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Why Boys and Men Do Not Report Mental or Physical Abuse

Retha Stewart
Walden University

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Walden University

College of Social and Behavioral Sciences

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Retha Stewart

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Review Committee

Dr. Jana Price-Sharps, Committee Chairperson, Psychology Faculty

Dr. Scott Gfeller, Committee Member, Psychology Faculty

Dr. Victoria Latifses, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Why Boys and Men Do Not Report Mental or Physical Abuse

by

Retha Stewart

MA, Everest University, 2011

BS, Columbia Union College, 1989

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

May 2021

Abstract

The focus of this study was on males who have experienced intimate partner violence. Abused men experience unique stressors that include societal minimization of the problem. This qualitative study examined the perceptions of abused men regarding mental health services and whether their attitudes about services have changed over time. Participants were men over the age of 18 who had previously been involved in a relationship where they were the victims of domestic violence. Six male participants who experienced abuse were interviewed. Upon the completion of the interviews, the process of phenomenological reduction aided in the recognition of the feelings and experiences of male victims of abuse in relation to mental health support options and in the identification of themes that detailed their experiences (Marshall & Rossman, 2011). They acknowledged that the stigma associated with males being victims of domestic violence was a primary reason for their reticence to reach out for help or seek mental health services. Over time they felt like their mental health was slowly improving and they had a more favorable view of mental health services. The participants noted that they felt like no one would believe them and that there still are not enough services for men who are victims of domestic violence. A benefit for positive social change from this study is to increase awareness of IPV of males by female or male partners, shedding light on the debilitating effects of the abuse and how the abuse might affect relationships with this male population. Awareness of IPV in the male population may influence the implementation of appropriate programs and support systems that men healing from abuse and potential traumas associated with IPV may need.

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Dedication

This journey would not have been possible without the support of my family, professor's, mentors, and friends. I would like to acknowledge my family thanking you for encouraging me in all of my pursuits and inspiring me to follow my dreams. My husband Delbert (Dell) Stewart II, who thought I read too many books. My children, Andre', Danielle, Miguel, and Derrick, with whom I am very proud of their achievements. My grandchildren: Jay'La, Maurice, and Jordyn. Their love and sacrifice have carried and encouraged me throughout my years of work. My parents Leonard and Nellie Monroe (deceased) who set the path and asked me to take this journey encouraging me to follow my dreams, teaching me "the sky is the limit and beyond." My sister Andrea and her daughter A'ndrea,

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Chapter 1: Introduction to the Study

Introduction

History has reported socially, and politically domestic violence (DV) as most often occurring against female partners. Koonin et al., (2002) argued that the idea of female abusers of men remain largely unrecognized. It has been difficult to show that men can be victims of domestic abuse, and therefore research and the media often revert to focusing on male on female abuse. Subsequently, there is limited information on or attention to developing programs or interventions for female offenders or male victims.

Men victimized by physical or sexual abuse perpetrated by women or men often feel invisible (Campbell, 2010). Therefore, the abuse may be underreported, but the violence still exists, according to the Centers for Disease Control and Prevention (CDC; 2014). For years, stories of women who have been victims of mental or physical abuse have been reported daily, according to the National Domestic Violence Hotline (n.d.). However, the experiences of some abused men remain unheard Koonin et al., (2002).

Hilton et al. (2014) noted that over fourteen years ago women were becoming increasingly more violent against men, indicating there has been an increase in women being arrested. The First U.S. National Family Violence Survey of 1975 described women to be as violent as men (Ferreira & Buttell, 2017). Penn (2014) also noted that sexual abuse of men has increased, even in the military. In many of these cases, the perpetrator seems to be free from criminal charges.

There are many questions that remain about DV as well as about programs developed to address intimate partner violence (IPV) of men against women (Hilton et al

(2014). However, with the increase of violence of women on men reported, It has been suggested that female batterers should be treated the same as male batterers (Hilton et al (2014). According to Ferreira and Buttell, (2017), violence initiated by women has been downplayed and portrayed as engaging in less serious violence or self-defense, which demonstrates gender-biased reporting. In other words, women have been more credible reporting violence they have suffered at the hands of a man than a man who reported suffering violence at the hands of a woman.

This first chapter provides an overview of the research beginning with the background of DV against men. Next, I discuss the problem statement and the purpose of the study. I outline the research questions and hypotheses and address the theoretical framework, linking attachment theory to this research study. Further, I explore the nature of the study, definitions, assumptions, scope and delimitations, limitations, and the significance of the study.

Background

The 1970s and 1980s showed an increase in the recognition of IPV by a male perpetrator against females (Bair-Merritt et al., 2010). However, Bair-Merritt et al. (2010) recognized there is a shortage of information regarding female perpetrators involving a male as a victim. Male victims can be looked upon as being victimized no less than twice in their lives, once by the actual perpetrator and secondly by society that refuses to acknowledge a man as a victim of IPV. The gap in the research that I addressed in this study is there are numerous facilities, programs, counseling services, and other services available for women who are victims of abuse. However, men who have suffered from

the same violence are often overlooked and typically do not have access to these same services. Therefore, the gap in the literature is that very little information is known about men who are victims of abuse, why they do not report abuse, and how they feel about the lack of services currently offered for male victims.

Men who encounter sexual, physical, or DV may not seek assistance or feel it is okay to report the incident(s) and receive services because of the perceived stigmas attached to men being victims of IPV (Lewis et al., 2017). Lewis et al. (2017) described the characteristics of an intimate partner offender as possibly having a strong association with depression, stress, and hostility-aggression. Further, Allegri et al. (2007) studied the profiling of female perpetrators in IPV and the implications for treatment, examining the context, consequences, and motive for aggression. Women committing IPV were considered more likely to have previous criminal violations requiring conditional or community supervision, more likely to have experiences with weapons, and more likely to make homicidal threats against their intimate partners (Allegri et al., 2007).

Military Background

O'Brien et al. (2015) described military sexual trauma-related posttraumatic stress disorder (PTSD) and sexual assault that occurs during military service as a focus of attention over the past several years. Many survivors of military sexual assault were determined to be men, even though most of the literature focuses on the assault of female service members (O'Brien et al. 2015). The sexual assault of men, especially when this assault occurs in a military context, indicates that more attention is needed to understand

the impact of the military culture on male survivors of military sexual assault (O'Brien et al. 2015)

Ashley et al. 7(2017) found men working in the military who are abused need counseling and emotional support. Ashley et al (2017) also found that reports of male victims of sexual assault in the military has increased over the years and suggested that clinical applications and future research coupled with further training should increase knowledge about how physical or sexual abuse can take a toll on the victim. The stress of the assault on the male victim may possibly cause physical injury that could include multiple organ failures, gastrointestinal problems, neurological (brain or cognitive) issues, and PTSD (Ashley et al. 2017).

Lamothe (2015) noted that male on male sexual assault is being largely overlooked in the military. Due to the reluctance of the military to address this sensitive issue, there is a lack of training and support for the male sexual assault victims in the military. Men who are victims of IPV may experience more stress, anxiety, aggression, and PTSD when exposed to additional terrifying events that are seen or witnessed (Lamothe, 2015). Researchers have found that men who are victims of child abuse may be more likely to have lifelong struggles with interpersonal relationships, which may lead to IPV struggles later in life (Fairweather & Kinder, 2013). The way a child interprets and perceives their childhood experiences of physical or mental abuse could cause feelings such as unworthiness and being unwanted (Ashley et al., 2017). These feelings may cause anxiety and aggression in adult relationships (Muller et al., 2012). This study

addressed the need for increased processing and reporting of sexual IPV against men by either women or men.

Problem Statement

Society may find it difficult to understand that men may be victims of relationship violence. Male victims may feel ostracized because society may not accept that men can be victims of relationship violence. Male victims of physical or sexual abuse perpetrated by women or men may feel invisible (Campbell, 2010).

Males who have been abused often refuse to report the violence (CDC, 2014). Therefore, abused men may feel unheard or unimportant. It is also likely that the projected numbers are incorrect because this abuse is typically underreported (Casteel et al., 2018). The CDC (2014) has found that one in seven men are abused by women or men, with one in ten experiencing rape. Hilton et al., (2014) compared women and men arrested for DV. They found that when men reported DV, often no arrest was made and no intervention provided. The CDC noted that there was little to no research on the characteristics of the few women who were arrested for partner assault (CDC, 2014).

Compulsions, uneasiness, threatening hostility, PTSD, and/or OCD experienced by women or men may have a possible impact on relationships in intimate partner abuse. Earlier decades have shown a significant number of women reform movements that did not include men as victims (Shahrestani, 2017). This societal trend may leave men feeling isolated and reluctant to talk or report the abuse experienced, triggering a man to become overly self-critical (Shahrestani, 2017). In medical, legal, victim, and mental health arenas spearheaded the development of the first rape crisis center in the 1970s

(Ebrahimzaden, 2017). Research has shown young men including military personnel who have been victims of abuse do not discuss the abuse with other young men because of embarrassment and shame. Over time, male victims of IPV may start thinking the abuse they had been experiencing was normal (Karakurt & Silver, 2013).

Hines et al., (2007) noted that the data on male victims and callers to the help lines need updating and revision as male victims of IPV may be increasing. Women may not cite self-defense as a thought process for their viciousness against their male partner (Shahrestani, 2017). However, outrage, envy, striking back for passionate harm, and efforts to dominate and control may become the focus of the female when abusing their male partners (Shahrestani, 2017).

Purpose of the Study

The purpose of this qualitative research study was to explore how male victims of IPV feel about asking for assistance and reporting being abused by their female partners. Matthews et al., (2018) found even though there is not a lot of information on male victims of abuse, men believe their victimization is not taken seriously and that their female or male perpetrator may lack consequences.

Research Questions

The principle question answered in this research was: What are the major concerns of men who are victims of IPV? The research questions were:

RQ1: How do male victims of IPV view their situation?

RQ2: How do male victims of IPV view their ability to request assistance?

RQ3: What barriers do men see when disclosing IPV against them?

RQ4: How do male victims of sexual or DV (including military personnel) view their situation when the violence is perpetrated by a female?

RQ5: How do male victims of IPV view their legal rights when reporting IPV?

Theoretical Framework

The theoretical framework for this study was attachment theory, which focuses on how attachments play a role in early development. Early attachments to a loved one can impact an individual's use of sexual, physical, or mental abuse with an intimate partner (Bowlby, 1973). Bowlby (1973) has found many men who have been traumatized or rejected see themselves as weak and therefore may resort to committing a criminal act resulting from dysfunctional features of psychopathological behaviors as a defensive stance.

