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# Predicting Potentially Life-Threatening Partner Violence by Women Toward Men: A Preliminary Analysis

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Researchers have documented predictors of life-threatening violence by men toward women. Little research has assessed predictors of life-threatening violence toward men by women. We investigated such predictors in a sample of 302 men who sustained partner violence (PV) and sought help. Based on prior research on women as victims, we examined the following as potential predictors: demographics of the participant, his female partner, and their relationship; relationship power imbalances; her use of various forms of PV; her alcohol/drug use; his use of various forms of PV; his mental health and substance abuse; and his help seeking and social support. Logistic regressions indicated that there were 2 consistent predictors: the female partner's frequency of physical PV and the number of sources from which the participant sought help.

**Keywords:** male victims; intimate partner violence; female perpetrators; domestic violence; severe violence

Numerous studies have assessed risk of rearrest of offenders, dangerous violence, injury, and death among female victims of intimate partner violence (IPV). The literature in this area is so comprehensive that researchers have developed several validated risk assessment instruments, such as the Ontario Domestic Assault Risk Assessment (Hilton et al., 2004) and the Danger Assessment (Campbell, 2004), that allow law enforcement agents and battered women advocates to predict recidivism, violence severity, and potential lethality. Despite this comprehensiveness, only a handful of studies have focused on more severe and dangerous forms of IPV toward men in relationships where the female partner is more frequently and severely violent. Most of these studies (e.g., Felson & Lane, 2010; Jordan, Clark, Pritchard, & Charnigo, 2012) compare male and female offenders who were arrested for intimate partner homicide or assault to analyze gender differences in such variables as childhood histories of abuse, substance abuse, mental illness, and the context of the focal incident, but their results do not lend themselves to the prediction of dangerous assaults by women toward their male intimates.

This study represents a step in addressing this gap in the literature by investigating predictors of potentially life-threatening violence by women toward men in a sample of male IPV victims who sought help because their partners were violent. Because of the lack of literature on this population in particular, our analyses are exploratory, and our choice of predictors was largely guided by a review of the literature on male-on-female life-threatening violence.

### **Female-to-Male IPV**

It is surprising that the literature has overlooked the prediction of more severe and dangerous forms of IPV toward men in relationships with women who are more frequently and severely violent than the men are, given the evidence that men can be the victims of severe IPV. As far back as the 1975 National Family Violence Survey (Straus, Gelles, & Steinmetz, 1980), research has shown that about 4% of men per year sustain severe IPV from their female partners, which is violence that has a high likelihood of causing injury, such as punching, kicking, beating up, and using a weapon against one's partner. Overall, estimates of severe IPV toward men in general U.S. population range from 3.2% to 5.5%, with approximately equal rates of male and female victimization (Caetano, Vaeth, & Ramisetty-Mikler, 2008; Hale-Carlsson et al., 1996; Kessler, Molnar, Feurer, & Appelbaum, 2001; Schafer, Caetano, & Clark, 1998; Sorenson, Upchurch, & Shen, 1996; Straus, 1995; Straus & Gelles, 1986).

The recent National Intimate Partner and Sexual Violence Survey (NISVS), a U.S. nationally representative phone survey of 9,086 women and 7,421 men conducted in 2010 (Black et al., 2011), showed that 13.8% of men reported severe physical IPV victimization at some point in their lives (e.g., hitting with fist, beating, burning, choking), whereas 2.0% reported severe physical IPV victimization within the past year. Of the male victims of severe IPV, a substantial portion reported more life-threatening and dangerous forms of IPV, with 8.1% reporting that their partner tried to choke or suffocate them, 19.1% that their partners had beaten them up, 4.2% their partners burned them on purpose, and 20.0% that their partners used a knife or a gun on them.

As evidenced by the development of the previously mentioned domestic violence (DV) risk assessment instruments, it is vitally important that family violence professionals understand what distinguishes individuals who perpetrate more dangerous forms of violence against a partner from individuals who perpetrate less severe forms of violence. Severe violence is a more enduring pattern of violence than lower levels of IPV (Caetano, Field, Ramisetty-Mikler, & McGrath, 2005; Quigley & Leonard, 1996), and its victims are in more danger. Special forms of intervention may be necessary for perpetrators of more severe forms of IPV such as surveillance, counseling, and restrictions of liberty (Hanson, Cadsky, Harris, & Lalonde, 1997). Saunders (1995) suggests that men who commit more severe forms of IPV may differ in kind, not just degree, from men who perpetrate minor forms of IPV. Similarly, female IPV perpetrators who commit more severe forms of IPV may differ in kind from women who perpetrate more minor forms of IPV, and they may also need special forms of intervention such as surveillance, counseling, and restrictions of liberty.

Nonetheless, few studies have investigated predictors of more life-threatening IPV by women toward men in relationships where the women are more frequently and severely violent than their male partners. Cantos, Neidig, and O'Leary (1994)

showed that female IPV perpetrators who caused injuries in their male partners were significantly more likely to have threatened to withhold money and to take away the children than female perpetrators who had not caused injuries. The most notable series of studies use data from the Dunedin Multidisciplinary Health and Development Study (Ehrensaft, Moffitt, & Caspi, 2004, 2006). These researchers found that women's use of "clinical abuse" (abuse that resulted in an injury or official intervention), in comparison to women who were not clinically abusive (used physical IPV but without any of the previously mentioned consequences), were significantly more likely to have had a major depressive episode, marijuana dependence, alcohol dependence, or an anxiety disorder at the age of 18 years (Ehrensaft et al., 2006). They were also more likely to have experienced childhood adversity, displayed adolescent conduct problems, and an aggressive personality (i.e., personality type in which people are willing to hurt others for their own advantage and frighten and cause discomfort for others; Ehrensaft et al., 2004).

