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A Review of the Evidence on the Effects of Intimate Partner Violence on Men

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This review examines the empirical evidence on the effects of intimate partner violence (IPV) in men. The main theoretical frameworks used in this area are outlined, and methodological issues are discussed. Studies examining posttraumatic stress (PTS) symptoms, depression, and suicidal ideation in men who have experienced IPV are reviewed. The limited research on the effects of IPV in same-sex couples is considered. Outcomes suggest that men can experience significant psychological symptoms as a consequence of IPV; associations among IPV and PTS, depression, and suicide have been documented. Recommendations for future research on the effects of IPV in male victims are provided, including the need to focus on externalizing, in addition to internalizing, symptomatology; the development of gender-appropriate measures of violent behavior; and the comparison of male IPV and non-IPV samples. In-depth qualitative research and studies focusing on psychological abuse experienced by men would also be valuable.

Keywords: male violence, intimate partner violence

Intimate partner violence (IPV) is a significant social problem, with complex implications for both the individual and the health care professional. IPV includes four types of violent behavior that occur between two people in a close relationship: (a) physical abuse such as kicking, punching, and slapping; (b) sexual abuse; (c) threats of physical or sexual abuse; and (d) emotional abuse such as intimidation, shaming, and controlling through guilt and manipulation (Archer, 2002; Centers for Diseases Control & Prevention, 2009). Several of these behaviors are recognized to co-occur (World Health Organization, 2002). The World Health Organization (2002) defined IPV as any behavior in an intimate relationship that causes physical, psychological, or sexual harm to those in that relationship.

Although most reported IPV is perpetrated by men toward women (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002), researchers have increasingly recognized that the experience of IPV is not limited to women and that men can also be victims of abuse. The identification and recognition of men as recipients or victims of IPV strongly challenges a society in which men are seen to be economically, socially, and politically dominant (Hines & Malley-Morrison, 2001). Historically, the assumption was that women typically suffer more physical and psychological injuries as a result of male-perpetrated IPV than do men who experience female-perpetrated violence (Archer, 2000; Hines & Malley-Morrison, 2001). However, researchers such as Hines and Malley-Morrison (2001), Hines (2007), and Holtzworth-Munroe (2005) have challenged this assumption, and a growing body of research has documented the significance of IPV on male victims.

Prevalence studies of IPV present a confusing picture; rates of violence vary greatly depending on the sampling methods used and the severity

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of violence being measured. In community samples, rates of male and female violence are often equivalent (Archer, 2002; Holtzworth-Munroe, 2005; O'Leary, Vivian, & Malone, 1992). Some studies have even reported higher rates of female-perpetrated than male-perpetrated violence (Carney, Buttell, & Dutton, 2007). However, when severity levels of violence have been assessed, severe violence (e.g., acts of criminal behavior, or acts resulting in the need for emergency medical support) is more likely to be perpetrated by men than by women (Holtzworth-Munroe, 2005).

An important factor influencing the prevalence data relates to the type of violence being measured (e.g., psychological or physical abuse). When considering prevalence rates, the possible bidirectional nature of violence (i.e., a victim also perpetrates violence toward his or her partner) within IPV relationships also needs to be taken into account (Capaldi & Owen, 2001). Possible underreporting of victimization is also an issue. For example, Brown (2004) noted gender discrepancies in the arrest for and prosecution rate of spousal assault. Male victims of IPV were often reluctant to report the incident and police were unwilling to arrest women accused of perpetrating violence, resulting in only 2% of suspected female perpetrators being arrested, which suggests that prevalence rates based on national statistics do not accurately reflect prevalence rates of IPV, particularly for men.

In this article, we review the research findings on the effects of IPV on men. Studies from a range of theoretical perspectives and methodological frameworks are included. Methodological limitations such as complexities regarding definitions and terms, sampling issues, and the type of violence that has been examined are considered. The literature on specific mental health correlates of IPV such as posttraumatic stress disorder (PTSD), depression, and suicidal ideation are reviewed. The limited research on IPV in same-sex couples is presented. Finally, we discuss recommendations for future research and clinical practice.

Main Theoretical Perspectives

The study of IPV has generated huge debate and a plethora of research. Attitudes toward research in this area, along with social ideologies, have undergone significant change in recent years. Currently, two main perspectives dominate the IPV research literature: the family violence perspective (Hines & Saudino, 2003; Holtzworth-Munroe, Smutzler, & Bates, 1997; Straus & Gelles, 1990) and the feminist perspective (Dobash & Dobash, 1977; Walker, 2009). Researchers from these perspectives typically use different measures and sampling techniques (Melton & Belknap, 2003), which has contributed to confusion and inconsistency in the literature. Discussing these perspectives in detail is beyond the scope of this article (see Bell & Naugle, 2008, for a review); however, a brief overview of each follows.