Further, an insecure attachment can affect a child's perception and development when they get older and move into adult relationships and the roles they have in those relationships (Bowlby, 1973). Research suggests that mental health providers are noticing signs of women's violence and aggressive and disruptive behaviors toward men as early as adolescence (Kilpatrick, 1996). Adults who display abusive behaviors are identified through various legal venues, beginning in early education and daycare, at the entry to kindergarten, and in schools and mental health centers (Johnson et al., 2012). (Karakurt & Silver, 2013). The abuser's power is used in classifying and clarifying human intentions motivating empowerment for dominance.

Nature of the Study

Creswell (2014) has identified qualitative research as scholarly inquiry that relies on text and image data, analysis, and diverse designs for educating readers. This qualitative study examined male victims of IPV, how the violence impacts them, and their thoughts about requesting assistance.

I used semi structured interview questions in this study. Participants were obtained by procuring permission from individual male victims after recruiting them through local agencies who provide services to men who are victims of IPV. I gained permission from abused individuals who are open about their abuse by contacting facility providers such as controlled living accommodations, group homes, and other state-approved places that house abused men. I recorded structured and semi structured interviews with permission from the men who were victims of IPV.

Definitions

These terms are defined as they are used throughout this research study.

Attachment: An extremely strong emotional bond between persons over a period of a lifetime (Ainsworth, 1972; Bowlby, 1969).

Domestic violence (DV) and intimate partner violence (IPV): The expression of physical, mental, sexual, or other abusive behaviors as a systemic pattern of power and control by one individual over another (National Coalition Against Domestic Violence, 2016).

Male victimization: Victimization of a male in which consent for sexual activity is not obtained or freely given (Stemple & Meyer, 2014).

Physical abuse: Behavior that can include threats and possible employment of a weapon such as a knife, gun, blunt object, or hands. Hitting with the hand resulting in bruising or severe pain is considered physical abuse (Reiff et al., 2011).

Masculinity theory: The dominant position of men in society justifies the subordination of women and marginalizes ways of being a man (McGinley & Cooper, 2013).

Female perpetrator of intimate partner violence: Stets and Straus (1990) described IPV perpetrated by women against men, or another person as not always initiated by a response to violence they have experienced from their partner. IPV is also referred to as DV by the Federal Bureau of Investigation (2015). These are crimes in the United States as one partner asserts power and control over another via sexual, physical, psychological, economic, or verbal abuse (Hegarty et al., 2000).

Gender-based bias: Any act that results in unequal treatment of female by males or males by females. This may be a harmful act that is perpetrated against a person or threats of such acts or coercion or arbitrary deprivation of liberty, which is based on socially associated differences between men and women (O'Toole et al., 2007).

Assumptions

Participants candidly answered questions. The information gained from this study will be useful to professionals in the field who are working with male victims of IPV. I assumed that this population of men would be capable of understanding and answering the questions honestly, candidly, and to the best of their judgment. I preserved anonymity and confidentiality.

Scope and Delimitations

This study was interpretive phenomenological in design, looking at lived experiences, narratives spoken, and written in the manner described by Creswell (2004). I gathered data through the collection of the story and experiences of men who were currently or in the past had a history of being in an IPV relationship regarding how they felt about their rights, ability to get help, and consequences of asking for help. Participants in this study were men who may have reported abuse by their female or male partner and who chose to talk about their history of abuse. Secondly, I used a self-reporting survey allowing the participants to reflect on personal life experiences with IPV. It was possible that not all participants who agreed to participate were completely forthcoming in their disclosures during their interview.

Limitations

This study was focused on adult males who had been victimized by female or male partners. Although I interviewed men who had endured IPV, it does not mean that their experiences adequately address the concerns of other men who have had similar experiences. The participants for this study were drawn from individuals residing in the United States and therefore the findings of this study may not adequately represent the entire population of men abused in IPV. Secondly, the size of the population was limited to five participants recruited from organizations that provide services to males.

I recognized that this is a delicate subject, which may have impacted the willingness of the participants to be completely candid. Issues of disclosure might have played a factor if participants do not feel safe or comfortable admitting to their

experiences of abuse. Retrospective reports of childhood abuse may have been subject to changes in memories over the years. Participants were self-selected on a volunteer basis. Results were dependent upon assumed honesty and commitment of participants to complete the measures accordingly. These limitations were addressed by assuring participants that all identifying information will be kept confidential.

Significance

The study may increase the understanding of how men view IPV and, more specifically, how male victims of abuse view men who have experienced IPV. Society seems to view male victims of IPV differently than female victims who have been victims of IPV. Women are often perceived as the victim of sexual or mental abuse, making it appear that they are the only ones who suffer from such trauma (Quina & Brown, 2007). This study may increase the understanding of male victims of IPV and their attitudes about reporting IPV.

Understanding potential connections between adult attachment and male victimization among men who report a history of abuse may contribute to bringing adequate awareness to concerns of the male population that may not have been previously identified. Varying organizations may consider providing effective intervention by assisting these individuals in managing relationship problems associated with abuse and trauma. Based on past research, it would be expected that research results reported by the female population with a history of abuse such as PTSD, depression, impaired relationships, and anxiety disorders (Kraftcheck et al., 2007) would be reported by men who have been abused. However, a lack of research on psychiatric outcomes in

men who have been abused make it difficult to determine whether similarities or disparities between genders regarding psychopathology in adult attachment exist.

Sexual trauma is considered a phenomenon related to gender (Quina & Brown, 2007), which means that women are often perceived to be the sole victims of sexual abuse. Men who have experienced IPV may regard themselves as weak, and they may act out criminally and engage in risky behaviors as a defense against being seen as vulnerable. There is a possibility that there are higher rates of trauma among men than are known or reported (Quina & Brown, 2007). Men are less likely than women to report disclosure of childhood physical and sexual abuse (O'Leary et al., 2010). There is a gap in the literature on how men with experiences of IPV are treated differently than women who are victims of IPV in terms of reporting and services.

A benefit for positive social change from this study is that increasing awareness of IPV of males by female or male partners can shed light on the debilitating effects of the abuse and how the abuse might affect relationships with this male population. Awareness of IPV in the male population may influence the implementation of appropriate programs and support systems that men healing from abuse and potential traumas associated with IPV may need. This study may also assist with identifying underlying life interruptions that resulted from IPV. It may also draw attention to and increase the understanding of the barriers to intervention and treatment that exist for men who are victims of IPV.

Summary

Recent literature has not adequately addressed the effects of various forms of trauma on male victims. Men who have experienced sexual, physical, or mental trauma during childhood may experience attachment problems that later lead to unhealthy relationships in adulthood with either female or male perpetrators of violence. Many researchers have recognized that insecure attachments formed during childhood due to abuse are associated with issues of trust, hostility, emotional lability, and lack of intimacy in adulthood (Buckley, 2013). Whitaker et al. (2011) found through their research that an important connection exists between childhood abuse and problems in adult relationships. Men who reported a history of abuse were more likely to have insecure attachments in adulthood. Whitaker et al. (2011) found that as a result of their insecurity, many men who experienced childhood abuse perceived themselves as being weak, which they believed contributed to aggressive behaviors and poor coping skills.

This study may increase knowledge about how male victims of abuse view their abuse and why they do or do not ask for help. Although the results of this study will not necessarily lead to support services or interventions, they may allow for a better understanding of the men's concerns to aid professionals in developing services that address the male victims' needs.

Chapter 2 includes a review of relevant and applicable data and research to provide an in-depth discussion of the effects of IPV. In Chapter 3 I discuss the research methods employed for this study including interviews with male victims, research design

and approach, sample, data analysis and collection procedures, instruments used, and appropriate measures taken to protect participants' rights and well-being.

Chapter 2

Literature Review

Introduction

Psychologists and mental health professionals acknowledge social, psychological health, and other physical risks associated with trauma, which, in turn, may result in aggression by those who were abused (see Karakurt & Silver, 2013). Male victims of physical, mental, verbal, or sexual IPV are rarely treated as victims by the legal system (Karakurt & Silver, 2013). Historically, IPV is assumed to be against female partners, with the perpetrator being a man. Kooning et al. (2002) argued that the idea of females abusing males is seldom addressed by researchers and broader culture. This hidden issue can lead to conversation bias when it comes to female-on-male abuse if the conversation is always reverting to male-on-female abuse (Karakurt & Silver, 2013). Consequently, there is limited information or attention given when it comes to developing programs or interventions for female offenders and male victims.

DV is known as unwanted mental, physical, or sexual acts against another person, no matter the age, race, gender, or sexual orientation of the victim or the perpetrator, punishable as a felony or misdemeanor (Alejo, 2014). The mental and emotional effects of juvenile abuse in adulthood have been studied at great lengths. Little research has focused only on the male victims of sexual and psychological abuse where the female is the perpetrator. There is a significant number of men who are victims of female-perpetrated violence (Perryman & Appleton, 2016), but because men are reluctant to report their abuse perpetrated by their female partner, it is difficult to determine which

findings could be generalized to the male population (O'Leary et al., 2010). Some studies have found a vast number of males' experience physical and sexual abuse but are much less likely to divulge any incidents of abuse (O'Leary et al., 2010).

Men who experienced abuse sexually and physically throughout their life felt suicidal behaviors 10 times more often than did those who did not report a past of childhood sexual abuse (O'Leary and Gould, 2009). A study led by Muller et al. (2012) determined the role of attachment in the associations between childhood abuse and adult symptomology in their adult relationships. In their research population of 82% female and 18% males, Muller et al. found attachment style was a common factor between childhood abuse and adult symptomology using a small sample of male participants. The National Intimate Partner and Sexual Violence Survey led by Black et al. (2011) found that roughly 1 in 5 females and nearly 1 in 7 males who reported rape, mental or physical violence, and/or stalking had experienced some form of IPV in childhood or adolescence, with the first instances between the ages of 11 and 17 years. Research conducted by Walker et al. (2009) found that childhood sexual abuse contributed to challenging dynamics for adult romantic relationships later in life.

In short, many studies have looked at the outcomes of childhood abuse on adult relationships. However, these studies included a small sample of male participants and a sizeable sample of females. From this history of disproportionate research, generalizations can be made to the female population about how such abuse influences their attachment styles and the quality of their adult relationships, but the samples of males were too small to make definite conclusions (Tilbrook et al., 2010). The purpose of

this qualitative research was to obtain understanding of some individual experiences of male victims of IPV by a female perpetrator and the relationship between adult attachment and relationship satisfaction. I also looked at the awareness of the mental, emotional, and physical impact of abuse on male victims. I sought to identify relationship satisfaction and adult attachment styles for males abused in childhood and how the violence has impacted their current relationships.