Perhaps one reason why research is so scant in this area is because many researchers argue that patriarchal control is at the heart of IPV (Belknap & Melton, 2005; Das Dasgupta, 1999, 2001; Worcester, 2002). This theoretical lens has traditionally asserted that IPV against women occurs in a patriarchal society in which men are politically, historically, socially, and economically dominant and women are subservient. According to this theoretical orientation, male advantage, in turn, is manifested as violence by men against women to maintain male privilege both in society and in intimate relationships (Dobash & Dobash, 1979). This theory is the foundation for most prevention and intervention initiatives (Dutton & Corvo, 2006). Accordingly, women's use of IPV in relationships is explained as self-defense or as a means to break away from their oppression by their male partners (Das Dasgupta, 1999; Worcester, 2002). Therefore, there would be little need to assess what predicts more life-threatening forms of IPV by female perpetrators because that IPV is in response to their partner's IPV and control. However, the findings by Ehrensaft et al. (2004, 2006) regarding personality and psychiatric predictors of women's use of clinical abuse shed doubt on this assumption.

The purpose of this study is to provide additional indicators of the prediction of life-threatening forms of IPV by women against men in relationships in which the female partner is committing more serious and frequent IPV than her male partner. In addition to using the Ehrensaft et al. (2004, 2006) and the Cantos et al. (1994) findings, we used findings on the prediction of life-threatening forms of IPV by men toward women to guide our choice of variables. The literature in this area has focused on several categories of predictors: demographics of the perpetrators, victims, and relationship; power imbalances; other abusive behaviors the perpetrators engage in; other characteristics of the perpetrator; and victim perceptions and help-seeking behaviors. We briefly review this literature and the gaps that still remain.

### **Predictors of Severe and Dangerous Forms of IPV by Men Against Women**

**Demographics.** Studies that assess which demographic characteristics predict more severe forms of IPV against women have focused on age, race/ethnicity, and socioeconomic indicators. Younger age of both perpetrator and victim predicts life-threatening violence (H. Johnson, 1995), and recurrence of severe IPV is significantly higher among Blacks and Hispanics than among Whites (Caetano et al., 2005). The strongest

sociodemographic risk for homicide of female partner is perpetrator's lack of employment, whereas college education of the abuser is a protective factor against femicide (Campbell et al., 2003).

Marital maladjustment predicts more severe IPV by men toward women (Hanson et al., 1997), and having a child in the home that is not the abuser's biological child is a risk factor for femicide (Campbell et al., 2003; Miner, Shackelford, Block, Starratt, & Weekes-Shackelford, 2012). Both life-threatening violence and actual femicide occur more frequently after the relationship has ended and one member of the couple moves out of the home (Campbell et al., 2003; H. Johnson, 1995; Moracco, Runyan, & Butts, 1998), in comparison to relationships that remain intact.

Some researchers have focused not just on the demographic characteristics but also have investigated whether certain power imbalances within the relationship may predict severe forms of IPV. Age disparity between partners predicts spousal homicide (Wilson & Daly, 1994), whereas power inequality (Quigley & Leonard, 1996) and extreme male dominance (Straus, 1996) are linked to severe abuse and recidivism. Babcock, Waltz, Jacobson, and Gottman (1993) investigated various types of potential power differentials and found that decision-making power and educational discrepancies favoring the wife predicted severe physical aggression by husbands.

**Other Types of Abusive Behaviors.** One of the strongest predictors of more dangerous forms of IPV against women is a prior history of IPV that repeats and continues (Campbell et al., 2003; H. Johnson, 1995; Sharps et al., 2001; Straus, 1996), particularly over a long time (Weisz, Tolman, & Saunders, 2000); IPV in the perpetrator's prior relationships is also a risk factor for more dangerous levels of IPV (Aldarondo & Sugarman, 1996; Quigley & Leonard, 1996). There are forms of abuse and patterns of IPV that predict more severe forms of IPV. Higher levels of verbal aggression (Jacobson, Gottman, Gortner, Berns, & Shortt, 1996; Straus, 1996), higher levels of controlling behaviors (H. Johnson, 1995), and restricting access to relatives and friends (Cascardi, O'Leary, Lawrence, & Schlee, 1995; Dutton, 1995) and resources (Weisz et al., 2000) are linked to severe IPV, life-threatening IPV, and recidivism. Accusations of infidelity (Weisz et al., 2000), forced sex by the perpetrator (Weisz et al., 2000), and suicide threats by the perpetrator (Kropp, 2005) have all been linked to severe violence (Weisz et al., 2000). An increase in the frequency and severity of IPV is one of the most consistent predictors of dangerous and lethal forms of IPV (Campbell et al., 2003; Kropp, 2005).