Advocates of the feminist perspective have argued that IPV is highly gendered and should thus be approached as a social problem for women. Since the 1970s, the feminist perspective has dominated the research literature, highlighting the prevalence of female victims of violence, along with associated mental health effects such as PTSD. Feminist researchers are primarily interested in the gendered context of women's lives, exposing gender inequalities, empowering women, and advocating social change (McHugh & Cosgrove, 2004). Many supporters of this paradigm view sexism and female inequality in patriarchal societies as the main cause of IPV (Dobash & Dobash, 1980; Leonard & Senchak, 1996; Pence & Paymar, 2006; Walker, 2009). M. P. Johnson (1995) postulated that when men use violence against their female partners, their main goal is to influence their partner's current or future behavior. The notion is that men use violence as a method of exerting control because they have been socialized in a patriarchal society to be dominant in the family (Felson & Messner, 2000). Some have argued that even when women are violent toward their intimate partners, the violence may stem from different causes, with women being more likely to use violence in self-defense or in response to previous victimization by their partner (Cascardi & Vivian, 1995). Feminist researchers have typically generated data through samples of at-risk women selected from women's shelters or from police and hospital reports (Graham-Kevan & Archer, 2003). This sampling method often captures more severe forms of violence.

The family violence perspective advocates the position that men and women are equally

likely to be both perpetrators and victims of IPV. Gender symmetry is a much-debated construct in the literature (Archer, 2006; Dutton & Nicholls, 2005; Lyon, 1999; Malloy, McCloskey, Grigsby, & Gardner, 2003; Martin, 1997; McHugh, Livingston, & Ford, 2005); however, several studies have found evidence to support this notion (e.g., Dutton, 2007; Graham-Kevan & Archer, 2005; Hines & Saudino, 2003; Holtzworth-Munroe et al., 1997; Malloy et al., 2003; Stets & Straus, 1995). Prominent theoretical models informing this perspective include Bandura's (1973) social learning theory and the notion of intergenerational transmission of partner violence, in which the transmission of violent behavior is thought to occur through modeling and imitation and as a result of the failure to learn how to manage conflict appropriately (Bell & Naugle, 2008). Partner violence is seen to occur in individuals who grew up in families in which they witnessed interparental violence or who directly experienced child abuse, resulting in the tolerance or acceptance of violence in the family (Bell & Naugle, 2008; Lewis & Fremouw, 2001). Family violence researchers have typically drawn on large national or community samples and often use the Conflict Tactics Scale, a self-report inventory that measures the presence and frequency of aggressive behaviors, to measure IPV (Melton & Belknap, 2003). Advocates of this perspective have argued for increased resources for male victims of IPV and the prevention of female-perpetrated violence against intimate partners.

Although the feminist and family violence perspectives have been the primary models used to conceptualize IPV, several other theories have offered variants on these frameworks, for example, power theory (Straus, 1976); the background–situational model (Riggs & O'Leary, 1996); and personality–typology theories, such as Dutton's (1995) borderline personality organization theory and Holtzworth-Monroe and Stuart's (1994) developmental model of batterer subtypes. Bell and Naugle (2008) suggested that all of the current theories of IPV are limited in two primary ways. First, they fail to adequately address the complexity of variables inherent in IPV, and second, despite some empirical support for each of the theories, little evidence exists on the extent to which they have informed treatment and intervention programs. O'Leary et al. (1992) argued that a "monolithic etiological model of marital aggression is inadequate to capture the diversity of relationship and individual dynamics in physically aggressive marriages" (p. 12) and that a multifaceted approach is required.

Methodological Limitations of Previous Research

As noted previously, a variety of research methods have been used to examine IPV. Some of the primary methodological limitations of previous research are outlined in this section.

Lack of Clear Definitions and Terms

A range of terms has been used to describe the experiences of violence in intimate relationships, depending on the theoretical paradigm being used (McHugh et al., 2005). Terms used include *domestic violence, domestic abuse, wife battering,* and *wife beating.* Inconsistent use of these terms causes confusion and a lack of clarity in the literature and makes comparison of studies difficult. For the purposes of this review, we use the term *intimate partner violence.*

Lack of Clarity About Who Is Being Studied

Identifying who is being studied (e.g., victims, perpetrators, or both) is critical to the interpretation of research on interpersonal violence. For example, studying only married women as victims leads to the construction of "wife abuse" and the thesis that women are helpless victims of abusive male partners. M. P. Johnson (1995, 2000) introduced a distinction among four types of violence experienced in an intimate relationship: (a) common couple violence, in which aggression is not "connected to a general pattern of control. It arises in the context of a specific argument in which one or both partners lash out physically at the other" (M. P. Johnson & Ferraro, 2000, p. 949); (b) intimate terrorism, which refers to relationships in which violence is "motivated by a wish to exert general control over one's partner" (M. P. Johnson & Ferrara, 2000, p. 949); (c) violent resistance, characterized by self-defense, and (d) mutual violent control, in which both partners engage in violence and controlling behav-

ior. These distinctions are particularly important in understanding men's experiences of IPV and possible gender differences related to IPV. For example, common couple violence is believed to be perpetrated more often by men, and violent resistance is much more common in women (M. P. Johnson & Ferrara, 2000). Acknowledgment of these distinctions is also crucial to understanding research into partner violence because individuals in these two types of relationship tend to be identified by different sampling techniques (M. P. Johnson & Ferraro, 2000). M. P. Johnson (1995) suggested that large-scale surveys such as those used by family researchers are more likely to generate data reflecting a common couple violence relationship pattern, whereas intimate terrorism is more likely to be observed in samples selected from women's shelters, police, and hospital reports.