This chapter begins with a description of the literature search strategy. Then, I present the theoretical foundation, which consists of a review of the literature on Bowlby's (1973) attachment theory, followed by a review of studies investigating male childhood physical/sexual abuse, child abuse and its effects, relationship satisfaction and dynamics, and adult attachment. The chapter concludes with a summary of research related to the choice of the research method.

Literature Search Strategy

To obtain articles and books relevant to this study, I conducted searches through various online library databases accessed through Walden University's library, including Academic Search Premier, PsycARTICLES, PsycEXTRA, PsycINFO, ProQuest Digital Dissertations, and Google Scholar. I also searched websites related to male victims of sexual, physical, and mental abuse. In addition to database and website searches, the literature search included seminal texts obtained through library searches and retailers. The search was specific to adult males who have a history of physical, mental, verbal, and sexual abuse. Key search terms included *childhood abuse*, *attachment*, *attachment styles*, *insecure attachment*, *unresolved attachment*, *physical abuse*, *sexual abuse*,

trauma, relationship satisfaction, interpersonal relationship, romantic relationship, males, males not reporting the abuse, childhood abuse, relationship satisfaction and attachment, female perpetrators of abuse, and insecure attachment.

The publication dates for reviewed literature were between 1969 and 2019. Older works discussed were relevant to establishing background on the topic of attachment theory; childhood abuse; male victims of sexual, mental, and physical violence perpetrated by females; and instrument development found in historical, theoretical work. Out of approximately 175 articles reviewed, I used 110 as sources for this study. Articles and book chapters were included if they met criteria for one of the keywords used, fit adequately into the topic, seemed to provide the most recent and relevant information on the subject, and previously referred to the fundamental concepts of the theoretical framework.

Theoretical Foundation

Attachment Theory

The theoretical framework for exploring the connection between childhood abuse and adult attachment was based on attachment theory proposed by Bowlby. Bowlby (1973) posited that people are biologically inclined to develop close bonds with other people who may be abusive. Bowlby (1982) asserted that the bond between a child and their attachment figure is adaptive to their survival, decreasing the child's risk of harm or danger. Based on experiences of this early attachment in childhood, attachment theory predicts whether an adult will view their adult relationships as consistent, reliable, erratic, or absent based on daily interactions. For example, according to Bowlby (1973), the

absence of maternal affection, consistency, and attachment in childhood could lead to aggressiveness, dependency, anxiety, and intellectual retardation, struggling in the adjustment of social conditions, a lack of emotional countenance, delinquency, and depression in children and later as adults.

Attachments are a biologically driven relationship where the need for comfort, safety, and nurturance is wanted, needed, and obtained (Zilberstein, 2016). Attachments of abuse are formed early in life, may be determined by the severity of the abusive act, loss of housing stability, the relationship to the abuser, and any social support, and depend on the age at which the abuse began (Muenzenmaier et al., 2010). Janey (2017) identified four categories of childhood experiences as they relate to attachment theory. Anxious-preoccupied attachment is when a child grows up without their needs met, and as they mature into adulthood, these individuals seek love, but their partners may find their love as needy. Passive avoidant attachment is when an individual lacks the need for validation of their love relationship. Fearful-avoidant attachment is when an individual is afraid of getting close to a partner for fear of being hurt. Lastly, secure attachment is where a child grows up feeling loved and safe throughout their childhood and adolescence, translating into positive relationships as an adult (Janey, 2017).

The attachment system in childhood is triggered when a child is afraid, hurt, sick, or tired. Attachment-seeking behaviors are then observed through crying, clinging, and following to obtain contact with an attachment figure (Bartholomew et al., 2001). Successful care and attention to the child's need for proximity and comfort will provide a sense of security, thereby relieving the child's anxiety and distinguishing attachment

behaviors (Bartholomew et al., 2001). Repeated experiences of soothing, protection, nurturance, and attunement from the caregiver provide the child an opportunity to internalize a sense of safety that ultimately becomes a secure base to explore the world with confidence (Zilberstein & Messer, 2010). This success is called the *safe-haven* function of attachment relationships and constitutes a secure attachment (Bartholomew et al., 2001; Zilberstein & Messer, 2010). Attachments, as described by Zilberstein and Messer (2010), typically develop early and manifest by 6 or 7 months of age based on how the child's caregiver responds to their distress.

Adult attachment theory has revealed a correlation between witnessing and experiencing abuse as a child reaching beyond childhood into adulthood, leading to IPV in an adult relationship (Godbout et al., 2017). A failure to obtain consistent support from an attachment figure may result, according to Mikulincer and Shaver (2012), in difficulties acquiring the social skills necessary for avoiding problems in interpersonal relationships. A victim's posttraumatic symptomology of stress as a result of an attachment may interrupt an individual's, social, emotional, and cognitive functions (Courtois & Ford, 2013).

Economic Perspective

The economic perspective is leaving the victim without finances, by financially making them dependent upon another individual, and in the case of DV their perpetrator. Abusing the victim to a point where it affects the victim's employment which would also affect their household (Crossman, 2019). The National Coalition Against Domestic Violence (2016) describes half of DV victims lose their job. Stealing from the victim,

harassing the victim at work, school, or anywhere and with this abuse it does not always stop with verbal abuse but could include physical or sexually when they can not account for monies taken.

Feminist Perspective

Feminist Theorist believe women and girls promote superiority of women over men (Crossman, 2019). There is a shift of assumptions and analytic lens where the focus is pulled away from a man's point of view and experiences toward that of a woman (Crossman, 2019). A show of inequality of the sexes and obtaining the same rights as men dating back to the late 18th century. Today feminism has been about breaking tradition, however, society is still having issues with a female as a perpetrator of violent acts, especially toward men.

Conflict Thought

Conflict thought describe society as a whole in competition for varying resources as identified by Carl Marx (1818 – 1883) made up of different groups and class of people (Crossman, 2019). Furthermore, conflict is viewed as change, change that could facilitate contradictions in ongoing dialectic. Perpetual conflict is found to hold social order as being maintained by domination, power, rather than conformity and consensus (Chappelow, 2019).

Intimate Partner Violence and Social Structural Conditions of Attachment

In 2014, Rakovec-Felser posited that there were a few helpful perspectives to use when addressing IPV as well as Bowlby's (1973) describing it is kept in mind people have an innate need to develop close bonds and connections of attachments with others:

emotional perspective, feminist perspective, and conflict theory of thoughts. The use of the conflict and feminist perspectives aids a researcher or practitioner in identifying social structural conditions within the family and society, and the social learning or the understanding of conflict can assist in identifying family interactions that foster IPV and abuse (Rakovec-Felser, 2014). According to Fontes & Plummer (2010), males who have experienced childhood trauma throughout adolescence may find it difficult to express their trauma or hardship when reporting to authorities.

A framework may be applied to estimations about the relationships between childhood abuse and later attachments in adulthood, resulting in IPV (Godbout et al., 2017). The research on males with histories of child abuse and attachment with female perpetrators of IPV may intellectualize the problems experienced (Godbout et al., 2017). Therefore, addressing and directing further male victimization and assistance programs need development (Eleoquist et al., 2014). Romantic love may be conceptualized as an attachment process with results possibly leaning toward IPV (Godbout et al., 2017).

Violence attributed to female perpetrators, as compared to male perpetrators, is perceived by Elmquist et al., (2014) as less severe. This gendered perception of violence results in different responses for prevention and treatment (see Elmquist et al., 2014). Different genders found that the influence of attachment is an essential step in addressing male victimization in IPV (Elmquist et al., 2014). Female involvement in IPV is often attributed to multiple causes in the framework needed to examine attachment and interrelationships for varying perpetrators or victim groups (Elmquist et al., 2014).

Literature Review Related to Key Variables

In this section, I will review the existing literature on male victims of abuse in childhood and its effects, as well as its effects concerning an attachment in adulthood and relationship satisfaction. Attachment theory in adulthood and its effects on relationship satisfaction, relationship dynamics and the lack of legal resources creates reluctance and may cause secrets and silence as it affects a man's feelings when it comes to thinking about their masculinity, jeopardized. This doctoral research is about male victims of IPV; I sought to identify research previously conducted on variables related to this issue.

Sexual, physical, mental, and verbal abuse throughout childhood creates feelings of depression and anxiety and results in unhealthy attachments in adulthood (Janey, 2017). Basic needs are believed to be physiological needs of safety, comprised of belongingness, love, self-fulfillment, and self-actualization (Kenrick, Neuberg, Griskevicius, Becker, & Schaller, 2010). Therefore, when basic needs are not met, an abused child may experience feelings of dismissiveness, creating an atmosphere of rejection (Kenrick et al., 2010). A lack of feeling safe in the relationship creates a lack of validation or love and closeness may cause an individual have feelings of insecurity and safety (Janey, 2017).

Masculinity

The traits of masculinity, such as violence, aggression, social, or sexual prowess, have often been referred to as being toxic and have led to further discussions of what is masculine (Clemons, 2017), opening the door to explore the cultural idea of everything manly. Discussing traits of a man as being toxic is not meant to demonize the attributes

of a man but bring about discussion of the effect that may harm the definition of what society may define or refer to as a traditional man. In other words, the strength of a women's prowess and brutality may show a man to be emotionally vulnerable, and appear to an outsider as being weak or having feminine traits, leaving them open to be being shamed, thus, losing their status of being what society refers to as being a man's man (Clemons, 2017).

In 2012, Clay explained that boys and men are defined by society to be leaders and conform to the definition, which emphasizes stoicism, toughness, self-reliance, and acquisitiveness. Leading society to believe males and females who either experience abuse or witness violent acts perpetrated in their childhood may be more likely to become involved in IPV as an adult, therefore, it may be surmised that either genders who are aggressive and emotionally stunted may not realize how they may harm their children, partners, their selves, and in some cases, the community they live and work (Clay, 2012). Culture and organizations define what is not feminine as characterized by the behavior, practices, values, and language; such attitudes are associated and known as masculinity (Itulua-Abumere, 2013). Further describing masculine behavior is not just a biological predisposition or genetic coding. An un-masculine individual is thought to have little aggression, interest in sports, or conquest involving another individual, exhibiting an attitude of being peaceable and not domineering (Itulua-Abumere, 2013).