**Other Characteristics of the Perpetrator.** Other characteristics of the perpetrator also predict their potential to engage in more severe forms of IPV. For example, violence in other contexts and outside of intimate relationships predicts more severe forms of IPV (Hanson et al., 1997; Kropp, 2005; Saunders, 1995; Straus, 1996). Excessive use of alcohol and drugs predicts increased severity of IPV and homicide (Hanson et al., 1997; H. Johnson, 1995; Kyriacou et al., 1999; Saunders, 1995; Straus, 1996), with alcohol and drug abuse by the perpetrator linked to an increased risk of women sustaining an injury because of IPV (Kyriacou et al., 1999). Various personality, psychiatric, and attitudinal traits predict men's use of more severe forms of IPV. Depression (Pan, Neidig, & O'Leary, 1994), trauma symptoms, chronic anger (Dutton, 1995), and subjective distress (Hanson et al., 1997) all predict severity of IPV as does passive-aggressive, avoidant, borderline (Dutton, 1995), and antisocial personality traits (Dutton, 1995; Hanson et al., 1997). Men who use more severe forms of IPV have attitudes that support the use of IPV (Hanson et al., 1997) and are consistent with borderline features, such as have higher levels of

jealousy (Hanson et al., 1997; Weisz et al., 2000). Finally, life-threatening and more serious forms of IPV are predicted by the male perpetrator's history of childhood abuse (Hanson et al., 1997; H. Johnson, 1995; Saunders, 1995; Straus, 1996), which includes parental rejection, parental abuse, and less parental warmth (Dutton, 1995).

**Victim Perception and Help-Seeking Behaviors.** One of the best predictors of dangerous forms of IPV is victim perceptions. Victims' perception of risk can be as good of a predictor of recidivism as any of the risk assessment instruments available (Heckert & Gondolf, 2004; Weisz et al., 2000). Victims' fear predicts life-threatening violence (Dichter & Gelles, 2012; H. Johnson, 1995), which may explain why victims' help-seeking efforts also predict the level of severity of IPV. Victim reports to the police predict life-threatening violence (H. Johnson, 1995); furthermore, most femicide victims had contact with health, social service, criminal justice, and/or emergency housing agencies in the year preceding their murder (Sharps et al., 2001).

### Summary and Gaps in Current Literature

Overall, the literature shows a host of risk factors for the most severe forms of IPV perpetrated by men against women. We used these findings to guide our choice of risk factors for life-threatening violence against men in our sample of male IPV victims who have sought help because of their female partner's violence. We also added an additional set of risk factors related to the victims' behavior not considered before in this literature: the victims' use of IPV. The research consistently shows that the dominant pattern of IPV is reciprocal IPV (Kessler et al., 2001; Straus, 2008a; Whitaker, Haileyesus, Swahn, & Saltzman, 2007); up to 80% of violent relationships show some level of reciprocity (e.g., Straus, 2006). Both physical and psychological injuries are more severe among both men and women who experience reciprocal violence compared to those who experience unilateral violence (Hines & Douglas, 2011; Straus, 2008b; Whitaker et al., 2007).

Reciprocal violence is the dominant pattern for both minor and severe IPV (Ehrensaft et al., 2004; Kessler et al., 2001; Straus, 2008a), with women and men showing similar degrees of reciprocity in severity of IPV and injuries (Orcutt, Garcia, & Pickett, 2005). Even in clinical samples of IPV victims, reciprocal violence is common. Among samples of battered women in shelters (Giles-Sims, 1983; McDonald, Jouriles, Tart, & Minze, 2009; Saunders, 1988), 50.0%–75.0% report using some type of violence against their male partners (Giles-Sims, 1983; Saunders, 1988), 50.0%–67.0% using severe violence (McDonald et al., 2009; Saunders, 1988), 8.0% beating up their partners or using a knife or gun, and 12.0% threatening their partners with a knife or gun (Saunders, 1988). Among the sample of male IPV victims used in this analysis, 55.0% used some type of violence, and 19.5% used severe violence against their partners (Hines & Douglas, 2011). Given these findings, it is important to investigate whether the victims' violent behavior may contribute to the level of violence they sustain. Thus, we will also investigate whether male victims' use of various forms of IPV predict their partners' use of life-threatening IPV.

Similarly, other than victims' perceptions of their partners' dangerousness, there is little research on other characteristics of victims that may put them at risk for or protect them from life-threatening forms of IPV. We will explore whether certain characteristics of the male victim including mental illness, substance abuse, and levels of social support may serve as further risk or protective factors for life-threatening IPV.

## METHOD

### Participants and Procedure

A sample of men who had sought help for IPV victimization ( $N = 302$ ) was recruited for this study. To be eligible, men had to speak English, live in the United States, and be between the ages of 18 and 59 years old; they also had to have been involved in an intimate relationship with a woman lasting at least 1 month in the previous year. The men had to have sustained a physical assault from their female partner within the previous year, and they had to have sought help for their partners' violence. Help seeking was broadly defined and included seeking help from formal sources such as hotlines, DV agencies, police, mental health and medical health professionals, lawyers, and ministers; and more informal help seeking such as talking with friends and family members and searching the Internet for information or support groups for male victims. We also broadly defined the form of help they could have been seeking, in that they could have been seeking help for themselves, for their partners, or for their children, but that help had to be related to their partner's use of IPV.

We recruited the men from various sources including the Domestic Abuse Helpline for Men and Women (DAHMW; the only U.S. national hotline specializing in male victims of DV) and online Websites, newsletters, blogs, and LISTSERVS that specialized in treatment of IPV, male victims of IPV, fathers' rights, divorced men's issues, men's health, and men's rights. 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 center 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 sample can be found in Table 1. In brief, the average age of the male victims was 40.49 years ( $SD = 8.97$ ); 86.6% of them were White, and they were largely middle class. Just more than half were still in a relationship with their perpetrators, and 73.2% had children.