Another methodological shortcoming of some research in this area has been the failure to acknowledge the possibility that violence may be bidirectional, despite evidence that frequent partner physical aggression is often bidirectional rather than unidirectional (Capaldi & Kim, 2007; Capaldi & Owen, 2001; Tolan, Gorman-Smith & Henry, 2006; Vivian & Langhinrichsen-Rohling, 1994).

Types of Outcomes Studied

Many studies have focused on establishing the prevalence of IPV in a given population. Studies concerned with the consequences or effects of IPV tend to focus on global effects such as the physical impact and general psychosocial consequences of IPV rather than on more specific aspects of psychological well-being. Psychological correlates have been better researched in women; few studies have explored these correlates in male victims of violence.

Gender Roles and Social Norms

The impact and role of gender stereotypes and expectations is an important factor when considering male experiences of IPV. Theoretical explanations for the relationship between masculinity and partner violence have focused heavily on gender role socialization (Harway & O'Neil, 1999; Moore & Stuart, 2005). Several theories have posited that the process of masculine socialization and internalization of cultural expectations may produce a constriction of vulnerable emotions that continues into adulthood (Levant & Kopecky, 1995). Sugarman and Frankel (1996) suggested that men are socialized to be aggressive; to value instrumental goals such as dominance, power, and goal attainment; and to use violence to settle disputes, whereas in contrast, women are socialized to value interdependence or nurturing goals. Moore and Stuart (2005) proposed that anger is one of the few emotions that "masculine-socialized" men perceive as acceptable to express during periods of distress; this may possibly increase the likelihood of partner violence. Other researchers such as Eisler (1995) and O'Neil and Nadeau (1999) have argued that masculine socialization results in men feeling strong pressure to adhere to gender role norms and that "negative behaviors are considered responses to the conflict men experience in trying to adhere to dysfunctional gender role expectations" (O'Neil & Nadeau, 1999, p. 96).

Effects of IPV on Men

The general premise in the literature is that even if men and women engage in equivalent rates of IPV, male-perpetrated violence has more negative consequences for its victims than does female-perpetrated violence. Supportive evidence for this view comes from studies suggesting that women are more likely than men to sustain serious physical injury and negative psychological consequences (Archer, 2000, 2002; Chan, Straus, Brownridge, Tiwari, & Leung, 2008; Coker et al., 2002; Ehrensaft, Moffitt, & Caspi, 2004; Moffitt, Robins, & Caspi, 2001). Research has focused on the psychological consequences of IPV from the female perspective, and a large body of literature has reported increased risk for depression, PTSD, and anxiety in female victims of IPV (for a review, see Golding, 1999). As discussed earlier, recent cultural shifts have led to the acknowledgment that men can also be victimized in their intimate relationships. Some evidence exists that men can sustain similar levels of physical injury (Hines, Brown, & Dunning, 2007; Hines & Malley-Morrison, 2001; Melton & Belknap, 2003) and negative psychological effects (Hines et al., 2007) after IPV to those experienced by women.

Table 1
Characteristics of Studies Examining Psychological Effects of IPV in Male-Only or Mixed Samples