Organizations such as churches, boy scouts, individual political and social institutions, along with parents, peers, and media, all judge men by gender stereotype associated (Itulua-Abumere, 2013). The gender essentialism placed in the minds of

children at an early age before they have the ability to question societies ideas of masculinity, and feminine, was exemplified in a nursery rhyme by Robert Southey in 1842 about what boys' are made of: "Slugs and snails and puppy dog tails and little girls made from sugar and spice and all things nice" (Southey, 1820).

Society has emphasized repeatedly that when boys start playing sports, whether it is competitive or not; they are not just learning how to play the game but are entering an organized institution (Messner, 1992). Itulua-Abumere (2013) explained that, at birth, we are not fixed biologically, thus not born with any sense of identity other than genitalia. Still, as time continues, we work through a sense of belonging even though belonging is not an automatic process, and most men's performance of masculinity is essential to a community of men. Further explanation of gender stereotypes underline a child's environment, in particular, the prevalence of comments about young people's appearance at school (Burnage, 2018), After birth is the time boys and men actions, the reading of sports magazines, play apart in the role(s) in the gender identification of masculinity is formed and written like a performance of life, a stage set and a script to follow for life (Bandura, 1973).

Male victims of abuse experience fear of the negative perception of being a victim, raising disbelief, self-blame and doubt when there is a need of support after going through IPV/DV (Davis et al, 2018). The reluctance of men to report sexual, physical, and mental abuse is fueled by a male's fear of intimidation and create self-doubt (Davis et al, 2018). The portrayal of masculinity in our society depicts boys or men as being strong and incapable of becoming victims, resulting in a problematic belief that boys

must always demonstrate emotional fortitude and repress emotions or weakness (Lotterhos, 2015). Fontes & Plummer (2010) found that men who had experienced childhood trauma throughout adolescence expressed difficulty in voicing their trauma or hardship when reporting to legal and professional authorities seeking assistance.

Attachment: Childhood Abuse

Specialists have discovered that an interface between adolescent encounters of hostility and abuse is behind the defining factors and brutality in adulthood, referred to as intergenerational transmission of violence (Rakovec-Felser, 2014). A significant part of such a process is learning through witnessing the abuse. A socially learned hypothesis proposes that a youngster not only learns how to submit to viciousness but also learns about viciousness when he or she sees it rewarded (Rakovec-Felser, 2014).

Trauma experienced by male victims of abuse throughout childhood could lead these individuals to become a perpetrator or a victim of IPV (Bancroft & Sillverman, 2012). Different investigations have supported the idea that growing up with aggression in the home increases the probability of being a perpetrator of IPV (Bancroft & Sillverman, 2012). Fifteen percent of male victims are less likely to obtain medical care when they fell victim to physical or sexual abuse because of their embarrassment, leaving the incidence of IPV to go underreported to the police or hospital, leaving Huecker and Smock (2019) to believe these victims may have experienced or witnessed abuse and learned to not speak about it or report the incidence.

Childhood abuse and relationship satisfaction, according to Hinstiff (2018), have some women in their relations experience relationship avoidance of intimacy engage in

multiple sexual partners, experience insomnia, and stress has been found in some cases resulting from hormonal imbalances, affecting neurological and physical changes. Male victims of abuse throughout childhood into adulthood experience strong attachments to their caregiver or partner because of perceived fear of loss, stress, or further physical, psychological, mental, verbal, economic or sexual abuse as an adult (Hinstiff, 2018). An unhealthy practice of attachments may result in the victim of abuse in struggling with feelings of trust, shame, mental health, physical illness, depression, anxiety, and stress in a relationship (Hinstiff, 2018). Stress as described by Kimber et al., (2018) from IPV influences psychological health outcomes.

Domestic Violence /Intimate Partner Violence

DV is defined by Rakovec-Felser (2014) as any abuse or violence perpetrated upon another individual, whether it's sexual, physical, verbal, economic, or mental. DV and IPV is a problem that affects any gender, threatening any adults that are partners, relatives, or ex-partners (Elmquist et al., 2014). Sexual aggression psychological and physical acts threaten an individual's power dynamics and affect an individual's human rights, which may cause public health problems that could affect all ages (Sager & Hans, 2018). Generally, men are looked upon as perpetrators of violence and women as the victim (Morgan & Wells, 2016). However, it is not uncommon for women to be perpetrators of DV and IPV with men as the victim (Morgan & Wells, 2016). For years, the idea of women as a perpetrator of IPV was virtually unheard of; however, Hines and Douglas (2009) found evidence that women have perpetrated IPV against their male partners since at least the 1970s. Furthermore, Morgan and Wells (2016) described men

being deeply affected when they experience IPV by their female partner and not taken seriously when they talk about reporting the abuse. Men often experience dismay as they witness how society views them as a victim: female abusers have been able to use societies bias definition and refuse to look at woman as a perpetrator instead of always being a victim.

The violence that involves a boyfriend and girlfriend, husband, and wife, lesbian or gay, parents, children, elderly and siblings, can happen in each one of these types of relationships. An understanding should be prevalent across all lines, that DV is a violation of a person's human rights and can cause harm or damage a person's well-being or the health of a victim (Huntley et al., 2019). Muchlenhard and Kimes (1999) discussed that the history of DV was something that happened with strangers. However, Bergen (1998) and Loscke (1989) were under the belief open conversation, laws, and organizations of DV and IPV didn't exist until thirty years ago, especially in terms of date rape, rape, wife rape, wife-beating, and violence during the dating relationship.

Domestic Violence and Intimate Partner Violence History

In 1962, Kempe et al., published "The Battered-Child Syndrome" a supportive editorial after which child abuse laws were passed to protect the innocent while noting other areas of violence were not addressed until the 1970s and 1980s. The originally enacted Violence Against Women Act (VAWA) of 1994 originally focused on female victims of abuse, however, it was amended and reauthorized in 2013 to include and exclude discrimination on the basis of gender or sexual orientation (Stiles, Ortiz & Keene, 2017). Stress, depression, IPV are issues offered by VAWA regardless of race,

creed or gender or gender orientation (Modi et al, 2014). The drawback with the services rendered are the limitations and lack of understanding of trauma and abuse experienced by males and the impact of feeling victimized again by the lack of the services offered to them (Stiles, Ortiz & Keene, 2917).

Harm of Domestic Violence and Intimate Partner Violence

Incidents of IPV harm an individual's social, health, and economic outcome (Black et al., 2011). Black et al., (2011) explained that IPV, whether physical, sexual, or mental, has an even more significant negative effect on reproductive health. IPV has been associated with premature births, unsupervised abortions and lower birth rates, depression, HIV, alcohol, and drug abuse (Black et al., 2011). When there is violence present there are many deterrents in human development, such as less education and lower job status, which may lead to a form of poverty where an individual's health is also impacted (Black et al., 2011). Violence at a young age, having multiple sexual partners, and a lack of control and attitudes with an intimate partner have been demonstrated as factors leading toward IPV (Black et al., 2011).

The Federal Bureau of Investigation (FBI) (2015) estimated DV crime was approximately twenty-five percent of violent crimes in 2015. According to the National Violence against Women Survey (NVAW), approximately 1.8 million women and 1 million men in 1955 were sexually or physically assaulted by an intimate partner. Twelve percent of men each year are targets of IPV of physical aggression by their female partners (Hines & Douglas, 2009).

A perpetrator of DV alternates between apologetic behavior, violent and abusive behavior according to with a halfhearted promise to never do it again (Rakevec-Felser, 2018). Social problems associated with IPV is prejudiced by voices of diversity in the last three decades are from underreported groups (Muchlenhard & Kimes, (1999). However, when a person defines their selves as a victim, they may feel their self-esteem is threatened, and thus feelings of helplessness will sink in increasing their vulnerability heightened (Rakevec-Felser, 2018).

Hines and Douglas (2010) argued that one of the barriers for male perpetrators seeking help in the DV system is that they have difficulty acknowledging a female as a perpetrator. However, studies have shown that women do use violence. Hines and Douglas (2010) found that women were just as likely to throw an object, bite, hit with a car or use a weapon. This showed there is no difference between genders when it comes to slapping, stabbing, pinching, knifed, cutting and bruises, loss of teeth or breaking a bone. Hines and Douglas (2010) argued that there was not a difference in perpetration by either gender in substance abuse or the types of substance used at the time of their arrest.

Victimization

The term victimization is perceived to have begun in 1947 by Benjamin Mendelsohn as described in a study of victims of crime, post-World War II, to explain crime. Mendelsohn was interested in the causes of crimes or the etiology of victimization, and how the criminal justice system assists the victims of crime. Hans Von Hentig (Brooks, 1949) also described victimization as being derived and implemented by depressed malicious, young, and old female tormented and feeling blocked. Some women

feel as if they must fight or defend their selves, contributing to their victimization because of their behavior and actions, aiming to attempt placing blame and assign guilt (Felson & Steadman, 1983).

Victimization is described in the literature as retaliation (Felson & Steadman, 1983). Retaliations are looked upon as the element for violence and revenge and the motive for the use of force (Felson & Steadman, 1983). Violence is seen as the model for conflict management that is used in a society having little or no formal law (Black, 1983). Female or male perpetrators often respond to violence received look at it as a crime of retaliation, justly using their retaliation as being justified and a right of reprisal (Fattah, 2000).

Victimization, whether perceived as being real to a victim, direct, or secondhand, is sensed as a motivation and justification for offending (Fattah, 2000). This motivation can transform the victim into a ruthless victimizer allowing the victim to feel they are righting the wrong they had experienced. When a victim sees this behavior as the only recourse of retaliation, they see their actions as justified and their punishment by the legal system as unwarranted and unjust (Fattah, 2000).

Marvin E. Wolfgang (1958) reported at that time perpetrators and victims had a prior relationship, an increase in arguments in a relationship which could have but not exclusively including alcohol. All or which Wolfgang (1958) surmised drinking excessive amounts of alcohol has contributed to twenty-six percent of homicides. Fattah (2000) describes drives, relation responses attributes, and intervention may cause counter attitudes of perpetrators consciously or unconsciously, motivating their actions to

victimize. The criminal justice system, according to Wemmer (2017), often fails to recognize a victim as a person before the law, even though a victim rights are human rights.

Victims Motivation

The motivation for victimization perpetrated by women, according to Elmquist et al., (2014), uses IVP in self-defense in thirty-six percent of the time and twenty-four percent of it stemming from their anger being out of control. However, Elmquist et al., (2014) found that the perpetration was more psychological because of their proposed state of stress, depression, and unhappiness. When it came to their partners and lack of intimacy, associated not only sexually but feelings of not having the attention from their partner, the perpetrator felt IVP was the only way to gain attention be heard. Storey, Metzger, and Conelius (2010), described there were many similarities, mental, emotional, verbal and sexually with both genders feeling they must retaliate when they feel wronged by their partner as the reasons for IPV.

