies or shelters often have children with them who have witnessed or heard the IPV (Becker et al., 2009; Heugten & Wilson, 2008; Litrownik, Newton, Hunter, English, & Everson, 2003; Meyer, 2010; Owen, Thompson, Shaffer, Jackson, & Kaslow, 2009; Rivett, Howarth, & Harold, 2006; Spilsbury et al., 2008; Wasilewski et al., 2010). This finding does not appear to vary by the gender of the help seeker, and thus, we recommend that DV agency personnel inquire about whether male help seekers have children who need help. Moreover, although no research has documented the extent to which female victims of IPV who have sought help from DV agencies have had false accusations made against them, the results from this study suggest that this is an avenue worth exploring.

Research has documented the connection between female IPV victimization and abuse of alcohol (Fowler, 2007; Poole, Greaves, Jategaonkar, McCullough, & Chabot, 2008; Wingood, DiClemente, & Raj, 2000). This research shows that, at least among men, alcohol abuse is less likely among help seekers of local DV agencies. This finding, in conjunction with the finding on age, is important so that DV agencies can be prepared to assist men who are likely to be older and not likely to have alcohol abuse problems.

Domestic Violence Hotlines. Men who sought help from a DV hotline were less likely to have abused drugs within the past year. This is consistent with other research, which has found that among callers to general hotlines, only 10% concern substance abuse issues (Levine, Wagner, & Wish, 1994). Others, however, have documented that substance use is a common problem among hotline callers (Goud, 1985), and research on IPV has shown a strong relationship between substance abuse and IPV victimization (Fowler, 2007; McClennen, Summers, & Vaughan, 2002; Poole et al., 2008; Stuart et al., 2008). Thus, it is important for hotline workers to know that men who call for help with IPV victimization are less likely to abuse substances. We also found that men who call hotlines are more likely to have a history of childhood sexual abuse. This is important information for DV hotline operators and managers because they may want to screen or be sensitive to the fact that male help seekers may have a history of sexual abuse.

Internet Resources. Men who sought help via the Internet had more symptoms of posttraumatic stress and were less likely to have sustained severe violence. Thus, providers who are working with clients via the Internet may want to assess for mental health problems or make referrals to mental health providers, if this is not already done, because of the elevated levels of posttraumatic stress symptoms among the men who sought help through this resource. If they do not already know, Internet-based providers might find it helpful to know that men who sustain severe violence are likely to seek help from emergency responders such as medical providers or the police, rather than through the Internet, which is consistent with our findings on seeking help through medical personnel and the police and previous research (Lempert, 1997; Meyer, 2010).

Medical Providers. Men who sought help from medical providers were more likely to have a disability, to have been severely assaulted by their partner, to have higher levels of posttraumatic stress symptoms, and to have had false allegations made against them. In addition, men who had physically assaulted their partners were about half as likely to seek help from a medical provider. Men who seek help from medical providers are vulnerable; they tend to have a disability, higher levels of posttraumatic stress symptoms, and have been very severely assaulted by their partner, which is probably the primary reason for their visit to the medical provider (Meyer, 2010; Phelan et al., 2005). The men are not likely to have assaulted their partners but are likely to have had been falsely accused of mistreating either their partners or their children; they may be seeking an opportunity to document the abuse that they experience.

Mental Health Providers. Men who sought help for IPV victimization were more likely to have children in the home, higher levels of education, to have had a false allegation made against them, and to have been diagnosed with a mental illness. Men who reported assaulting their partners were less likely to seek assistance through a mental health provider. Many of these findings are consistent with other research (Kernic et al., 2003; Meyer, 2010). This makes it necessary for clinicians to screen for the physical safety and psychological well-being of the children of their clients—something that has been routinely addressed in the literature (Augustyn & Groves, 2005; Rivett et al., 2006; Roseby & Johnston, 1995) and in practice (Wasilewski et al., 2010). It may be beneficial for mental health providers to understand the higher likelihood that false accusations are made against the male victims to which they provide services.

Police. Men who sought help from the police were older, taller, more likely to be from a racial/ethnic minority, and a rural location. They were more likely to have had a false allegation of mistreatment made against them and were more likely to have been very severely assaulted by their partners. Men who called the police were also less likely to have assaulted their partners.