Reference	Country or region	Design	Sample	*N*	Measures used	Psychological outcomes
Dansky, Byrne, & Brandy (1999)	United States	Survey	Mixed gender; Outpatients seeking treatment for cocaine dependency	91 (M = 58, F = 33)	National women's study PTSD module, Addiction Severity Scale	PTSD & substance misuse
Hines (2007)	Europe, Asia, Canada, United States	Population-based survey	Men only; University & college students	3,461	CTS2, PTSS, SDS	PTSD
Hines, Brown, & Dunning (2007)	United States	Qualitative; telephone interview	Men only; Callers to a domestic abuse hotline for men	190	Interview schedule	PTSD
Coker et al. (2002)	United States	Population-based survey – NVAWS	Mixed gender	13,912 (M = 6,790, F = 7,122	CTS2; BDI	Depression & substance misuse
Chan, Straus, Brownridge, Tiwari, & Leung (2008)	United States	Population based survey	Mixed gender; University students	16,000 (M = 4,480, F = 11,520	CTS2; PRP	Depression & suicidal ideation
Ehrensaft, Moffitt, & Caspi, 2006	United States	Prospective longitudinal birth cohort	Mixed gender	1037 (M = 539, F = 498)	CTS2; PCC	Psychiatric disorders
Tjaden & Thoennes (2000)	United States	Population based survey	Mixed gender	16,000 (M = 8,000, F = 8,000)	CTS2; BDI	PTSD & depression
Coker, Weston, Creson, Justice, & Blakeney (2005)	United States	Population based Survey – NVAWS	Mixed gender	554 (M = 185, F = 369)	CTS2; BDI	PTSD & depression
Follingstad, Wright, Lloyd, & Sebastian (1991)	United States	Survey	Mixed gender; College students	495 (M = 207, F = 288)	STAXI; SDS; CTS2	Depression, stress, negative psychological effects
Stets & Straus (1995)	United States	Population based survey	Mixed gender	725	CTS2; MPS & interview questions	Depression, psychosomatic symptoms, stress
Simonelli & Ingram (1998)	United States	Cross sectional survey	Men only; University students	70	PMI; CTS2	Depression
Masho & Anderson (2009)	United States	Population based survey	Men only	705	Measures from the NVAWS	Depression
Vivian & Langhinrichsen-Rohling (1994)	United States	Survey	Couples attending marital therapy clinic	57	CTS2; SVPC; DAS; BDI	Negative psychological effects

(*table continues*)

Table 1 (*continued*)

Reference	Country or region	Design	Sample	*N*	Measures used	Psychological outcomes
Hines & Saudino (2003)	United States	Survey	Mixed gender; college students	481 (M = 179, F = 302)	CTS2	Gender differences in IPV
Donovan, Hester, Holmes, & McCarry (2006)	United Kingdom	Qualitative; focus groups & interview	Mixed gender; same-sex couples	746 (*M* = 280, F = 451)	Focus group questions; interview schedule	Gender differences in IPV
McKenry, Serovich, Mason, & Mosack (2006)	United States	Survey	Mixed gender; same-sex couples	77 (M = 40, F = 37)	CTS2; PAQ; RSQ; PSC90; SES; SMART; IHS	Gender differences in IPV

Note. M = men; F = women; PTSD = posttraumatic stress disorder; CTS2 = Conflict Tactic Scale 2; PTSS = Posttraumatic Symptoms Scale; SDS = Social Desirability Scale; BDI = Beck Depression Inventory; NVAWS = National Violence Against Women Survey; PRP = Personal and Relationship Profile; PCC = Partner Conflict Calendar; STAXI = State–Trait Anger Expression Inventory; MPS = Measure of Perceived Stress; PMI = Psychological Maltreatment of Women Inventory; SVPC = Spouse Verbal Problem Checklist; DAS = Dyadic Adjustment Scale; PAQ = Personal Attributes Questionnaire; RSQ = Relationship Style Questionnaire; PSC90 = Psychiatric Symptoms Checklist–90; SES = Self-Esteem Scale; IPV = Intimate Partner Violence; SMART = Short Michigan Alcoholism Screen Test; IHS = Internalized Homophobia Scale.

In the next sections, we review the different types of psychological effects and their prevalence in men. Table 1 provides a summary of the studies included in this review that have investigated effects IPV in men, either in mixed-gender or in all-male samples.

PTSD and IPV

PTSD is a psychiatric condition that can follow the experience of a traumatic incident; the symptoms tend to cluster in three dimensions: persistent reexperiencing of the trauma, persistent avoidance of stimuli associated with the trauma, and persistent arousal (American Psychiatric Association, 2000). PTSD is considered to be the most prevalent mental health outcome for female victims of IPV (Bennice, Resick, Mechanic, & Astin, 2003; Hines & Malley-Morrison, 2001).

Several possible explanations are available for the association between IPV and posttraumatic stress (PTS; posttraumatic symptoms). Although experience of IPV might engender PTS, the experience of PTS may also somehow result in individuals being more vulnerable to IPV (Ehrensaft et al., 2006; Hines, 2007). Experience of physical abuse in childhood may also account for the association between IPV and PTS. Childhood physical abuse can lead to lowered self-esteem, sexual problems, and early-onset mental health disorders such as PTSD (Mullen, Martin, Anderson, Romans, & Herbison, 1996). Experiencing physical abuse in childhood has been reported to be a predictor of sustaining IPV in adulthood (Stith et al., 2000).

Studies of PTS and IPV in Men

Dansky, Byrne, and Brandy (1999) studied 33 women and 58 men, all of whom were seeking treatment for cocaine dependence. Men who had experienced physical assault by an intimate partner were significantly more likely to meet criteria for PTSD than men who had been physically assaulted by someone other than an intimate partner. However, women were more likely than men to have been physically assaulted by an intimate partner and were also more likely to have experienced PTSD. Despite the small sample size, this study suggested that men who sustained IPV were at increased risk for developing PTS. The findings also high-

lighted the potentially dangerous reciprocal relationship between substance misuse and victimization; just fewer than half of the sample (46.2%) reported physical assault by an intimate partner.