IPV was not any different, according to Harned (2001), in the identification of the motives between a man and a woman. Both males and females often reported perpetration as self-defense by aggression (Harned, 2001). Women reported their motives were retaliation and anger on their male partner to gain control or as retribution (Langhinrich-Rohling, McCullars & Misra (2012). However, Malloy et al., (2003) noted that female perpetration was reported as self-defense, and a male's perpetration was due to their wanting control. Malloy et al., (2003) further recognized men and women's

motives were similar, both having difficulty communicating, with negative emotions expressed.

In 2010, Varley Thorton, Graham-Kevan, and Archer described the motivations and actions perpetrated by females more than men, as psychologically motivated and increased by varying personality disorders and displayed by compulsive disorders, histrionics and possible narcissistic, antisocial behaviors. A man's psychological disorder was stemming from schizoid or paranoid thoughts (Varley Thorton, Graham-Kevan & Archer, 2010). Therefore, it is possible either gender believes certain motives are more acceptable than another when reporting their IPV (Elmquist et al., 2014). Motives of IPV perpetrated by females, according to Elmquist et al., (2014) goes unreported more than perpetration or victimization by males.

Attachment: Relationship Dynamics

Miluliner and Shaver (2007) describe memories experienced and beliefs about another's availability and responsiveness at a time they are distressed in a close relationship. When a male adult is identified as being distressed, they are believed to have an attachment behavior (Collins & Feeney, 2013) with their partner. Attachments are formed when a friend or intimate partner provides the basic need, such as support and protection, including the partner's availability to the proposed victim, which provides encouragement of personal goals (Buckley, 2013). Holland and Roisman (2010) found the quality of the relationship while dating predicted the depth of the person's secure attachment.

When an attachment figure's behavior becomes frightening, threatening, neglectful, or physically abusive, a child is likely to become an insecure adult (Widom et al., 2018). Childhood abuse, often at the hands of an attachment figure, is presented in some cases during dating or close friend relationships, in the form of sexual assault or aggression, emotional assault, and re-victimization (Lassri et al., (2018). There is a belief that individuals who experience maltreatment, stress, anxiety, and abuse throughout their lifespan, form attitudes, beliefs, stress, and expectation in their future relationships (Lassri et al., (2018).

Fear of Reporting

Male victims, according to Weinberger (2015) who experience abuse, undergo feelings of anxiety, self-doubt, and loathing before reaching out for assistance. Fear of retaliation from their abuser and the lack of resources and laws in place for male victims is often the reasons a man won't consider allowing others to get involved (Weinberger, 2015). Society is not ready to accept females as a perpetrator of abuse; females are only seen as victims (Bancroft & Sillverman, 2012). Weinberger (2015) advises victims to keep a log of the abuses, including any cuts, bruises, and any medical care needed, starting from the first attack.

There is growing evidence linking childhood abuse and inattentive experiences to violence perpetration in adolescence and adulthood (Rakovec-Felser, 2014). According to Rakovec-Felser (2014), a limited description of IPV and examination of how distinct profiles of maltreatment specifically relate to different forms of violence perpetration. Many studies of the maltreatment-to-perpetration links looked at single forms of

adulthood aggression, such as mental, physical, verbal, and sexual violence or IPV, which places long-term violence outcomes in psychosocial functioning (Rakovec-Felser, 2014).

Men who are abused by a female perpetrator may fear losing custody of their children, not having a place to live, possible professional repercussions (Hogan, 2016). Rollè et al (2018) found that violence experienced in the heterosexual community is similar in the same-sex community. However, same-sex violence lacks reporting because of the myths and fears that have obstructed open discussions.

Nondisclosure and Fears

Many male victims of IPV feel as though they have nowhere to turn. This is because there is a lack of shelters for male victims of IPV, it is difficult to seek help, and conversations with organizations that for all purposes intended are very few (Weinberger, 2015). Websites and shelters also use female names, sending a message that men are not welcome, even if they may serve some men (Weinberger, 2015). The lack of shelters, resources, information, organizations, conversation, and the fear of reticence of male victims also contributes to the fear of reporting the abuse (Weinberger, 2015). The advice of Weinberger (2015) to all victims, especially males, is to keep a log of the abuses, cuts, bruises, and any form of medical care sought.

Huntley et al., 2019 agreed with Weinberger, esq., 2015, barriers and fears of shame and diminished self-worth upon disclosure of abuse may be looked upon as, a challenge to their masculinity and commitment to their relationship. Another fear perceived when disclosing their IPV or DV is not having a place to go, fear of

discrimination, lack of police support, gender biases, and fear the abuse will escalate after a formal intervention (Blagg, 2008; Meyer, 2011; Stewart, 2001). Professional and financial imparts a buildup of their family, especially if there are children involved (Huntley et al., 2019).

Intimate Partner Violence: Same-Sex

Men who experience IPV by another man are thought to experience the abuse more than with a female partner, approximately twenty-five percent (Huecker & Smock, 2019). Same sex abuse is difficult to identify according to Huecker and Smock (2019), with heterosexual abuse occurring at a rate of thirty- five percent, sixty percent bisexual women, while noting the incidence of same sex abuse findings for men is slightly lower. However, there are still some men who fear being “outed” as being gay when their preference was to keep their sexual orientation private (Weinberger, 2015). The perception of men both straight and gay as a victim was further discussed, according to Barton (2018) when he witnessed a Judge’s outward opinion in a courtroom of a male victim as being unassertive, placid and weak, making a man fear(s) increase reprisals in court.

Although the incidence of same sex, i.e., male on male IPV, is a little lower, Huecker, 2019 found there were common findings by perpetrators of abuse in the sense they may try to control their partner. Therefore, their partner may feel threatened to make the sexual preferences public and have some of the same social group of friends reacting distant (Huecker, 2019). The lesbian, bisexual, and gay (LBG) community found more difficult outcomes when it came to IPV than the heterosexual population (Perales &

Todd, 2018). It is crossing different life domains, whether it is mental, physical, employment, subjective wellbeing, poverty, social, exclusion, homelessness, and physical health (Perales & Todd, 2018).

Rodriguez (2018) describes that IPV between same-sex couples is nearly the same as women by 25% to 30 %, showing that it is sometimes linked to homophobia. They further mention if same-sex partners struggle with their identity and feelings of inadequacy emotionally and physically (Rodriguez, 2018). Predicting the DV system is only geared to assist battered women with men as the abuser (Rodriguez, 2018). Therefore, the addition of training, assessments, standards, and guidelines to mental health providers may lead to a more positive outcome improving a victim's treatment, well-being, and satisfaction.

Legalities

Law enforcement personnel must be educated and updated on State and Federal Laws governing their particular municipalities concerning IPV and DV (Huecker & Smock, 2019). Law enforcement according to Huecker and Smock, domestic and intimate violence cases if detailed medical records and documentation, recordings whether they are a video or verbal and pictures be kept, to prove the abusive behavior from the partner or acquaintance. Therefore, describing threats actionable by law enforcement requires corroborating evidence mentioned, including text messages, phone records, and third-party witnesses (Huecker & Smock, 2019). Human rights apply to everyone no matter, the age, gender, race, or religion should be safe from harm while

ensuring their policies in place ensure any information obtained or shared remains private (Huecker & Smock, 2019).

Continued fears men experience if they talk about being abused by another male to officials is often followed by disdain from law enforcement male victims of abuse when the abused man attempts to place an official complaint and not seen as being serious (Barton, 2018). Dr. Jessica McCarrick, et al (2016) a Senior Lecturer in Counselling in Psychology and Chartered psychologist at Teesside University in the UK, found that negative experiences and trauma of abuse from the criminal justice system because they are unable to see men as a victim are treated as if they are the guilty party and dismissed as a victim. Key issues engaged with the law in the legal process is how the victim weighs what has happened to them, and if they can provide collaborative information (Walklate, Fitz-Gibbon & McCulloch, 2018). Robinson et al., (2016), describe how society and police in general perceive physical violence, as opposed to psychological abuse, as a criminal. North American mandatory arrest policies, according to Chesney-Lind (2006), describe an increase in the arrest of females for their use of fighting back, raising the profile of a male as a victim.

In several states, the ability to issue and obtain a restraining order restricting contact between the abused and abuser is often a remedy legally from the courts and is available regardless of gender (Weinberger, 2015). Thirty-seven states apply gender-free language protecting same-sex victims in relationships and male and female victims (Weinberger, 2015). Thusly, even though you don't need an attorney, advocates and

some organizations suggest an attorney be obtained in an IPV or DV case, especially if a restraining order is necessary (Weinberger, 2015).

Domestic Violence Acknowledged

Between the age of thirteen and eighteen, one in seven males will be abused by either a female or males, with one in ten experiencing rape (CDC, 2014). Female victims information demonstrated that females could be as vicious or show even more violent acts than males: 21.6 percent of violence toward males reported, 28.7 percent of violence was toward female, (Rakovec-Felser, 2014), noting many studies in the past were based only on female's reports. Brooks et al., (2017) describe how a male victim of IPV affects the development of new policies toward male victims, because society trivializes a male as a victim, while only wanting to identify women as a victim and not a perpetrator.

Victimization Strengths and Weakness

A male's victimization might be thwarted with feelings of retaliation from their abuser if they were to go to the police. Weinberger (2015) state that there are weaknesses often experienced by male victims that include: (a) fear of the police not seeing a woman as an abuser, (b) DV and abusive behavior laws are stacked against males, (c) if males were to seek help they are considered weak, and (d) if the male is thought to be gay the abuse may bring attention to them which leaves them to feel very anxious and experience decreased self-esteem (see Weinberger, Esq., 2015). The strength behind a male victim's reporting is the recognition they need help and seek advice. DV advocates and counselors are trained to respond to questions they are not comfortable answering and can help them recognize by being open and honest about what has been happening in their life or

relationship. They can also assist the male victim in obtaining a restraining order if deemed necessary (Weinberger, Esq., 2015).

Summary and Conclusions

Victimizations and trauma of males throughout their childhood include but was not exclusive to isolation, intimidation, coercion/threats, use of children, victim-blaming, and emotional, physical, mental, sexual, verbal, and financial abuse made them feel reporting would be a waste of their time and embarrassing (Morgan and Wells, 2016). Researchers surmised there might be some difficulty in the association between IPV and attachment in childhood victimization and perpetration in adulthood (Morgan & Wells, 2016). Researchers surmised there might be some difficulty in the association between IPV and attachment in childhood victimization and perpetration in adulthood (Morgan & Wells, 2016).

