Health Problems of Partner Violence Victims

Comparing Help-Seeking Men to a Population-Based Sample

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Background: National population-based studies show that 40%–50% of physical partner violence victims in a 1-year time period are men. However, studies assessing the health concerns related to partner violence victimization tend to focus on women, and none have assessed the health of male physical partner violence victims who sought help for their victimization.

Purpose: To understand men's mental and physical health concerns that may be related to partner violence victimization.

Methods: In 2012–2013, two samples of men—611 physical partner violence victims who sought help and 1,601 men from a population-based sample—completed online questionnaires on their demographics, various types of partner violence victimization, physical health, mental health, and other risks. Data were analyzed using logistic regression, log binomial models, and robust Poisson models in 2013.

Results: In comparison to the population-based sample of men, male partner violence victims who sought help had significantly poorer health, particularly with regard to post-traumatic stress disorder, depression, high blood pressure, sexually transmitted diseases, and asthma. These differences remained after controlling for sample differences in demographics, substance use, previous traumatic exposure, and social support.

Conclusions: Practitioners should assess for health problems among partner violence victims and for partner violence victimization among men presenting with health problems.
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Introduction

Information regarding partner violence (PV) by women toward men in the U.S. comes from several sources, including the National Family Violence Survey (NFVS)[1]; National Violence Against Women Survey (NVAWS)[2]; and the National Intimate Partner and Sexual Violence Survey,[3] which show that within any given year, 40%–50% of all physical PV victims are men. The NFVS gives the highest estimates of PV against both genders. Within a given year, 9.5% of men experience minor assault (e.g., slapping), whereas 4.5% experience severe assault (e.g., beating up) from a female partner.[4] Because large numbers of men sustain PV in a given year, it is important to understand the health concerns of male victims. The current study compares the health of a sample of help-seeking male physical PV victims to a population-based sample of men.

PV victimization may be related to health through several mechanisms. Certain health conditions may directly result from PV; other health conditions may result from maladaptive coping in response to PV victimization, and still others may be associated with a biological response to the stresses of experiencing PV.[5] Although both genders are PV victims, most studies on PV victims' health concerns focus on female victims of physical PV in comparison to female non-victims. Community studies of female victims show that they have poorer mental health than non-victims[6–9] and are at increased risk for depression,[10–12] anxiety,[10] sleep problems,[10] and post-traumatic stress disorder (PTSD).[12] They are more likely to engage in risky health behaviors: smoking,[8,9] alcohol abuse,[12,13] and drug abuse.[12,14] Studies show a range of physical health problems for female victims in comparison to non-victims: poor overall

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health,[6,9,14–17] functional disability,[6,7,10,16] cardiovascular problems,[13,15] respiratory infections,[11,15] asthma,[13] and sexually transmitted diseases (STDs).[6,9,13,18]

Some college-, community-, and population-based studies have evaluated PV-related health problems for both genders.[13,14,16,17,19–23] NVAWS analyses show that for both genders, PV victimization correlates with depressive symptoms, chronic mental illness, and drug abuse.[16,17] NVAWS data also show that in comparison to non-victims, male victims have poorer overall health[14,17] and more functional disabilities.[16] Other population-based samples show that in comparison to non-victims, male PV victims have higher rates of smoking,[13] alcohol abuse,[13] depressive symptoms,[23] STDs,[18] functional disabilities,[13] and asthma,[13] as well as poorer overall health.[18] Community-based[24] and college student[19–21,25] studies show that in addition to alcohol abuse,[19] depressive symptoms,[20,21,24] and poorer overall health,[24] male PV victims have more anxiety[20] and PTSD symptoms[25] in comparison to non-victims.

The aforementioned studies used only convenience and population-based samples, which have relatively low rates (~4%) of severe PV.[1] Research[26] shows that health problems for female severe PV victims are exponentially worse than for minor PV victims; this may also be true of men, although there is little research on male severe PV victims. Recently, studies[27–29] emerged with sizeable samples of male severe PV victims of all forms (physical, psychological, and sexual). These findings, combined with high rates of PTSD, suggest that male severe PV victims have experiences similar to women in shelter samples. In fact, one study[30] of men showed that 2.1% of non-PV victims evidenced PTSD, 8.2% of minor PV victims did, and 57.9% of severe PV victims did. Thus, it is likely that in comparison to a population-based sample, additional health concerns would be exponentially worse among a sample of male severe PV victims.

The purpose of the current study is to evaluate the health of a sample of men who have sustained female-perpetrated physical PV and sought help (i.e., help-seeking sample), compared with a population-based sample of men. The hypothesis is that men in the help-seeking sample have poorer health than men in the population-based sample.

Methods

Participants and Procedure

In 2012–2013, two samples of men were recruited: a help-seeking sample of physical PV victims and a population-based sample. For both, men had to speak English, live in the U.S., and be aged 18–59 years to be eligible; they also had to have been involved in an intimate relationship with a woman lasting at least 1 month in their lifetimes. Additionally, to be eligible for the help-seeking sample, men had to have sustained a physical assault from their female partner at some point in their relationship, and they had to have sought assistance for their partner's violence from a doctor or dentist, mental health professional, domestic violence agency or hotline, websites on PV against men, lawyer, police, clergy, family, or friend.

To recruit the help-seeking sample (n=611), advertisements were posted on the study's research webpage and webpages of agencies that specialize in male PV victims, men's health, fathers' issues, and divorced men's issues. Announcements were e-mailed to researchers and practitioners who registered for an e-mailing list through the research webpage. The advertisement stated that the researchers were conducting "a study on men who experienced aggression from their girlfriends, wives, or female partners," and provided a link to the anonymous online questionnaire. After consent (N=1,150), the next two survey pages contained questions assessing for the above screening criteria. Men who were eligible (n=837) were allowed to continue. Men who were not eligible were thanked and redirected to an exit page. Table 1 displays demographics of the 611 eligible men who completed the survey.

Knowledge Networks (KN), a survey research firm, collected data from a population-based sample of 1,601 men. KN offers an Internet research panel representative of the U.S. population. Panel members are chosen through an intensive, list-assisted random-digit-dial methodology, supplemented by traditional mailing address–based sampling. They are invited to participate in the web panel, and those who agree (~56%) are enrolled. Those who do not have Internet access are sent an Internet appliance and provided with Internet access. When they complete surveys, participants receive points to exchange for prizes.

To increase the likelihood of panel members' participation in our study, KN provided extra points and sent reminder e-mails three times during the month of data collection. KN sent an e-mail to male panel members aged 18–59 years, informing them about a study on how well men and women get along, and men's health. Of the 3,536 men invited to participate, 2,174 (61.5%) entered the survey; 90% consented, and of those who consented, 82.5% were eligible. Seventeen eligible men did not complete the survey. Table 1 displays the final sample's demographics.

The methods for this study were approved by the IRBs. All participants were apprised of their rights. Men in the help-seeking sample participated anonymously. Men in the population-based sample participated confidentially. At the completion of the survey, participants were given information about obtaining help for PV victimization or psychological distress, and how to delete their web-browser history.

Measures

Men reported their age, race/ethnicity, personal income, education, height, and weight. Race/ethnicity was assessed because the granting agency mandated reporting of racial/ethnic recruitment. Men provided information on the current status of their relationship; length of their relationship with their female partners; how long ago the relationship ended (if applicable); and whether they parented minor children with their partner.

Men completed 32 items from the Revised Conflict Tactics Scales (CTS2)[31] to assess psychological, physical, and sexual