Tjaden and Thoennes (2000) conducted a large-scale, nationally representative telephone survey of 8,000 men and 8,000 women (the National Violence against Women Survey [NVAWS]). The main findings were that women reported more frequent and longer lasting victimization, showed higher levels of fear of bodily injury, and reported more lost time at work and more mental health difficulties than men. Overall, 7.6% of men (vs. 25.0% of women) reported that they had "ever" been sexually or physically assaulted by a current or former partner. These findings are consistent with earlier findings that women were more likely to have feared death or serious injury during incidents of IPV and were more likely to meet criteria for PTSD than male victims of IPV (Dansky et al., 1999).

A study by Hines et al. (2007) provided support for the need to systematically examine the different dimensions of PTSD and challenged the notion that male victimization is less severe and threatening than female victimization. These researchers examined the characteristics of 190 callers to the Domestic Abuse Helpline for Men, which is focused specifically on assisting male victims of IPV. Results suggested that men's experiences resembled those of women; several themes identified in the data were similar to those found in previous studies of battered women (Walker, 2009). For example, male victims reported having been subjected to life-threatening violence and fearing their female partner's aggression and attempts at controlling their behaviors (Hines et al., 2007). These findings challenged the assumption that men do not experience IPV as a serious threat and supported Morse's (1995) assertion that men can experience fear in their violent relationships. The need for further systematic research in this area is clear.

Another study using the NVAWS dataset explored PTSD symptoms in male and female survivors of IPV (Coker, Weston, Creson, Justice, & Blakeney, 2005). The proportion of survivors meeting criteria for moderate to severe PTSD did not differ by gender (20% male, 24% female). Psychological abuse, assessed by measures of power and control, was just as strongly associated with PTSD as physical IPV. This raises questions and concerns for male victims of IPV, given findings that women are more likely to perpetrate psychological than physical aggression toward male partners (Hines & Saudino, 2003). Male victims of IPV may be as vulnerable to developing PTSD as women. Recurrent undermining acts, such as jealous behavior and persistent criticism, are likely to have a significant impact on the psychological outcomes of men who sustain this form of abuse. Coker et al. (2005) also found that PTSD symptoms were positively correlated with depressive symptoms in IPV survivors, consistent with other findings that PTSD and major depressive disorders are frequent comorbid conditions among those who have experienced traumatic events (Cascardi & O'Leary, 1992; Kessler, Molnar, Feurer, & Appelbaum, 2001).

Ehrensaft et al. (2006) conducted a study that used a prospective, longitudinal birth cohort design, with repeated measures of psychiatric disorder (at ages 18 and 26 years), before and after the experience of IPV. For both men and women, psychiatric disorders diagnosed at age 18 were a risk factor for subsequent involvement in "clinically abusive" relationships (defined as those involving violence resulting in physical injury and/or some involvement of outside agencies, e.g., police, shelters, or therapists; or both). However, women involved in abusive relationships were more likely than men to experience mental health problems such as depression, marijuana dependence, and in particular PTSD. Ehrensaft et al. concluded that IPV was a contributing source of psychiatric morbidity for women but not for men. Strengths of this study included the longitudinal design and the fact that men and women reported equivalent levels (e.g., frequency, duration) of abuse.

Hines (2007) carried out the first cross-cultural study specifically examining PTS in men who had sustained IPV. The aims were to examine PTS as a possible consequence of IPV in male victims and to consider whether this varied across different cultures. A sample of 3,461 men recruited from 60 different university and college sites around the world (in Europe, Asia, Canada, and the United States) completed a battery of questionnaires examining PTS, levels of hostility toward men in the

different societies, and "site-level" violence. Overall, men who had sustained more severe IPV reported more PTS symptoms, in line with previous research regarding the dose–response relationship to traumatic exposure (Marsella, Friedman, & Spain, 1996). This association varied across cultures and was stronger in sites with lower levels of violence socialization and greater levels of hostility toward men. In other words, societies in which violence was less culturally acceptable were less likely to accept men as victims of violence perpetrated by their female partners. Cautious interpretation of Hines's findings is required, particularly because of the correlational nature of the study; determining a causal relationship between IPV and PTS in men was not possible. The study also had several other methodological limitations, acknowledged by Hines, including the nonrepresentative sample and the failure to examine possible bidirectional violence between couples.

In summary, the limited evidence has suggested that male victims of IPV are at risk of developing PTS. However, the scarcity of data on male victims means that establishing accurate estimates of the degree of PTS experienced by male victims is difficult. Moreover, as discussed earlier, cultural and societal factors may influence male reporting of psychological symptoms; self-report measures may, therefore, not accurately capture the prevalence rates of PTS in men (Hamby, 2005).