There have been some descriptions of male victimization witnessed as well as experienced a sensitive conversation because of the idea they may experience being ostracized, resulting in becoming a revictimized. This studies attempt is to reduce the gap in the research by using a phenomenological study of male victims of IPV perpetrated by females, and societies stereotype of males as being strong, macho, and able to take care of their selves allowing the issue(s) of abuse unaddressed and comical to some (Godbout et al., 2017). Acts of dismissiveness might lead the way to the non-reporting of the IPV by a male, their peers, authority figures, and society (Godbout et al., 2017).

There may not be a significant difference in gender perpetration of IPV by women; however, further study needs to be ensured because the services for women

differ significantly from a man's. A problem needs to be explored by men, when they encounter the criminal justice and social service system as an IPV victim. Male victims may overcome what could be considered internal barriers; they still battle the external barriers of the inability to locate resources and resistance by providers of IPV and women who say they only help female victims.

Historically IPV was framed as one where females were victims. However, the motives behind perpetration, victimization need further research and study. Conversations of a male victim need to take place, allowing male victims to reach out and openly go to shelters, support groups, or organizations. This study will attempt to respond to the gap in the literature between early childhood exposure to violence, female perpetration of IPV against a male, IPV as an adult, attachment theory, common barriers to non-reporting of IPV, Chapter 3 will discuss the research methods employed for this study, including interviews with male victims, research design and approach, sample, data analysis and collection procedures, instruments used, and appropriate measures are taken to protect participants' rights and well-being.

Chapter 3: Research Method

Introduction

The specific methods and procedures used for conducting this research project are discussed in the body of this chapter. The purpose of this qualitative research study was to explore how male victims of IPV feel about asking for assistance and reporting being abused by their female or same-sex partners. This study was focused primarily on how violence affects male victims because the abusive acts perpetrated against male victims are understudied (Karakurt & Silver, 2013). I anticipated that the outcome of this study would raise awareness of the problem and encourage the development of local programs to treat male victims of sexual and psychological violence. Matthews et al. (2018) found that even though there is not much information on male victims of abuse, men believe their victimization is not taken seriously and that their female or male perpetrator may lack consequences.

In short, many studies have looked at the outcomes of childhood abuse on adult relationships. However, these studies included a small sample of male participants and a sizeable sample of females. From this history of disproportionate research, generalizations can be made to the female population about how such abuse influences their attachment styles and the quality of their adult relationships (Tilbrook et al., 2010). Still, the samples of males were too small to make definite conclusions (Tilbrook et al., 2010). The purpose of this qualitative research was to obtain an understanding of some individual experiences of male victims of IPV by a female perpetrator and the relationship between adult attachment and relationship satisfaction. In this study I sought

not only to identify relationship satisfaction and adult attachment styles among males abused in childhood but also to suggest clinical implications for appropriate interventions with this population.

Chapter 3 consists of the following sections: (a) research design and rationale, (b) role of the researcher, (c) methodology, (d) issues of trustworthiness, and (e) summary. The research questions were associated with the studies' focus and its connection to the problem statement. The explanation of the research design and research questions justifies the patterns for this study. A description of the population sampling method and explanation of participant inclusion follows with the rationale for the number of participants for this study. Procedures for the recruiting begin with data collection and strategies used and data collected for the study with follow-ups. I explain credibility, conformability, transferability, and dependability.

I also explain the qualitative research tools and rationale for the tools selected. I discuss how I controlled any biases that may have been in any of the tools used in implementation, organizational strategies used in the analysis, and data collected. I address the limitations of the study as well as the ethical standards involving the participants, including any possible biases. I explain recruitment strategies, consent forms used to ensure participant confidentiality, and Institutional Review Board (IRB) permissions granted for this study followed by a Chapter 3 summary.

Research Questions

The study was guided by the five principal questions related to the purpose of the study.

RQ1: How do male victims of IPV view their situation?

RQ2: How do male victims of IPV view their ability to request assistance?

RQ3: What barriers do men see when disclosing IPV against them?

RQ4: How do male victims of sexual or DV (including military personnel) view their situation when the violence is perpetrated by a female?

RQ5: How do male victims of IPV view their legal rights when reporting IPV?

Research Design and Rationale

Research Paradigm

The philosophical assumptions associated with this qualitative study were developed based upon the premise of the study's theoretical framework for exploring the connection between childhood abuse and adult attachment based on the attachment theory proposed by Bowlby (1969). There are some in society who believe people are biologically inclined to develop close bonds with an adult or attachment figure as a child leaning toward the need to be adaptive as an adult for their perceived survival. This qualitative research study is posited in identifying any social structural conditions within the family and society, and the social learning perspective can assist in identifying family interactions that foster IPV and abuse as an adult. In the study I explored how male victims of IPV feel about asking for assistance and reporting being abused by their female or same-sex partners. This study was focused primarily on how IPV affects male victims.

The nature of this qualitative study will address male's attachment with female perpetrators of IPV intellectualizing the problems experienced while addressing and

directing further research on male victimization and barriers for seeking help or self-reporting the abuse to authorities. Violence attributed to female perpetrators, as compared to male perpetrators, is perceived as less severe, and this gendered perception of violence results in different responses for prevention and treatment. I explain how I used viable research with a phenomenological approach to understand the views of the male victims of IPV or DV and female perpetrators. Keeping focus on male victims' perceptions, ethical guidelines and attachments in adulthood and its effects on relationship satisfaction, relationship dynamics and the lack of legal resources creating reluctance. Secrets and silence as it effects a man's feelings when it comes to thinking about his masculinity, being jeopardized.

Methodology

This qualitative research process involves an inquiry that explores human or social problems (Creswell, 2007). In this study I investigated the experiences of male victims of abuse perpetrated by a female or male intimate partner. For this qualitative study I used a phenomenological approach that encompassed a critical, interpretive, and naturalistic methodology (see Marshall & Rossman, 2014). Qualitative research is a procedure that (a) is shaped in a characteristic setting, (b) involves investigative strategies that maintain moral regard for the participants, and (c) relevant closeness (Marshall and Rossman, 2014). The sample consisted of males who self-identified as experiencing mental, physical, and sexual abuse perpetrated by their intimate partner. The study showed that such men may feel manipulated and ignored by society and the legal system when seeking assistance after reporting abuse. A goal of this study was to learn how

victims who have experienced abuse feel when their abuser controls them through isolation, loss of family support, and the economic impact of the loss of a job. The differences they felt because they were men and intimidated when considering seeking help and counseling when reporting to police.

Rationale for Method

The subject of male victimization continues to remain a conversation of adversarial conflict, especially when the subject of conflict is abuse perpetrated by a female. In this study I attempted to identify and understand experiences of men who experienced IPV and the extent to which violence experienced in youth contributed to the adult decision to not report the abuse or seek the help of friends, counselors or legal authorities.

I used an interpretative phenomenological approach (see Morgan & Wells, 2016). The population was six male victims of male IPV; through semi structured interviews and a DV questionnaire I sought to reveal their principles, opinions, beliefs, and reasoning regarding past and present events of abuse as well as the obstacles the men felt that they faced. The qualitative approach allowed me to focus on specifics of how gender affects the reporting of the abuse experiences. Using the phenomenological design, I focused in part on the decisions of the men regarding nondisclosure and disclosure of their experiences while remaining ethically compliant.

Role of the Researcher

The purpose of the qualitative research, either explicitly or implicitly, allows explanation of the role of the researcher(s), the stages of research, and the method of data

analysis (Astalin, 2013). As the researcher I will explore how effects of early childhood abuse may affect the male abused in their adulthood by a female or male perpetrator. Preparation will be used to analyze in-depth interviews with five to seven men over the age of 18 who had been in an intimate relationship previously or presently in life and experienced sexual abuse as a child. The men who agree to participate in the research, will largely be prompted through their trip where society does not recognize the sexual abuse of males by a female or male perpetrator. An application submitted to Walden University's Forensic Psychology IRB with the assistance of my dissertation chair. Upon approval I recruited my participants.

The criterion/a on which participants will be selected will be based on the use of structured, and semi structured questions, in-depth and open-ended interviews, observations, surveys and emails sent to various mental health organizations, and any organizations that serve male survivors of IPV. Practitioners and any abused males who are willing to self-identify and seek help through various groups, internet, support groups, and/or willing to talk about their experiences may be included. The methodological plan is to use a series of questions which address the purpose of this research and explore how it all interrelates and connects. (Morse & Richards, 2007). In-person inquiries of participants that are willing to self-identify their selves as having been abused as a child or as an adult from their intimate partner or acquaintance and fear silenced voices. An audio recording of the interviews and a research journal will be used to record reflections, ideas, and thoughts about possible connections among the data and participants.

Obtaining a greater understanding of how the participants address the problem or issues faced.

Participants will be identified through emails, interviews, and any practicing, mental health practitioners, Veteran Affairs (VA), abuse hotlines and organizations who are identified to have experienced victimization as a child and continues throughout adulthood in the form of IPV. This process will continue with further screening for inclusion and those who do not will be omitted. To ensure continued privacy the interviews will be conducted in a secured private office or private office to ensure privacy and confidentiality. At the end of the study the participants will be given information about obtaining help for their IPV victimization.

NVIVO10 software in coding data analysis and management process (Rubin & Rubin, 2012) will be used. The software is known to be used to interrogate key words for similarity with manually coded categories and themes. According to Saldana (2016, p. 109), “NVIVO clarifies how the code views and actions are processed as it’s analyzed for the treatment of the victims treated.” Coding will assist the author’s ability to analyze the transcription program or SPSS will be used.

Issues of Trustworthiness

Issues of Trustworthiness involves four key components: credibility, transferability, dependability, and confirmability and will be followed. Since qualitative researchers do not use instruments with established metrics about validity and reliability as noted in a quantitative study, it is pertinent to address how qualitative researchers establish that the research study’s findings are credible, transferable, confirmable, and

dependable (Connelly, 2016). Vagle (2014) describes there are times when there are threats to a phenomenological studies trustworthiness such as: a) too shallow of a view of participants, b) leading the participants responses, c) bias in interpretation, d) not enough data collected, e) reading more into the data collected rather than letting the data speak for itself.