Our findings are consistent with previous research, which shows that when victims contact the police, the IPV has become quite severe (Cattaneo & DeLoveh, 2008; Leone et al., 2007). Men who call the police are not likely to have used violence against their partner, possibly because of the very real possibility that they would be arrested for assault (Douglas, 2011). The men in this sample who called the police were likely to have had false allegations made against them and may be attempting to document the abuse that they experience in the relationship and the fact that they are not violent. Given our previous research, which shows that men in our sample who call the police are as likely to be arrested as are their female partners (Douglas, 2011), they may actually be doing their case further harm.

Minority men were more likely to call the police—a finding that is consistent with previous research showing that minority victims of IPV may be more likely to call the police than nonminority victims (Shermand, Schmidt, & Rogan, 1992). Men from rural areas may be more likely to call police because of a lack of services nearby or access to services.

Predictors of Helpfulness

We found that the quality of the experience that men had with the resource was strongly related to how they rated the helpfulness of the resources that they used. Resources that gave referrals that were helpful, validated the men's experiences, or provided information on how to get help for IPV were rated more favorably. Similarly, when a responder acted in accordance with a help seeker's expectations, the help seeker viewed the source as more helpful. When resources told men, "We only help women," the help seekers rated them less favorably. These findings are consistent with previous research on female IPV victims (Apsler et al., 2003).

The area in which the help seekers lived was also predictive of how the men rated the helpfulness of local DV agencies. We found an association between urbanicity and helpfulness; men who lived in the suburbs rated their experiences with local DV agencies less favorably than their counterparts in rural and urban areas. Similarly, women who live in urban locations have been found to rate the police as more helpful than women who live in rural locations; women from urban locations rated shelter use as less helpful than women from rural locations (Shannon et al., 2006). Men who lived in the Western United States rated their experiences with DV agencies as more positive, which seems inconsistent with

findings that DV agencies located in the West are the least likely to provide group counseling services for men (Hines & Douglas, 2011).

There were other factors associated with ratings of helpfulness. First, men who had children reported less favorable experiences with DV agencies, which is concerning because we also found that men with children who have witnessed IPV are, in fact, more likely to seek help from a DV agency. Second, men who are lighter in weight had more positive ratings of the help that they received from DV hotlines, potentially because men who are larger are not taken seriously regarding IPV victimization. Third, men with a diagnosed mental illness were less satisfied with the help that they received from medical personnel, which has been noted in other research in general (Clarke, Dusome, & Hughes, 2007; Hoff, Rosenheck, Meterko, & Wilson, 1999).

Research on male victims of IPV is still developing, and the field has much to learn concerning their life experiences, how these relate to their help-seeking behaviors, and their satisfaction with their help seeking. Given that service providers' responses were the strongest predictors of men's rating of helpfulness, it would be beneficial if service providers take steps to alter their practices with male victims. Given that repeated, negative help-seeking experiences have been linked to poorer mental health outcomes among these men (Douglas, 2011), the importance of providing appropriate help cannot be overemphasized.

Limitations and Future Research

There are several limitations of this study. First, we cannot assess the legitimacy of the accounts and reports of abuse and help seeking in this study. Because most men completed the survey anonymously on the Internet, we have no way to confirm the legitimacy of their reports. It is possible that some men may have "an axe to grind" and reported false information. That said, it is unlikely that most men in this study fabricated the experiences that they reported in this 30-minute Internet study. These men likely had to overcome several societal and internal barriers to seeking help (Addis & Mahalik, 2003); it is not unusual for the experiences of victims to be denied when they first surface (Schatzow & Herman, 1989). Nonetheless, future research should aim to gather data from multiple informants. On a related note, we do not know the recruitment source for most samples, which made it impossible to know whether this piece of information is related to their satisfaction with the services that they received.

Second, we were not able to recruit men who did not have access to the Internet or did not call the DAHMW. Thus, we likely missed the experiences of men who are potentially in need of help, who found help through other avenues, and whose experiences could differ from those of the men we surveyed. This may be especially true because men's access to these resources was limited by socioeconomic conditions. On a related and third note, the men in this study are primarily White and well educated. It is possible that men with less affluence might have different experiences with help seeking, or might even be less likely to seek help in the first place. Fourth, the men in this study were asked to recall not only the events that primarily occurred over the past year but also some events that happened in their childhood; those questions that dealt with childhood issues are subject to potential problems with recall. Nonetheless, adult recall is a standard method for assessing childhood trauma (Derevensky & Deschamps, 1997; Finkelhor, Hotaling, Lewis, & Smith, 1990; Ruggiero et al., 2004; Wonderlich, Wilsnack, Wilsnack, & Harris, 1996).