Depression, Suicidal Ideation, and IPV

When considering estimates of the prevalence of depression in men after IPV, it is important to bear in mind the research findings that suggest possible underreporting of depression in men. Cochran and Rabinowitz (2000) maintained that some behaviors of depressed men (e.g., anger, alcohol abuse) might make the recognition of depression more difficult. Recent qualitative research has provided support for the idea that masculine gender-role norms might underlie difficulties that men experience in expressing depressed mood and in seeking help for depression (Chuick et al., 2009).

Follingstad, Wright, Lloyd, and Sebastian (1991) investigated gender differences in motivations for, and effects of, dating violence. This study was one of the first to delineate different types of emotional effects of partner violence and to explore gender differences in these types. These authors reported that, after physical abuse, 74% of abused men and 73% of abused women reported feeling angry; 40% of men and 57% of women reported being emotionally hurt; 35% of men and 36% of women reported experiencing sadness and depression; and 17% of men and 26% of women reported feeling shame. Because this study involved a sample of university students who were in dating relationships, the generalizability of the results was limited. However, the findings suggested that male and female victimization might have similar psychological effects.

Cascardi and O'Leary (1992) reported that abused husbands had significantly greater levels of depression than nonabused husbands, which is consistent with findings by Stets and Straus (1995) that men who had experienced IPV were significantly more likely to experience psychosomatic symptoms, stress, and depression than nonabused men. Simonelli and Ingram (1998) also found evidence for an association between IPV and depression in men. These authors reported that physical abuse predicted 37% and emotional abuse predicted 33% of the variance in depression for men. In summary, male victims of IPV appear to be at substantial risk of experiencing depression and psychological distress as a consequence of IPV (Hines & Malley-Morrison, 2001).

The association between suicidal ideation and IPV was demonstrated in a questionnaire study of 16,000 male and female university students from 21 different countries (Chan et al., 2008). Dating partner violence, perpetrating physical assault, and being a victim of physical assault were associated with high rates of suicidal ideation. Depression accounted for the relationship between dating violence and suicidal ideation. Masho and Anderson (2009) observed a similar pattern of depression and suicidal ideation in a population-based study of the prevalence and associated consequences of male sexual assault. Compared with men with no history of sexual assault, men who had been sexually assaulted were three times more likely to be depressed and two times more likely to report suicidal ideation. Worryingly, most of these men did not seek any professional help. Only 2% reported visiting a doctor and 14% had sought help from a counselor; of those who had

sought help, most did so for the physical effects that manifested from postassault stress, such as insomnia and gastrointestinal problems. Although this study focused on sexual assault, the findings suggested that men who have experienced significant trauma are at risk of depression and suicidal ideation and seldom seek help from professionals.

Coker et al. (2002), using data from the NVAWS to investigate the physical and psychological effects of IPV, reported that both physical abuse and psychological abuse were significantly associated with reported depressive symptoms for men and women. This study was the first large population-based study that provided estimates of the consequences of both physical and psychological abuse. Although this study provided a valuable contribution to the literature, some methodological caveats need to be considered. Because the research relied on self-reports of symptoms, verifying the nature and extent of the mental health difficulties was not possible, and consequently, these outcomes may have been under- or overreported. The inclusion of psychological abuse as a "stand-alone" form of abuse enabled the researchers to disentangle some of the differences between specific types of abuse. Coker et al. (2002) highlighted the fact that the association between psychological IPV and negative health or psychological outcomes was of particular relevance for male victims of IPV because men have been found to be more likely to experience psychological than physical forms of abuse.

As discussed earlier, findings from a longitudinal study of men and women (Ehrensaft et al., 2006) indicated that involvement in a clinically abusive relationship was a significant predictor for major depressive disorder in women but not in men.

IPV and Same-Sex Couples

Research has demonstrated that same-sex couples have rates of IPV similar to those of heterosexual couples (Greenwood et al., 2002). In comparison with the large literature on IPV on heterosexual relationships, however, very little is known about the problem in male same-sex relationships (Jeffries & Ball, 2008; McKenry, Serovich, Mason, & Mosack, 2006).

Toro-Alfonso and Rodriguez-Madera (2004) conducted a study with 199 Puerto Rican gay men to determine prevalence of IPV. Emotional violence in an intimate relationship was reported by 48% of the men, and physical violence was reported by 24%. It is interesting that although 48% of the participants reported that their partners were emotionally abusive toward them, few perceived this experience to constitute IPV. This could be because IPV is typically perceived as consisting of physical or sexual abuse rather than emotional abuse. A similar pattern of discounting emotional abuse as IPV has been identified in the generic literature on male victims of female abuse (Harway & O'Neil, 1999; Levant & Kopecky, 1995; Moore & Stuart, 2005), further highlighting the impact of societal and cultural expectations of masculinity on the construction of IPV.