One of the ways I will make sure credibility and transferability are upheld is to make sure those interviewed the experience(s) to discuss the phenomenon the researcher seeks (Kornbluh, 2015). Establishing confirmability may lessen any biases when collecting data which may be contrary to any personal beliefs and distribute it in an unbiased way. I will prepare and transcribe the information given and interviews manually to code which should give a deeper understanding of the interview content and participant intent. The use of memos will continue to assist is remaining accountable to the emerged theory as it will aid consistent reflection during the research process. Charmaz (2006) describes having a constant comparative analysis is critical in establishing the credibility to the theories which emerge from the data collected highlighting the codes and categories that are developing the theory.

Creswell (2003) suggests eight validation strategies to establish credibility, triangulation, saturation, reflexivity, and peer review transferability (external validity) which involve: a) having confidence with participants, b) learning the culture, c) checking any misinformation that may stem any distortions introduced through the researcher or informants, d) disseminating what is salient to the study, relevant to the

study, and of focus. According to Yin (2015) the research must be accessible in order to aid trustworthiness.

Ethical Procedure

Prior to the research study acquiring any agreements to gain access to participants from all organizations will be obtained. Ethical decisions will be threaded throughout the study. Informed consent forms of each participant prior to any interviews will be obtained and placed into an Appendix. The letter of informed consent will follow U.S. Federal guidelines, as outlined by Frankfort-Nachmias and Nachmias (2008) which will include explanation of procedures, description of risk, description any reasonable benefits, any procedures, and instruction on how to withdraw from the research freely.

While working with individual participants, respecting them individually, without bias or stereotyping or using labels, and especially taking care to use their name(s) they choose to be called, their language, while taking care to follow guidelines such as those found in the *Publication Manual of the American Psychological Association* (APA, 2010) for nondiscriminatory language. Institutional permission from Walden University, including IRB approval, was obtained and provided (IRB approval number 10-21-20-0622305). Provide documentation to the IRB, using and adhering to Principle A (APA, 2010): Beneficence and Non-maleficence: respecting the rights and privacy of all participants. I will not put them at risk, thus will withdraw if felt they are at risk. Principle C (APA, 2010) maintain the utmost integrity maintaining transparency and honesty, avoiding deception. I will obtain written consent after explaining the process to

the participants. Protecting their anonymity, and Principle E (APA, 2010) maintaining confidentiality.

When carrying out the research, present information about the purpose of the study to participants, informing the participants about any possible and potential risks of taking part in the research. Addressing any ethical concerns related to recruitment materials and processes and a plan to address them. At the conclusion of acquiring information and data the participants will be given information, and guidelines to prevent any traumatic experiences felt after the conclusion. Destruction of any and all notes and recording material will be erased after 5 years following final approval by the research committee, minimizing any future risk related to confidentiality.

Summary

The goal of Chapter 3 is to outline the research method used to answer the aforementioned research questions. I will look at a variety of factors answering the questions of how and why the participants felt and interacted the way they did. Influencing the participants perspectives which may lead to the depth, not breadth of their lived experiences and how when looking at the wide perspectives may lead to providing clarity to the research study. This study will be encompassing a wide perspective before the data collection will begin. My plan is to look at a variety of factors that may influence the research participants perspective and look at these perspectives as it provides clarity to the research study. A discussion of the procedure, participants, data collected, interview questions will outline the specifics of how the study conducted and who

participate. The goal of Chapter 4 will be to provide the study results and demonstrate that the methodology described in Chapter 3 will be followed.

Chapter 4: Results

Introduction

The purpose of this qualitative research study was to explore how male victims of IPV felt about asking for assistance and reporting being abused by their female or same-sex partners. I interviewed six male victims who experienced IPV perpetrated by a female or male intimate partner. In this study, I used one-on-one interviews with decisively selected participants to gather data related to their experiences to address the research questions.

RQ1: How do male victims of IPV view their situation?

RQ2: How do male victims of IPV view their ability to request assistance?

RQ3: What barriers do men see when disclosing IPV against them?

RQ4: How do male victims of sexual or DV (including military personnel) view their situation when the violence is perpetrated by a female?

RQ5: How do male victims of IPV view their legal rights when reporting IPV?

This study was designed to gain insight into the experiences and beliefs of victims of physical or mental abuse and the resultant stress and anxiety throughout their lifespan. The abuse experience informed their attitudes, beliefs, and expectations in their future relationships, allowing them to be vulnerable to victimization. Male victims of perception of violence results in different responses. Prevention and treatment of services may influence their amenability to personal interventions and whether they would recommend such services to other victims and advocate for them with departmental agencies. An abuse victim's level of acceptance of mental health services will affect the overall

effectiveness of those services in reducing the intensity, duration, and long-term psychological impacts of traumatic IPV. The research questions were explored through the lenses of six male victims of abuse. This study was intended to inform law enforcement, suicide prevention agencies, and shelter personnel of the usefulness of continued training and services for male victims.

I used phenomenological interviews to explore the lived experiences of male victims of abuse regarding traumatic events and circumstances and the psychological support that was or was not afforded to them. In this chapter, I present the findings obtained from the in-depth phenomenological interviews of six male victims of abuse at varying stages in their lives. The in-depth, semi structured interviews examined the victims' perceptions of the usefulness of mental health services, therapy, administrative agency attitudes, and voluntary or mandatory provision of services, and the effect of it all on their everyday activities and career. The interviews also inquired about their expectations and concerns regarding the future development and implementation of various policies and services specific to male victims of varying types of abuse. These qualitative interviews focused on the male victim's past and present experiences with law enforcement and mental health services to gain an understanding of the essence of their experiences with the phenomenon (see Marshall & Rossman, 2011). The semi structured interview method allowed participants to offer and build upon their candid views regarding law enforcement, family, and mental health services, and whether or not their beliefs have changed over time.

In Chapter 4 I present in six sections. The first section of the chapter describes the settings where the research was conducted, and the steps taken to ensure privacy. The second section describes the participants' demographics and characteristics. The third section reviews data collection, and the fourth section details the data analysis processes. The fifth section provides evidence of trustworthiness, and the sixth section reports the findings. A summary of the research and answers to the research questions concludes the chapter.

Setting

I made the choice of settings for conducting the research study interviews with confidentiality and privacy as the top priority. To ensure participants felt comfortable, I ensured participants' confidentiality as described in the research invitation, informed consent, and instructions. The participants were presented the choice between a telephone or zoom interview, and all interviews were conducted on the telephone, further masking the participants' identities. Privacy and flexibility were provided as I asked the participants to select dates and times for their interviews that suited their schedules and choice of locations from which they would receive the telephone call in accordance with the research instructions. Interviews were conducted using a telephone located in my private home office for data collection. My office was closed off from the rest of my home and conversations could not be overheard. I was alone and uninterrupted in this office while conducting interviews.

Demographics

Inclusion criteria required that participants be male victims of abuse who had been exposed to the attachment of a woman as a mother figure resulting from past abuse. Six self-identified male victims were invited to participate and provide their experiences and perceptions regarding IPV. I chose the small sample size in accordance with Creswell's (2014) recommendation for phenomenological interviews, and data saturation was neither expected nor was it possible (see Marshall et al., 2013). The inclusion criteria included only male gender. I assumed that the participants may not be completely forthcoming in their responses to interview questions due to the embarrassment associated with their abuse and their deep mistrust of mental health professionals (Shallcross, 2013), law enforcement, and varying agencies. Male victims of abuse are frequently unlikely to seek psychological and emotional support regardless of how personally overwhelming the impacts of abuse are. This is due to the closedminded nature of law enforcement, family and friends, and varying agencies in response to such abuse and the cultural expectation of a man to be tough and self-reliant. This male resistance to help-seeking is pervasive and is a result of the stigma attached to mental health counseling (Shallcross, 2013) as well as the behavioral expectations for a male victim of abuse to cope in isolation and secrecy (O'Neill & Singh, 2007). For these reasons, participants were difficult to recruit.

Data Collection

One-time telephone interviews took 30 to 50 minutes to provide ample time for the participants to provide in-depth responses to items from the interview guide that were

related to the research questions. I assured participants of the confidential nature of this study by way of the invitation to participate in this research, instructions, and informed consent form and then again before the interview commenced. I received verbal acknowledgment at that time. I enumerated the legal and ethical limits to confidentiality on the informed consent form, and they were formally acknowledged by each participant. I advised the male victims of abuse that any personally identifying information, such as their names, job titles, or details through which their identity could be ascertained would be masked. Additionally, I coded their responses to interview questions so they could not be attributed to individual male victims of abuse who participated in the interviews from undisclosed locations. Additionally, male victims of abuse were reminded that electronic data and written records would be stored securely for a period of 5 years as required by Walden University and as stated on the informed consent form; at that time, they will be destroyed in accordance with best practices and legal standards.

The semi structured interviews contained six open-ended questions in accordance with the interview guide. The questions were regarding the following categories: (a) how they view their situation, (b) how they view their ability to request assistance, (c) barriers they encounter when disclosing IPV, (d) how they view their situation when the violence is perpetrated by a female, and (e) how they view their legal rights when reporting IPV and concerns. The semi structured nature of the interviews and the conversational way they were conducted enabled participants to elaborate on their answers and provide additional insights. Included in the interview guide were several conversation continuers (Knight, 2013), motivational probes, and other interviewing techniques. This approach

resulted in male victims of abuse expanding on their answers and providing much additional useful information.

I recorded the interviews using TOOBOM R75 Digital Voice Activated Rechargeable with Playback, with Bietrun WM01 Wireless Headset Microphone. This combination of electronic devices provided an extra level of security and sound fidelity as the pick-up microphone consisted of only an ear bud containing a sensitive condenser microphone that was connected directly to the recorder. This further ensured that the participants' disclosures could only be heard by me, even in the unlikely event that my part in the interview process was intruded upon. At the conclusion of each interview, I transferred the files from the recorder to a password protected PC. The sound was then imported into the sound file in Naturally Speaking Nuance Premium, V13.00.000.200, a speech recognition dictation and transcription software, to obtain an accurately written record of my questions and the participants' responses. I stored the Naturally Speaking output in a Microsoft Word file. Naturally Speaking rarely produced a 100% error-free transcription, so I compared the written output of each interview with the associated sound files. This provided me the opportunity to conduct a word-for-word comparison and make the appropriate corrections to the written transcript. Incorrect output mainly consisted of spelling errors or words with similar pronunciations. The process of crosschecking the sound file against the written transcription, as well as frequent subsequent reviews, enabled me to ensure that the data obtained in these interviews were precisely documented so that accurate records were available for analysis and successive reporting of my findings. Each file was then encrypted and stored on a password-

protected PC that was only accessible to me, as were field notes that contained descriptive information.