Fifth, this study was a cross-sectional, correlational study; therefore, inferences about causality are weak, and such inferences could be strengthened with longitudinal designs.

We used several demographic and life experiences variables to predict where the men seek help and the helpfulness of those resources, but we cannot conclude that those predictors were causal. For example, social support positively predicts men's ratings of the helpfulness of DV agencies and the Internet, which could also be interpreted as men feeling more supported *as a result* of their positive experiences with those resources. Sixth, in-depth experiences with more potential service providers, such as members of the clergy, social workers, and attorneys, should be assessed. Finally, we measured the help seekers' opinions concerning the helpfulness of services and understand that this is not a measure of the effectiveness of the services, only a measure of how helpful the men perceived the service provider to be.

CONCLUSION AND RECOMMENDATIONS

Previous research on male help-seeking behaviors indicates that many men have to overcome internal and external barriers to seeking help for mental and physical health problems (Addis & Mahalik, 2003; Lane & Addis, 2005). The men who seek help for IPV victimization likely overcome similar barriers to seeking help, especially because it is a problem that is framed, even in federal policy, as a "woman's issue" (Saunders, 1988), and research indicates that men are even less likely to seek help for problems that are non-normative (Addis & Mahalik, 2003). Our previous research on this population has documented the significant external barriers that men encounter in obtaining assistance from human/social services and first responders (Douglas, 2011). It is not unusual for nontraditional IPV help seekers to report negative experiences with resources in the community (Beaulaurier, Seff, Newman, & Dunlop, 2007; Donnelly, Cook, & Wilson, 1999; McClennen et al., 2002; Renzetti, 1989). This study contributes to a small body of research, which examines factors related to the quality of the experiences among a group of help seekers for IPV victimization (Apsler et al., 2003; El-Khoury et al., 2004; Shannon et al., 2006; Weisz, 2005), and it is the first to focus on men. Further research is needed to better understand how personal characteristics and life experiences are related to the quality of these experiences. In addition, although recent research has examined the characteristics of DV agencies and their ability to provide services to male (and other underrepresented) victims (Hines & Douglas, 2011), further research is needed to understand how characteristics of DV agencies and personnel are related to how male victims of IPV rate the experiences from these agencies and similar providers.

In this study, we elucidated several demographic characteristics and life experiences that might be related to where men seek help and how they rate those services; in addition, we found that service provider responses strongly influence how clients rate the services they received. We hope that these results will better prepare members of the human/social service sector and first responders to IPV for the types of victims who may seek their services and provide evidence that all policies—agency, local, state, and federal—that target IPV victimization should be inclusive of gender, regardless of gender or sexual orientation. In theory, any of the types of providers assessed in this study might tailor the types of resources and assistance that they provide to match client characteristics and history. We applaud the good and important work that most responders to IPV provide clients, and it is not our intention to criticize the work that has been and is being accomplished. Rather, we seek to supplement it by providing long overdue evidence that verifies that men often need assistance with IPV victimization and that the characteristics of those men and

the responses they receive may determine the type of assistance that is needed and their perceptions of the quality of help that they have obtained.

REFERENCES

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*(1), 5–14.

Ansara, D. L., & Hindin, M. J. (2010). Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social Science & Medicine*, *70*(7), 1011–1018.

Apsler, R., Cummins, M. R., & Carl, S. (2003). Perceptions of the police by female victims of domestic partner violence. *Violence Against Women*, *9*(11), 1318–1335.

Augustyn, M., & Groves, B. M. (2005). Training clinicians to identify the hidden victims: children and adolescents who witness violence. *American Journal Of Preventive Medicine*, *29*(5 Suppl. 2), 272–278.

Beaulaurier, R., Seff, L., Newman, F., & Dunlop, B. (2007). External barriers to help seeking for older women who experience intimate partner violence. *Journal of Family Violence*, *22*(8), 747–755.

Becker, K. D., Mathis, G., Mueller, C. W., Issari, K., Atta, S. S., Geffner, R., . . . Lewis, J., III. (2009). Community-based treatment outcomes for parents and children exposed to domestic violence. *Children exposed to violence: Current issues, interventions and research* (pp. 179–195). New York, NY: Routledge/Taylor & Francis Group.

Bowker, L. H., & Maurer, L. (1985). The importance of sheltering in the lives of battered women. *Response to the Victimization of Women & Children*, *8*(1), 2–8.