A U.K. study by Donovan, Hester, Holmes, and McCarry (2006) compared domestic abuse in same-sex and heterosexual relationships; 1 in 5 participants who experienced IPV had sought help. They noted that this population chose to seek help through informal or private avenues rather than through voluntary or statutory sector services. The underreporting of violence was considered to likely be the result of several factors. First, as noted previously, many participants did not understand their experiences as IPV. Letellier (1994) suggested that gay men might find it difficult to view themselves as victims because it is inconsistent with prescribed notions of masculinity. Second, because of the dual stigma associated with being gay and involved in a violent relationship, many men reported reticence to raise the issue with health professionals. Finally, the few individuals who did seek help received a mixed response, reporting difficulties communicating with, and accessing, support services.

McKenry et al. (2006) advised that clinicians should be aware of a range of mental health issues for gay individuals, for example, low self-esteem and feelings of powerlessness and worthlessness. These issues may make individuals either more susceptible to perpetrating violence or more vulnerable to becoming a victim of IPV. McKenry et al. identified internalized homophobia as being linked with lower self-esteem, feelings of powerlessness, and self-destructive behaviors such as substance misuse. *Internalized homophobia* refers to the negative feelings gay men may have about themselves when they recognize their own homosexuality

in adolescence or adulthood (Herek, Cogan, Gillis, & Glunt, 1997). King et al. (2003) also found higher rates of mental health problems among gay men than among heterosexual men. Gay men were also more likely to use recreational drugs than heterosexual men (King et al., 2003). This finding is in line with Richards, Noret, and Rivers's (2003) review of violence and abuse in same-sex relationships, which concluded that depression, anxiety, low self-esteem, PTSD, shame, and guilt were consequences of IPV in same-sex couples. McKenry et al. (2006) highlighted the possible link in the gay community between IPV and the presence of HIV or HIV-risk behaviors.

Research into the psychological effects of IPV in male same-sex couples is in its infancy, even more so than research on the effects of IPV on male victims. Difficulties in determining accurate prevalence rates and overcoming methodological issues, evident in studies on heterosexual couples, are magnified in the case of research on same-sex couples. Despite this, research to date has suggested that in nature and expression, IPV in male same-sex couples appears to follow a similar pattern to that found in heterosexual relationships, with comparable psychological consequences (Richards et al., 2003).

Future Research Implications

This review has highlighted a number of gaps in the literature on the effects of IPV in men. Key areas for future research include (a) development and validation of assessment measures designed to assess outcomes of IPV in men; (b) qualitative research on men's experiences of IPV; (c) systematic studies on the effects of IPV involving psychological abuse; (d) large-scale cross-sectional studies involving appropriate comparison groups and outcome measures; and (e) studies of diverse samples of men who have experienced IPV, for example, men from ethnic minority and sexual minority groups. We consider each of these areas in this section.

Development and Validation of Assessment Measures and Techniques

Definitions and terms used need to be clarified to ensure that the terminology used adequately represents the experiences of men who have experienced physical, psychological, or sexual abuse in their intimate relationships. Few IPV outcome measures have been validated in male samples.

Development and consistent use of standardized measures would enhance comparison between studies. Measures that are more sensitive to psychological abuse should be developed to adequately assess this type of IPV. The Conflict Tactics Scale (Version 2; Straus, Hamby, McCoy, & Sugarman, 1996) has been widely used in studies of IPV. This measure does explore different types of abuse experiences and includes a specific subscale for psychological assault. However, the subscale likely does not sufficiently capture all aspects of psychological abuse experienced (Hines & Malley-Morrison, 2001).

Hamby (2005) highlighted the dearth of empirical studies on differences in men's and women's reports of violence. Given concerns about possible underreporting of IPV by men, methodological research that compares different methodologies, for example, computer-assisted self-interview techniques versus face-to-face interviews, would be valuable. In other research areas involving sensitive topics (such as adolescent sexuality and substance use) in which underreporting is an issue, the use of computer-assisted self-interview methodologies has been found to reduce response biases (Dribble, Miller, Rogers, & Turner, 1999).

Use of Internet data collection methods to reach male victims of IPV may be particularly useful because of increased confidentiality and the lack of face-to-face contact. This methodology also reduces potential demand characteristics and interviewer bias (Mustanski, 2001). Disadvantages of this method include the lack of experimental control and sampling bias toward those who have Internet access.

Qualitative Research on Men's Experiences of IPV

Focus groups with male victims of IPV could be used to help clarify definitional terms and aid the development of male-specific measures. Gaining clarity on how definitions are understood is important because the use of terms such as IPV or domestic violence may deter men who feel their experience of psychological abuse is

not reflected by these terms. H. Johnson and Sacco (1995) used focus groups with female victims of IPV before conducting the Statistics Canada Violence Against Women Survey. However, recruitment of men into focus group studies may possibly be more challenging.