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. Steps were taken to ensure their safety: At the completion of the survey, the participants were given information about obtaining help for IPV victimization and how to delete the history on their Internet Web browser.

### Measures

The survey contained items regarding demographics, aggressive behaviors that they and their female partners may have used in the previous year, detailed questions regarding their last physical argument, their mental health, their help-seeking experiences, and what prevents them from leaving the relationship. Only the questionnaires used in this article are described here.

**Demographic Information.** Men were asked basic demographic information about both themselves and their partners including age, race/ethnicity, personal income,

**TABLE 1. Descriptive Information on Sample and Variables Used in Analyses ( $N = 302$ )**

	Male Participants	Female Partners
	% or $M$ ( $SD$ )	% or $M$ ( $SD$ )
Demographics:		
Age (in years)	40.49 (8.97)	37.91 (8.61)
% White	86.8	74.2
Income (in thousands)	\$50.44 (25.69)	\$30.13 (24.32)
Education <sup>a</sup>	4.40 (1.56)	3.82 (1.90)
% With a disability	13.6	8.8
Height (in inches)	70.75 (2.93)	65.14 (2.89)
Weight (in pounds)	195.22 (38.74)	150.35 (39.78)
Relationship information:		
% Currently in a relationship	56.3	—
% With minor children	73.2	—
Length of relationship (in months)	97.90 (82.06)	—
Power imbalances:		
Age difference (M–F)	2.62 (6.25)	—
BMI difference (M–F)	2.09 (10.76)	—
Income difference (M–F)	20.31 (33.66)	—
% Perpetrating IPV in previous year		
% Physical aggression	55.0	100.0
% Controlling behaviors	45.7	93.4
% Severe psychological aggression	40.1	96.0
% Insisting on sex	13.6	41.1
% Filing restraining order under false pretenses	—	38.9
Frequency of aggression in previous year among perpetrators		
# of physically aggressive acts	7.71 (14.25) ( $n = 166$ )	46.72 (53.48) ( $n = 302$ )
# of controlling acts	7.20 (8.99) ( $n = 138$ )	42.62 (36.25) ( $n = 282$ )
# of severe psychological aggression acts	5.74 (8.59) ( $n = 121$ )	28.90 (26.20) ( $n = 290$ )
# of insisting on sex acts	5.59 (7.31) ( $n = 41$ )	9.60 (8.48) ( $n = 124$ )

(Continued)

**TABLE 1. Descriptive Information on Sample and Variables Used in Analyses (*N* = 302) (Continued)**

	Male Participants	Female Partners
	% or <i>M</i> ( <i>SD</i> )	% or <i>M</i> ( <i>SD</i> )
Female partner's alcohol & drug use		
Drinking during last physical argument	—	23.6
Using drugs during last physical argument	—	15.3
Men's mental health		
Mental illness diagnosis	24.0	—
% Scoring scoring above clinical cutoff for PTSD	57.8	—
Frequency of alcohol intoxication in past year <sup>b</sup>	0.99 (1.47)	—
Frequency of drug use in past year <sup>c</sup>	0.40 (0.87)	—
Men's social support		
# of help-seeking sources (plausible range: 0–5)	2.02 (1.38)	
Social support	15.95 (5.91)	

Note. BMI = body mass index; M–F = male to female; IPV = intimate partner violence; PTSD = posttraumatic stress disorder.

<sup>a</sup>Educational status: 1 = less than high school, 2 = high school graduate or general educational development (GED), 3 = some college/trade school, 4 = 2-year college graduate, 5 = 4-year college graduate, 6 = some graduate school, and 7 = graduate degree.

<sup>b</sup>Frequency of alcohol intoxication in past year: 0 = never, 1 = once or twice, 2 = 3–10 times, 3 = once a month, 4 = twice a month, 5 = once a week, 6 = 2–3 times a week, and 7 = every day/almost every day.

<sup>c</sup>Frequency of drug use in past year: 0 = never, 1 = 1–3 occasions, 2 = 4–10 occasions, and 3 = more than 10 occasions.

education, height, weight, and disability status (i.e., Did they answer yes or no to the question, “Do you have a disability?”). They were also asked about the current status of their current or most recent abusive relationship (i.e., within the past year), the length of their relationship with their partners, and whether minor children were involved in that relationship. Men were asked whether they had ever been diagnosed with a mental illness.

**Revised Conflict Tactics Scales.** The revised Conflict Tactics Scales (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) was used to measure the extent to which the men in this study sustained and used psychological, physical, and sexual aggression (i.e., insisting on sex when the partner did not want to) and injuries in their relationships. The items used for this study included 12 items assessing physical aggression

and six items assessing injuries. The eight CTS2 items regarding psychological aggression were supplemented with seven items from the Psychological Maltreatment of Women Inventory (Tolman, 1999). A factor analysis revealed that there were three subscales: minor psychological aggression (e.g., insulting/swearing, shouting/yelling), controlling behaviors (e.g., not allowing to leave the house, monitoring time and whereabouts), and severe psychological aggression (e.g., threatening to harm partner, intentionally destroying something belonging to partner; Hines & Douglas, 2010). For this study, only the controlling behaviors and severe psychological aggression scales were used.