Catalano, S. (2007). *Intimate partner violence in the United States*. Retrieved from http://www.ojp.usdoj.gov/bjs/intimate/ipv.htm

Cattaneo, L. B., & DeLoveh, H. L. M. (2008). The role of socioeconomic status in helpseeking from hotlines, shelters, and police among a national sample of women experiencing intimate partner violence. *American Journal of Orthopsychiatry*, *78*(4), 413–422.

Clarke, D. E., Dusome, D., & Hughes, L. (2007). Emergency department from the mental health client's perspective. *International Journal of Mental Health Nursing*, *16*(2), 126–131.

Cook, P. W. (2009). *Abused men: The hidden side of domestic violence* (2nd ed.). Westport, CT: Praeger.

Derevensky, J. L., & Deschamps, L. (1997). Young adults from divorced and intact families: Perceptions about preferred custodial arrangements. *Journal of Divorce & Remarriage*, *27*(1), 105–122.

Donnelly, D. A., Cook, K. J., & Wilson, L. (1999). Provision and exclusion: The dual face of services to battered women in three Deep South states. *Violence Against Women*, *5*(7), 710–741.

Douglas, E., M., & Hines, D. A. (2011). The helpseeking experiences of men who sustain intimate partner violence: An overlooked population and implications for practice. *Journal of Family Violence*, *26*(6), 473–485.

El-Khoury, M. Y., Dutton, M. A., Goodman, L. A., Engel, L., Belamaric, R. J., & Murphy, M. (2004). Ethnic differences in battered women's formal help-seeking strategies: A focus on health, mental health, and spirituality. *Cultural Diversity and Ethnic Minority Psychology*, *10*(4), 383–393.

Finkelhor, D., Hotaling, G. T., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survery of adult men and women: Prevalence, characteristics and risk factors. *Child Abuse & Neglect*, *14*, 19–28.

First, M. B., Gibbon, M., Spitzer, R. L., & Williams, J. B. (1996). *Structured clinical interview for DSM-IV Axis I disorders, research version, patient edition with psychotic screen (SCID-I/P W/PSY SCREEN)*. New York, NY: Biometrics Research, New York State Psychiatric Institute.

Fowler, D. (2007). The extent of substance use problems among women partner abuse survivors residing in a domestic violence shelter. *Family & Community Health: The Journal of Health Promotion & Maintenance*, *30*(1, Suppl.), S106–S108.

Garson, G. D. (2009). *Statnotes: Topics in multivariate analysis*. Retrieved from http://faculty.chass.ncsu.edu/garson/PA765/statnote.htm

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

George, M. J. (2007). The 'great taboo' and the role and patriarchy in husband and wife abuse. *International Journal of Men's Health*, *6*(1), 7–21. http://dx.doi.org/10.3149/jmh.0601.7

Giles-Sims, J. (1983). *Wife battering: A systems theory approach*. New York, NY: Guilford Press.

Goud, N. (1985). Dial-a-need hotlines. *Journal of Humanistic Counseling, Education & Development*, *24*(2), 76–80.

Heugten, K., & Wilson, E. (2008). Witnessing intimate partner violence: Review of the literature on coping in young persons. *Social Work Review*, *20*(3), 52–62.

Hines, D., Brown, J., & Dunning, E. (2007). Characteristics of callers to the domestic abuse helpline for men. *Journal of Family Violence*, *22*, 63–72.

Hines, D. A., & Douglas, E. M. (2010a). A closer look at men who sustain intimate terrorism by women. *Partner Abuse*, *3*(1), 286–313.

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

Hines, D. A., & Douglas, E. M. (2011). The reported availability of U.S. domestic violence services to victims who vary by age, sexual orientation, and gender. *Partner Abuse*, *2*(1), 3–28.

Hoff, R. A., Rosenheck, R. A., Meterko, M., & Wilson, N. J. (1999). Mental illness as a predictor of satisfaction with inpatient care at Veterans Affairs hospitals. *Psychiatric Services*, *50*(5), 680–685.

Kernic, M. A., Wolf, M. E., Holt, V. L., McKnight, B., Huebner, C. E., & Rivara, F. P. (2003). Behavioral problems among children whose mothers are abused by an intimate partner. *Child Abuse & Neglect*, *27*(11), 1231.

Kilpatrick, D. G., Acierno, R., Resnick, H. S., Saunders, B. E., & Best, C. L. (1997). A 2-year longitudinal analysis of the relationships between violent assault and substance use in women. *Journal of Consulting and Clinical Psychology*, *65*(5), 834–847.