Other qualitative approaches such as the interpretive phenomenological approach and grounded theory could be used to explore male experiences of IPV. This exploration would help to generate hypotheses and understanding from a male perspective and alleviate the need to draw on female-centric frameworks and models. Studies exploring the relationship between adherence to traditional masculine ideologies and IPV are also warranted.

Systematic Studies on the Effects of IPV Involving Psychological Abuse

In this review, we have underscored the need to conduct research specifically into psychological abuse against men. Studies have documented that men are more likely to experience psychological than physical abuse, which can result in depression, suicidal ideation, and other mental health difficulties (e.g., Coker et al., 2005). Chronic psychological stress associated with IPV may also increase the likelihood of other acute and chronic health conditions (Coker et al., 2005). Given the clear association between psychological abuse and negative health outcomes in men, further exploration is required to better understand this association. If men are more likely to experience psychological abuse than physical abuse, the belief systems and internal construction of their experiences are integral to our understanding of the way in which men report their experiences of IPV and the subsequent psychological effects.

Cross-Sectional Studies Involving Appropriate Comparison Groups and Outcome Measures

Large-scale cross-sectional studies would help to establish the prevalence of IPV in the male population and would build on the work of Tjaden and Theonnes (2000) and Hines (2007). Few studies have involved male-only samples, and the research on mixed-sex samples has typically involved smaller proportions of men than women. Large-scale representative samples with a longitudinal design may be advantageous for inferring causal links of the effects of IPV on male victims. These studies should incorporate a range of mental health outcomes such as depression, anxiety, and alcohol misuse.

Most previous studies have focused on internalizing symptoms, whereas men typically display externalizing symptoms in response to stressful life events (Cochran & Rabinowitz, 2000; Hines & Malley-Morrison, 2001). Measures focusing on externalizing behaviors, such as anger and alcohol misuse rather than symptoms of PTSD, may be more appropriate when studying men who have experienced IPV.

Data on the psychosocial problems experienced by male victims of IPV are particularly lacking; these problems could be investigated in both quantitative and qualitative studies. Areas of interest may include exploration of the financial, legal, and family implications of experiencing IPV as a man. Although the impact of IPV on children has not been discussed in this article, research has indicated that children are often used as a means of controlling spouses (Hines et al., 2007). Children may also witness violence in the home or be victims of violence or abuse themselves. Taking a wider systemic perspective on IPV would further inform understanding of the psychological impact of living as part of a family in which IPV occurs. More research is also needed to understand why men choose to remain in relationships characterized by IPV.

Finally, researchers need to consider using suitable comparison groups for male victims of IPV, such as comparing male victims of IPV to nonabused men, as opposed to comparisons of male and female victims of IPV.

Studies Involving More Diverse Samples of Men Who Have Experienced IPV

More than half of the studies reviewed in this article involved college or university samples. Given the high rates of IPV found among this population, research involving these samples is important, but studies using diverse samples, including clinical populations, are required to better understand the psychological differences between abused and nonabused individuals in long-term relationships.

Just as identifying as a victim of IPV may be more stigmatizing for men than for women (Hamby, 2005), men who are members of ethnic minority groups, for example, Latino men, may find it particularly difficult to disclose IPV. Studies should also explore the experiences of ethnic minority men who have sex with men. These populations show evidence of heightened sexual risk taking (Sandfort & Dodge, 2008), and investigating whether IPV may also be more prevalent in these groups of men is important.

Studies examining the psychological outcomes after IPV in male same-sex couples have indicated that their experiences are similar to those of heterosexual men. However, this area is still in need of further research, with few data on the psychological effects of IPV in this population.

Conclusions

The purpose of this review was to examine the evidence on male experiences of IPV. Several studies have reported that men experience significant psychological symptoms as a result of IPV. In particular, associations have been found between IPV and PTS (Dansky et al., 1999; Hines, 2007; Hines et al., 2007), depression (Cascardi & O'Leary, 1992), and suicidal ideation (Chan et al., 2008). Research into the specific effects of IPV on male victims is, however, in its infancy. To date, the literature has focused on prevalence and outcome studies. Significantly, with the increase of research from the family violence perspective, the understanding of IPV has displayed a cultural shift and a growing acceptance that men and women may be both perpetrators and victims of IPV.

In this review, we have identified several methodological issues in previous research and provided some priority areas for future research. The lack of knowledge and understanding of how to adequately reach and support the male victims of IPV is a pertinent issue for clinicians and researchers. Given the increased vulnerability of male victims of IPV to depression and suicide, it is therefore imperative that research reflects the seriousness and extent of the difficulties that face this population. Social and cultural shifts to reduce the stigma associated with being a victim of IPV (which may be particularly marked for men) are needed to move this area forward. Although this process is likely to be slow, several recent studies have provided the impetus for and highlighted the importance of more systematic work in this area. Increased understanding of the complex, multifaceted processes and effects of IPV on male victims is vital to the development of services and support systems for this population.

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