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, and 6 = more than 20 times. Congruent with Straus et al. (1996), these data were then transformed 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, and 6 = 25 acts in the previous year. Frequencies of physical, sexual, controlling, and severe psychological aggression were obtained by adding up the frequencies of the individual items that comprised each scale. The CTS2 has good construct and discriminant validity and good reliability, with internal consistency coefficients ranging from .79 to .95 (Straus et al., 1996). Reliability statistics for this sample were .82 for both the controlling behaviors and severe psychological aggression scales, .92 for the physical aggression scale, and .68 for the injury scale.

Consistent with H. Johnson (1995) analysis of risk factors associated with nonlethal violence against women by marital partners and Hanson et al.'s (1997) study of a combined sample of community men and male batterers, we operationally defined *life-threatening violence* as the occurrence of one or more instances of one or more of the following acts in the previous year: beaten up, choked, or had a knife or gun used against them. Unlike H. Johnson (1995) and Hanson et al. (1997), we measured burning, which we also included in our list of life-threatening behaviors because of its lethal potential. Also similar to H. Johnson (1995) and Hanson et al. (1997), we included a measure of serious injury as an outcome variable. We operationally defined *serious injury* in the same way they did: It was serious enough to warrant medical attention, regardless of the types of violent attack that led to the injury. The inclusion of this outcome variable takes into consideration the actual consequences of any of the physical assault behaviors measured by the CTS, regardless of whether they are considered to be minor or severe. Both of these dependent variables—sustained life-threatening physical aggression and sustained a severe injury—were dichotomized as 1 = *happened within the past year* and 0 = *did not happen within the past year*.

**CTS2 Follow-Up Questions.** The CTS2 was followed up with a series of questions regarding the context of the last physical argument. For the purposes of this article, the two relevant items were, “Was your partner drinking during the argument?” and “Was your partner using drugs during the argument?” We also asked the participant a series of yes or no questions regarding possible false allegations his partner may have made against him. For the current study, we focus on the item of whether a

restraining/protective order had been taken out against him under false pretenses (1 = *yes*, 0 = *no*).

**Posttraumatic Stress Symptoms.** The *Posttraumatic Stress Disorder (PTSD) Checklist* (PCL; Weathers, Litz, Herman, Huska, & Keane, 1993) is a 17-item self-report measure of the severity of PTSD symptomology. Items reflect three symptom clusters: reexperiencing, numbing/avoidance, and hyperarousal. Consistent with the concept of PTSD and per the instructions of the PCL, the questions were anchored to one specific traumatic event. For this study, 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 using a 5-point scale (1 = *not at all*, 5 = *extremely*). The items were then summed to create a continuous measure of PTSD symptoms, and scores were dichotomized to indicate the likely presence or absence of PTSD. Although there is currently debate regarding the exact cutoff score that is possibly indicative of PTSD (e.g., suggestions range from 44 to 50), we chose a cutoff score of 45 that was used in a study of patients with breast cancer (Andrykowski, Cordova, Studts, & Miller, 1998). It is important to also note that Ruggiero DelBen, Scotti, and Rabalais (2003) found little differences in the diagnostic efficiency of these various cut points using a civilian sample. One item, "Feeling as if your future will somehow be cut short," was not included in the survey because participants reported that they did not understand the item during pilot testing of the instrument. The PCL has been validated for use in both combat and civilian populations, and the civilian version was used for this study. The PCL has been shown to have excellent reliability (Weathers et al., 1993) and strong convergent and divergent validity (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996; Ruggiero et al., 2003). Furthermore, the PCL has been shown to have high diagnostic use (.79–.90) when validated against "gold standard" measures such as the *Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) Axis Disorders* (First, Gibbon, Spitzer, & Williams, 1996). For this samples, the alpha for all items combined was .97 and ranged from .91 for the avoidance/numbness subscale to .93 for the reexperiencing subscale.

**Alcohol and Drug Abuse.** Alcohol and drug abuse of the participants were measured using a scale developed for the National Women's Study to assess the association between IPV victimization and alcohol/drug abuse among female victims (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997). The scale included 19 items asking respondents about their use and abuse of alcohol and illicit drugs (e.g., marijuana, cocaine, methamphetamines, crack, lysergic acid diethylamide [LSD], heroin) in their lifetimes and in the past year and included items regarding negative experiences resulting from alcohol abuse. For the purposes of this study, we used the items that assessed frequency of intoxication within the past year (0 = *never* to 7 = *every day/almost every day*) and frequency of drug use within the past year (0 = *never* to 3 = *more than 10 occasions*). This scale has demonstrated great construct validity (Kilpatrick et al., 1997).

**Social Support.** The Enhancing Recovery in Coronary Heart Disease (ENRICH) social support instrument (Mitchell et al., 2003) was used to measure the perceived social support of participants. It contains six items that measure emotional and instrumental support. Participants indicated on a 5-point scale the extent to which each statement was true of their situation (1 = *none of the time*, 5 = *all of the time*). Examples of items include "How often is someone available to you whom you can count on to listen to when you need to talk?" and "How often is someone available to help you with daily chores?" This

instrument has demonstrated excellent convergent and predictive validity and internal consistency reliability, with an overall alpha of .86 (Mitchell et al., 2003). For this study, the alpha was .94.

**Help-Seeking Questions.** The questions in this section were developed by the authors and were based on the literature (e.g., Cook, 2009) and previous research by the first author (Hines, Brown, & Dunning, 2007). Men were asked if they had sought help from various resources including DV agencies, DV hotlines, police, medical professionals, and mental health professionals. We also asked specific questions about their experiences with those resources. For this study, we added up the number of formal help-seeking sources from which they sought help, which could range from 0 to 5.