Lane, J. M., & Addis, M. E. (2005). Male gender role conflict and patterns of help seeking in Costa Rica and the United States. *Psychology of Men & Masculinity*, *6*(3), 155–168.

Lempert, L. B. (1997). The other side of help: Negative effects in the help-seeking processes of abused women. *Qualitative Sociology*, *20*(2), 289–309.

Leone, J. M., Johnson, M. P., & Cohan, C. L. (2007). Victim help seeking: Differences between intimate terrorism and situational couple violence. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, *56*(5), 427–439.

Levine, E., Wagner, M., & Wish, E. D. (1994). *Maryland Automated Hotline Reporting System (MAHRS): Background and early findings*. College Park, MD: University of Maryland.

Litrownik, A. J., Newton, R., Hunter, W. M., English, D., & Everson, M. D. (2003). Exposure to family violence in young at-risk children: A longitudinal look at the effects of victimization and witnessed physical and psychological aggression. *Journal of Family Violence*, *18*(1), 59–73.

McClennen, J. C., Summers, A. B., & Vaughan, C. (2002). Gay men's domestic violence: Dynamics, help-seeking behaviors, and correlates. *Journal of Gay & Lesbian Social Services*, *14*(1), 23–49.

McNamara, J. R., Ertl, M. A., Marsh, S., & Walker, S. (1997). Short-term response to counseling and case management intervention in a domestic violence shelter. *Psychological Reports*, *81*(3 Pt. 2), 1243–1251.

McNamara, J. R., Tamanini, K., & Pelletier-Walker, S. (2008). The impact of short-term counseling at a domestic violence shelter. *Research on Social Work Practice*, *18*(2), 132–136.

Meyer, S. (2010). Responding to intimate partner violence victimisation: Effective options for help-seeking. *Trends & Issues in Crime & Criminal Justice*, *389*, 1–6.

Mitchell, P. H., Powell, L., Blumenthal, J., Norten, J., Ironson, G., Pitula, C. R., . . . Berkman, L. F. (2003). A short social support measure for patients recovering from myocardial infarction: The ENRICHD Social Support Inventory. *Journal of Cardiopulmonary Rehabilitation*, *23*(6), 398–403.

Molina, O., Lawrence, S. A., Azhar-Miller, A., & Rivera, M. (2009). Divorcing abused Latina immigrant women's experiences with domestic violence support groups. *Journal of Divorce & Remarriage*, *50*(7), 459–471.

Norton, I. M., & Schauer, J. (1997). A hospital-based domestic violence group. *Psychiatric Services*, *48*(9), 1186–1190.

Owen, A., Thompson, M., Shaffer, A., Jackson, E., & Kaslow, N. (2009). Family variables that mediate the relation between intimate partner violence (IPV) and child adjustment. *Journal of Family Violence*, *24*(7), 433–445.

Phelan, M. B., Hamberger, L. K., Guse, C. E., Edwards, S., Walczak, S., & Zosel, A. (2005). Domestic violence among male and female patients seeking emergency medical services. *Violence and Victims*, *20*(2), 187–206.

Poole, N., Greaves, L., Jategaonkar, N., McCullough, L., & Chabot, C. (2008). Substance use by women using domestic violence shelters. *Substance Use & Misuse*, *43*(8–9), 1129–1150.

Refuerzo, B. J., & Verderber, S. (1989). Effects of personal status and patterns of use on residential satisfaction in shelters for victims of domestic violence. *Environment and Behavior*, *21*(4), 413–434.

Rennison, C. M., & Welchans, S. (2000). *Intimate partner violence*. Bureau of Justice Statistics (Special Report NCJ 178247). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from http://bjs.ojp.usdoj.gov/content/pub/pdf/ipv.pdf

Renzetti, C. M. (1989). Building a second closet: Third party responses to victims of lesbian partner abuse. *Family Relations*, *38*(2), 157–163.

Rivett, M., Howarth, E., & Harold, G. (2006). 'Watching from the stairs': Towards an evidence-based practice in work with child witnesses of domestic violence. *Clinical Child Psychology & Psychiatry*, *11*(1), 103–125.

Roseby, V., & Johnston, J. R. (1995). Clinical interventions with latency-age children of high conflict and violence. *American Journal of Orthopsychiatry*, *65*(1), 48–59.