## RESULTS

Overall, 54.2% of the men reported sustaining at least one act of life-threatening physical aggression within the past year, and 35.2% reported sustaining a severe injury. These two variables were significantly correlated,  $r = .43$ ,  $p < .001$ . To investigate which variables predicted life-threatening physical aggression and severe injury, we conducted a series of analyses. First, we conducted bivariate correlations to examine which variables were correlated with the two outcome variables. The results are presented in Table 2.

Second, we conducted two series of hierarchical logistic regression analyses with our two dependent variables. Predictors were entered in nine steps, and only predictors that were significantly correlated with the outcome variable in the bivariate analyses (or approached significance) were included in the initial model. At each step, nonsignificant predictors from that step were removed one at a time until only significant predictors remained. Only the final models are presented. The steps were the following:

- *Step 1:* female partner's demographics (her age, income, education, minority status, and whether the participant reported that she had a disability)
- *Step 2:* male participant's demographics (his age, income, education, minority status, and whether he reported that he had a disability)
- *Step 3:* relationship information (the length of the relationship, whether the couple was still together, and whether the participant reported that minor children were involved)
- *Step 4:* power imbalances (differences between male participant and his partner in age, body mass index, and income)
- *Step 5:* her behavior (frequency of physical assault, insisting on sex when he did not want to, controlling behaviors, and severe psychological aggression in the past year, and whether he reported that she filed a restraining order against him under false pretenses)
- *Step 6:* her substance abuse (whether the participant reported that she had used alcohol or drugs during the last physical argument)
- *Step 7:* his behavior (frequency of physical assault, insisting on sex when she did not want to, controlling behaviors, and severe psychological aggression in the past year)
- *Step 8:* his substance abuse and mental health problems (frequency of intoxication and drug use in past year, whether he reported a mental illness diagnosis, and whether he reached the clinical cutoff of 45 on the PCL)
- *Step 9:* help seeking and support (number of sources of formal help seeking and his score on the social support measure)

**TABLE 2. Correlations Among the Predictor Variables and the Outcomes of Life-Threatening Physical Aggression and Severe Injury**

Step	Predictor Variable	Life-Threatening Physical Aggression	Severe Injury
1 Female partner's demographics	Female partner's age	-.08	-.11 <sup>†</sup>
	Female partner's income	-.17**	.03
	Female partner's education	-.08	-.03
	Female partner is White	-.08	-.04
	Female partner had a disability	.09	.10
2 Male participant's demographics	Male participant's age	-.05	-.12*
	Male participant's income	-.03	.00
	Male participant's education	-.01	-.07
	Male participant is White	-.01	-.02
	Male participant reported a disability	.05	.10
3 Relationship information	Relationship length	-.08	-.12*
	Minor children were involved	-.10 <sup>†</sup>	-.01
	Couple was still together	-.06	-.18**
4 Power imbalances	Age difference	.04	-.02
	BMI difference	.09	.00
	Income difference	.10 <sup>†</sup>	-.02
5 Female partner's behavior	Female partner's frequency of physical aggression	.40***	.35***
	Female partner's frequency of insisting on sex	.01	.09
	Female partner's frequency of controlling behaviors	.13*	.14*
	Female partner's frequency of severe psychological aggression	.26***	.19***
	Female partner filed a restraining order under false pretenses	.09	.20***
6 Female partner's substance use	Female partner was drinking during last physical argument	.10 <sup>†</sup>	.08
	Female partner was using drugs during last physical argument	.11*	.07

*(Continued)*

**TABLE 2. Correlations Among the Predictor Variables and the Outcomes of Life-Threatening Physical Aggression and Severe Injury (Continued)**

Step	Predictor Variable	Life-Threatening Physical Aggression	Severe Injury
7 Male participant's behavior	Male participant's frequency of physical aggression	.14*	.14*
	Male participant's frequency of insisting on sex	-.04	-.03
	Male participant's frequency of controlling behaviors	.04	.14*
	Male participant's frequency of severe psychological aggression	.00	-.01
8 Male participant's substance use and mental health	Male participant's frequency of alcohol intoxication in past year	-.05	-.02
	Male participant's frequency of drug use in past year	.01	.05
	Male participant reported a mental illness diagnosis	-.03	.02
	Male participant's score on the PCL exceeded clinical cutoff	.11 <sup>†</sup>	.18**
9 Male participant's help seeking and social support	Male participant's social support	-.03	-.04
	Total number of formal sources of help sought by male participants	.17**	.28***

Note. BMI = body mass index; PCL = PTSD Checklist.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

<sup>†</sup> $p < .10$ .

**Prediction of Life-Threatening Physical Aggression and Severe Injuries**

The final logistic regression model for the prediction of life-threatening physical aggression is presented in Table 3. It was significant,  $\chi^2(N = 301, 3) = 69.64, p < .001$ , and explained 30.5% of the variance in life-threatening physical aggression. Only predictors at Steps 1, 5, and 9 significantly predicted life-threatening physical aggression. For each additional thousand dollars earned per year, female partners were 2.0% less likely to use life-threatening physical violence. Each additional act of women's use of any physical IPV increased the odds of life-threatening violence by 2.0%. With each additional source of help that the men sought, their odds of being the victim of life-threatening physical aggression increased 30.0%. The model correctly classified 72.8 % of the cases, with 68.1% of the men being correctly classified as victims of life-threatening physical aggression and 78.0% correctly classified as not victims.

The final model for the prediction of severe injuries is also presented in Table 3. The overall model was significant,  $\chi^2(N = 301, 5) = 75.09, p < .001$ , and explained 30.4%

**TABLE 3. Final Logistic Regression Models Predicting Life-Threatening Violence Against Men and Severe Injuries Among Men**

Variable	$\beta$	<i>SE</i>	Wald	<i>p</i>	Odds Ratio
<b>Prediction of life-threatening violence</b>					
Female partner's income	-.016	.006	7.14	.008	0.98
Frequency of female partner's physical violence	.024	.004	31.84	<.001	1.02
Number of formal help-seeking sources	.258	.105	6.08	.014	1.30
<b>Prediction of severe injuries</b>					
Currently in the relationship	-.798	.288	7.67	.006	0.45
Frequency of female partner's physical violence	.015	.003	28.95	<.001	1.02
Female partner obtained a restraining order under false pretenses	.322	.296	1.18	.278	1.38
Male participant exceeded clinical cutoff on PCL	.618	.287	4.62	.032	1.86
Number of formal help-seeking sources	.389	.110	12.51	<.001	1.48

*Note.* PCL = PTSD Checklist.

of the variance in severe injuries. The significant predictors showed that men who were currently in a relationship were 55.0% less likely to have reported a very severe injury. For each additional act of physical aggression the female partner used, men were 2.0% more likely to sustain a severe physical injury. Men who exceeded the clinical cutoff on the PTSD measure were almost twice as likely to have sustained a severe injury, and for each additional source of formal help the men sought, they were 48.0% more likely to have sustained a severe physical injury. Although the male participants' reports of their female partner obtaining a restraining order under false pretenses is not significant, it was a significant predictor until the final variable (number of sources of formal help) was added into the model. The model correctly classified 74.8% of the men; only 49.1% of the men who were severely injured were correctly classified; 88.7% of the men who were not severely injured were correctly classified.

## DISCUSSION

This study addresses some of the gaps in understanding what predicts women's use of more severe and dangerous forms of IPV against men in relationships where the female partner is the more severely and frequently violent partner. The most consistent predictors across the two types of IPV we examined were the frequency with which female partners used physical IPV and the number of sources from which the men sought help. Other

predictors included the female partners' lower income level, no longer being in the relationship, and the male victim's PTSD.

### **Significant Predictors of Life-Threatening IPV and Severe Injuries**

The finding that the female partner's frequency of using other forms of physical IPV is the strongest predictor of her use of more dangerous forms of IPV against her male partner is consistent with the literature on male perpetrators with female victims (Campbell et al., 2003; H. Johnson, 1995; Sharps et al., 2001; Straus, 1996; Weisz et al., 2000). Once this form of IPV was taken into consideration, none of the other forms of IPV reached statistical significance in the multivariate analyses, even though they were correlated with the more dangerous forms of IPV at the bivariate level. However, what we do not know from these data is whether an increase in the severity and frequency of IPV precipitated an act of life-threatening IPV or the severe injury—as has been shown with female victims (Campbell et al., 2003; Kropp, 2005; Sharps et al., 2001)—because we cannot establish the sequence of events from our cross-sectional data. This is an important area for future research.

Also similar to findings with female victims (H. Johnson, 1995; Sharps et al., 2001), men who sustained a life-threatening act of IPV and/or a severe injury have sought help from a multitude of sources. This frequency of help seeking may reflect the men's understanding of the dangerousness and severity of the situation, particularly given that men seek help at lower rates than women; this lower level of help seeking is especially the case for issues that are deemed nonnormative for men and as situations that men should be able to handle themselves (Addis & Mahalik, 2003). It could also reflect the fact that men in dangerous situations may have to seek help from a multitude of sources before getting the help they need. Previous analyses from this dataset (Douglas & Hines, 2011) and other researchers (e.g., Cook, 2009) have found that often, men are turned away from agencies designed to help victims of IPV (e.g., DV agencies, DV hotlines, police). Given these findings, it is important for practitioners who work with IPV victims to ask male victims whether and from whom else they have sought help to get a better understanding of the dangerousness of the situation.

Consistent with prior research (Campbell et al., 2003; H. Johnson, 1995; Moracco et al., 1998), male victims who were no longer in the relationship with their female partners were at increased risk for a severe injury. Because of the cross-sectional nature of this research, we cannot conclude that this finding is caused by the male victims being more at risk for severe injury upon separation of the relationship—as has been found in research on female victims (e.g., Campbell et al., 2003)—or that male victims who sustained a severe injury while still in the relationship decided that they needed to leave. Indeed, some research suggests that women are more likely to kill a partner while still living with him, whereas men are more likely to kill a partner who has left the relationship (Jordan et al., 2012). Longitudinal research is necessary to gain a better understanding of the sequence of these events. Similarly, longitudinal research could examine why male victims who reached the clinical cutoff for PTSD were more likely to report a severe injury in the past year. It is likely that such a finding represents the probability that male victims who sustain more dangerous forms of IPV are likely to have mental health issues as a result of the IPV.