Ruggiero, K. J., DelBen, K., Scotti, J. R., & Rabalais, A. E. (2003). Psychometric properties of the PTSD Checklist—civilian version. *Journal of Traumatic Stress*, *16*, 495–502.

Ruggiero, K. J., Smith, D. W., Hanson, R. F., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. L. (2004). Is disclosure of childhood rape associated with mental health outcome? Results from the National Women's Study. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, *9*(1), 62–77.

Saunders, D. G. (1988). Wife abuse, husband abuse, or mutual combat? A feminist perspective on the empirical findings. In K. Yllo & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 90–113). Newbury Park, CA: Sage.

Schatzow, E., & Herman, J. L. (1989). Breaking secrecy. Adult survivors disclose to their families. *The Psychiatric Clinics of North America*, *12*(2), 337–349.

Shannon, L., Logan, T. K., Cole, J., & Medley, K. (2006). Help-seeking and coping strategies for intimate partner violence in rural and urban women. *Violence and Victims*, *21*(2), 167–181.

Shermand, L. W., Schmidt, J. D., & Rogan, D. P. (1992). *Policing domestic violence: Experiments and dilemmas*. New York, NY: Free Press.

Spilsbury, J. C., Kahana, S., Drotar, D., Creeden, R., Flannery, D. J., & Friedman, S. (2008). Profiles of behavioral problems in children who witness domestic violence. *Violence & Victims*, *23*(1), 3–17.

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

Straus, M. A., & Gelles, R. J. (1988). How violent are American families?: Estimates from the National Family Violence Resurvey and other studies. In G. T. Hotaling & D. Finkelhor (Eds.), *Family abuse and its consequences: New directions in research* (pp. 14–36). Thousand Oaks, CA: Sage.

Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. (1996). The Revised Conflict Tactics Scales (CTS-2): Development and preliminary psychometric data. *Journal of Family Issues*, *17*, 283–316.

Straus, M. A., & Mouradian, V. E. (1999). *Preliminary psychometric data for the personal and relationships profile (PRP): A multi-scale tool for clinical screening and research on partner violence*. Durham, NH: University of New Hampshire.

Stuart, G. L., Temple, J. R., Follansbee, K. W., Bucossi, M. M., Hellmuth, J. C., & Moore, T. M. (2008). The role of drug use in a conceptual model of intimate partner violence in men and women arrested for domestic violence. *Psychology of Addictive Behaviors*, *22*(1), 12–24.

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

Truman, J. L., & Rand, M. R. (2010). *Criminal victimization, 2009* (Report No. NCJ 231327). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. Retrieved from http://bjs.ojp.usdoj.gov/content/pub/pdf/cv09.pdf

Tsui, V., Cheung, M., & Leung, P. (2010). Help-seeking among male victims of partner abuse: Men's hard times. *Journal of Community Psychology*, *38*(6), 769–780.

Vatnar, S., & Bjørkly, S. (2009). Interactional aspects of intimate partner violence result in different help-seeking behaviors in a representative sample of women. *Journal of Family Violence*, *24*(4), 231–241.

Wasilewski, Y., Murphy, R. A., Starsoneck, L., Samuels, M., Potter, D., Foster, A., & Schmid, L. (2010). Identifying and responding to the needs of children residing in domestic violence shelters: Results from the North Carolina Domestic Violence Shelter Screening Project. In E. M. Douglas (Ed.), *Innovations in child and family policy: Multidisciplinary research and perspectives on stregthening children and their families*. Lanham, MD: Lexington.

Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A., & Keane, T. M. (1993). *The PTSD Checklist (PCL): Reliability, validity, and diagnostic utility*. Paper presented at the meeting of the International Society for Traumatic Stress Studies, San Antonio, TX.

Weisz, A. N. (2005). Reaching African American battered women: Increasing the effectiveness of advocacy. *Journal of Family Violence*, *20*(2), 91–99.

Wingood, G. M., DiClemente, R. J., & Raj, A. (2000). Adverse consequences of intimate partner abuse among women in non-urban domestic violence shelters. *American Journal of Preventive Medicine*, *19*(4), 270–275.

Wonderlich, S. A., Wilsnack, R. W., Wilsnack, S. C., & Harris, T. R. (1996). Childhood sexual abuse and bulimic behavior in a nationally representative sample. *American Journal of Public Health*, *86*, 1082–1086.

Wright, C. V., & Johnson, D. M. (2009). Correlates for legal help-seeking: Contextual factors for battered women in shelter. *Violence & Victims*, *24*(6), 771–785.

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