### **Exploring Nonsignificant Findings**

Some of the nonsignificant findings are worth commenting on as well. Even though research suggests that individuals involved in reciprocally violent relationships are more

likely to sustain a physical injury than those involved in unilaterally violent relationships (Hines & Douglas, 2011; Straus, 2008b; Whitaker et al., 2007), our findings suggest that it is the female perpetrator's behavior—not her victim's—that ultimately predicts her use of life-threatening IPV and severe injuries to the victim. Thus, the victim's behavior may not be important to evaluate when trying to gain an understanding of his risk for sustaining dangerous forms of violence. This finding is also important because it is further evidence that in situations where the female perpetrator is using dangerous levels of violence, it is not because she is reacting to her partner's use of IPV, as some researchers have suggested (Belknap & Melton, 2005; Dobash, Dobash, Wilson, & Daly, 1992; Loseke & Kurz, 2005; Saunders, 1988). If she was, we would expect that his violence, not hers, would predict his victimization from life-threatening forms of IPV; however, our results are the opposite. It is important to replicate these findings among male perpetrators with female victims as well because some studies suggest that male perpetrators may be more likely to be involved in reciprocally violent relationships than female perpetrators (Felson & Lane, 2010).

None of the power differentials that we assessed predicted the female perpetrator's use of more severe forms of IPV. This finding is important because many researchers argue, particularly for the more severe forms of IPV (M. P. Johnson, 1995; Johnson & Ferraro, 2000), that patriarchal control is at the heart of IPV (Belknap & Melton, 2005; Das Dasgupta, 1999, 2001; Worcester, 2002), whether perpetrated by a man or a woman. Because men want to maintain power and control, they hit their female partners to keep the power balances in their favor. The female partners, therefore, hit their male partners to break free from the oppression and dominance to which they are subjected (Das Dasgupta, 1999; Worcester, 2002). According to this theory, women's use of IPV should be predicted by power differentials in favor of the man in the relationship, but none of the three forms of power differentials that we examined predicted the female perpetrator's use of more dangerous forms of IPV, even though they all favored the male partner. Nonetheless, it is important to note that power within relationships is multidimensional, and little is known about which dimensions of power discrepancies would predict IPV and why (Babcock et al., 1993). Perhaps, imbalances in decision-making power or communication skills, for example, would be better predictors than imbalances in income, body mass index, and age. These are potential areas for future research.

### **Additional Limitations and Future Research**

Some additional limitations are worth noting to guide future research in this area. The data for this study were not collected for the purposes of predicting dangerous forms of IPV against male victims; rather, we were seeking to understand the types and frequency of IPV against male help seekers, its association with their mental health, their help-seeking efforts, and how their help-seeking experiences influenced their mental health. Thus, we did not gather many variables that could be more informative in understanding female perpetrators' use of dangerous forms of IPV against their male victims. For example, we had only two indicators of the female perpetrators' substance abuse: use of drugs and/or alcohol during their last physical argument, neither of which predicted the perpetrators' use of dangerous forms of IPV at the multivariate level. A more comprehensive assessment of the female perpetrators' substance abuse is necessary, as is information on their past criminal behavior, violent behavior in other contexts, mental health, attitudes about

violence and IPV, and childhood experiences of abuse, all of which have been found to predict more dangerous forms of IPV by male perpetrators (Dutton, 1995; Hanson et al., 1997; H. Johnson, 1995; Kropp, 2005; Kyriacou et al., 1999; Pan et al., 1994; Stith & Farley, 1993; Straus & Yodanis, 1996; Weisz et al., 2000) and many of which have been found to predict clinical levels of abuse by women toward men (Ehrensaft et al., 2004, 2006). Future research could also assess the influence of adult victimization on female perpetrators' use of life-threatening IPV because such victimization may play a more prominent role in women's use of serious forms of IPV than in men's use of these same acts (Jordan et al., 2012).

Our sample was restricted to men who sustained IPV and sought help in some form. Although we broadly defined help seeking to include searching the Internet for resources and talking to friends or family members, it is likely that there is a large group of men who do not seek any type of help when sustaining IPV from their female partners because it is a nonnormative issue for men (Addis & Mahalik, 2003). Moreover, the help seekers had to have either seen our advertisement on the Internet or called the DAHMW; therefore, help seekers without access to either of these resources were not sampled. 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 the generalizability of the findings reported here.

Another limitation is that we have no way to assess the legitimacy of the self-reported information in this study. It is possible that some of the men may have exaggerated their experiences and/or downplayed their own use of IPV. That said, the men reported about their experiences on an anonymous, 30-minute Internet/phone survey with no incentives for participation, and the men will have had to overcome several societal and internal barriers to seek help (Addis & Mahalik, 2003). By these very factors, they are likely to be reporting legitimate concerns. Nonetheless, to understand the predictors of life-threatening IPV by female perpetrators toward their male partners, future studies should strive to obtain information from multiple informants.

Finally, future research should investigate predictors of IPV against men that results in their death, via either homicide or suicide. Such research can be done through proxy interviews, which have been used in studying femicide (e.g., Campbell et al., 2003; Sharps et al., 2001). These areas are important to investigate because research consistently shows that when women commit homicide, their victims are most likely their intimate partners (Gauthier & Bankston, 1997; Greenfield & Snell, 1999; Mann, 1996). Furthermore, anecdotal evidence suggests that male IPV victims sometimes take their own life (Hines, Malley-Morrison, & Dutton, 2013).

## Summary

In summary, this study provides important information in our understanding of dangerous and life-threatening forms of IPV by female perpetrators against their male partners. Although more research is needed, such information can improve our ability to protect and provide services for male victims of IPV such as making realistic safety plans for them and their children. This information is also another step toward a better understanding of the types of services that female perpetrators need. Through understanding their potential to commit these more dangerous forms of IPV, we can provide recommendations regarding treatment, surveillance, and sentencing.

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