Data Analysis

The research outcomes in this chapter are based solely on my analysis of the data obtained from interviews of the research participants. Although other researchers might identify additional themes that either corroborate or counter my own, the themes described below represent my interpretation of the research findings. The semi-structured interviews consisted of questions developed in accordance with an interview guide that was designed to address the research questions of this study. After completion of the interviews, the process of phenomenological reduction aided in the recognition of the feelings and experiences of male victims of abuse in relation to mental health support options and in the identification of themes that detailed their experiences (Marshall & Rossman, 2011). A structural synthesis described by “all possible meanings and divergent perspectives” constituted the final phase where the essence of the phenomenon was described (Creswell, 1998, p. 150). The in-depth semi-structured interviews yielded four initial themes: (a) situational trauma, (b) perceptions and barriers, (c) usefulness of therapy and mental health services, and (d) expectations for future program development and implementation. These themes were further categorized into three broader and more comprehensive superordinate themes that included (a) abuse, and self-care, (b) attitudes regarding mental health support (i.e., therapy), and services, and (c) future policies, law enforcement training programs. The feedback obtained from all interviews related to these themes was consistent and there were no noted discrepant cases.

1 **Table 1**

Demographics of Participants

Participants ID	Age	Years experienced abuse	Ethnicity	Abuser
P1	51	16	British	3 men
P2	35	17	Caucasian	Female
P3	54	28	Caucasian	Female
P4	51	20	Caucasian	Female
P5	49	33	Caucasian	Female
P6	23	9	Caucasian	Male & Female

Evidence of Trustworthiness

Credibility was established by selecting the best data collection method with which to address the research questions of this study (Elo et al., 2014). Interpretative phenomenological analysis enabled me to examine the personal lived experiences of male victims of abuse and other mental health services following traumatic events. The interview method of data collection was used to bring to light commonalities between participants' responses to interview questions, emergent themes, and conceptual categories. The interviews were recorded and then carefully transcribed. The process by which the participant's responses were transformed from audio recording to a written record ensured the accuracy of the data for analysis. The transcriptions were fifteen to twenty pages in length and the review process for each required several hours to complete.

I proofread each document several times to ensure that: (a) each interview was completely and accurately documented, (b) the interview items adequately addressed the research questions, (c) the questions were asked in accordance with the Interview Guide, (d) the questions evoked both similar and opposing experiences and opinions from the participants for comparison, and (e), that adequate attention was focused on negative or atypical cases for the purpose of confirming, contradicting, or otherwise revising the predominant patterns revealed in the data analysis. The transcripts were imported into MaxQDA data analysis computer software that assisted in the identification and organization of patterns in the participant's feedback from which common terms, phrases, patterns, and trends were extracted and separated into superordinate categories and subcategories for analysis. This provided the foundation for a structural synthesis, the next step in this phenomenological inquiry. The structural synthesis was the means which was sought to identify all similar and divergent attitudes of the participants. Additionally, as researcher attention was used in examining my own assumptions and biases throughout the processes of data collection, coding, and sorting of data, to obtain and present a correct interpretation of the topic (Clark & Veale, 2018).

Dependability and confirmability are essential elements of a study's trustworthiness as they establish the consistency of a study's findings, that is whether or not researchers are not involved with a particular study would arrive at similar conclusions after reviewing the data (Forero et al., 2019). Consistency was assured using an interview guide that contained six a priori interview questions that informed the semi-structured interview and focused on themes related to the participant's personal

experience and contextualization. The interview guide contained the basic inquiries related to the research questions as well as possible follow-up questions or “conversation continuers” to encourage additional discussion about topics that emerged during the interview. The interview guide was an essential part of a thorough and accurate audit trail of this research project from its design to its final report in order to ensure that other researchers could replicate it. However, due to this study’s small sample size, results of this research have limited transferability outside of the bounds of this study (Web Center for Social Research Methods, 2006). Potential errors were addressed in methodology, analysis, interpretation, and final reporting by maintaining records of my research path for future review, reviewing the data several times, and having my study audited by outside subject matter experts. To further assure confirmability, as researcher engagement in the process of reflectivity was obtained by examining my own assumptions, preconceptions, beliefs, and values and how they may impact my research decisions (Korstjens & Moser, 2018).

Results

The six male victims of abuse who participated in this study described their past and present beliefs and attitudes toward familiar, public opinion and other legal and mental health services. The participants were male victims of abuse who experienced one or more abusive events and the subsequent support services that were available to them. The one-on-one interviews provided insights into the resistance to seeking help for mental health related issues prior to their decision to seek services, as well as their apprehension about reporting to law enforcement services over the course of their

relationships. Opinions regarding the usefulness of services designed to mitigate the aftereffects of abusive events and circumstances varied little between participants and their thoughts about future program development and implementation were similar. An often-repeated theme was the reluctance of the participants to seek help including psychological distress.

One reason the male victims of abuse had negative perceptions about mental health services and law enforcement is their distrust of outsiders such as therapists and psychologists who are often viewed as a conduit of information to agencies. It is true that certain information is necessary for shelters, suicide prevention hotlines, law enforcement and other developmental agencies as decisions are derived in varying situations to assist when the man is faced with an abusive situation. Consequently, male victims of abuse frequently view the consequence of making certain personal disclosures as a threat to their masculinity (Workman-Stark, 2017), a potential risk that could negatively affect one's everyday encounter with others, career performance, and their reputation in the eyes of their friends, family, and colleagues (Paoline, 2004). These concerns are directly connected to the stigma that is attached to mental health counseling, in that seeking help is a sign of weakness (Shallcross, 2013). This attitude that fuels this resistance is present with male victims and veterans alike (Wester, Arndt, Sedivy, & Arndt, 2010) and is perpetuated by the expectation of independence, self-reliance, and unforgiving individualism (Sgambelluri, 1994; Shallcross, 2013).

These behavioral expectations have been characterized by many researchers as that of isolation and secrecy (O'Neill & Singh, 2007). A "macho" attitude toward men is

inculcated in their lives from the beginning as little boys (Lotterhos, Forrest Hamrick, 2015). From day one, male victims of abuse learn to be problem solvers and to control their emotions. However, these characteristics that represent a major reason for a male victims' reluctance to seek help for mental health-related reasons are the same characteristics that are essential to a victims' ability to do his job safely and effectively. Their survival depends on them and therefore, are likely to try to resolve their own issues rather than seek mental health treatment (Warren, 2015).

Cumulative exposure to traumatic events is thought to be a predictor of the development of PTSD, (Geronazzo-Alman et al., 2017) stress and anxiety. Due to a male victim's secretiveness, Van der Velden et al., (2013), they may be at greater risk for mental health problems. This small subset of men may be more vulnerable to psychological distress and imbalance due to the unique stressors imposed by their secretive and alienating nature (Love et al., 2008). The depression, anxiety, and stress experienced by male victims have been linked to alcoholism, and family problems (American Society of Addiction Medicine {ASAM}, 1978; National Institute of Justice {NIJ}, 2016). Interviewees described and discussed a range of coping methods that ranged from engaging supportive friends and associates to actively seeking out private professional assistance.

Superordinate Theme 1: Common Abusive Behavior and Self-Care

The first superordinate theme was based on research questions: (a) How do male victims of IPV view their situation? (b) Do male victims of IPV view their ability to request assistance is different from females? (c) In your view, what barriers do men see

when disclosing IPV against them? (d) How do male victims of sexual or DV (including military personnel) view their situation when the violence is perpetrated by a female? (e) How do male victims of IPV view their legal rights when reporting IPV? One superordinate theme emerged as did four consistent subthemes. The first superordinate theme and associated subthemes are listed in Table 2. The number of participants that provided input to a theme or sub theme is listed for the purpose of reporting how the participants disclosed parallel or disparate views regarding mental health and self-care.

Table 2

Common abusive Behavior and Self-Care

Themes	Number of participants who responded
Subordinate theme 1: Common abusive behavior	6
Subtheme 1: Concerns and reporting	6
Subtheme 2: Barrier to seeking help	6
Subtheme 3: Reported, authorities, legal, response and family impact	2
Subtheme 4: Satisfaction with the legal response	0

Superordinate theme one focused on the understandings and perceptions of abusive behavior. All six of the research participants disclosed abuse at the beginning of their relationship. Participants agreed that male victims of abuse in general were all exposed to mental, physical, sexual, economic (monetary or loss of job), and emotional stress; they indicated that there were additional methods of abuse, many of which lasted for extended time frames. The participants consistently described the importance of self-

care and well-being for their selves. All six participants acknowledged the mind sets and behavioral expectations that characterize what many have called masculinity (Lotterhos, Forrest Hamrick, 2015). Participants described different coping styles for dealing with actual stressful events and circumstances that ranged from an external focus on organizing positive daily activities to actively seeking out the services of a Pastor or Therapist.

Though psychological support was offered, P1 indicated that he had neither attended nor wanted to go. However, he places a high value on emotional and psychological health and places them on the same level of importance as other needs including clothes, food, hygiene supplies, medical care, and so forth. The participant disclosed he was married and running for public office in his state and stated, “he had not come out of the closet at that time.” He was not sure how the public would take it. He stated further that he “couldn’t see his self-having to explain his past and present,” in addition to all duties and requirements of his future political office, he described his uncertainty of how to handle moving forward with the weight of his past lingering as if fresh in his head.

P1 did not serve in the military but stated “he was raped by three men and IPV began at age thirty-five.” However, the abuse happened whenever his partner was drinking; there was no set time, it was sporadic. He felt the abuse was inevitable, so he spent a lot of his time waiting for it. Just imagine experiencing IPV on a daily basis for over three to five years. Everyone processed their abuse differently because each individual lived varying traumas.

P1 felt the police did nothing to arrest or see the prosecution of his rapist and lives with the thought they may return and violate him again. “What if they know where I lived?” P1 described these potential threats as “a kind of trauma that you continue to live with because it is personal.” He indicated that his partner “never understood, and that’s where the arguments and abuse came in.” According to the participant, he struggled with his identity and considered suicide. He stated that “he began feeling better as he went on social media and disclosed his experience and was shocked with the response and support.” He further stated that through his social media experience he sought out counseling with his pastor and finally a therapist.

When speaking of law enforcement involvement in IPV it left him resistant to help-seeking behavior, P1 referred to stigma as “a hurdle it’s going to be very hard to clear.” He indicated that help-seeking behavior on the part of a male victim of abuse would subject him to being judged and seen as weak, not a man. P1 indicated that this belief was shared by many. However, law enforcement has policies and procedures they must follow which was found to be short in its responses and help toward male victims of abuse, especially when a female was involved. Unfortunately, without proper training he felt that that is the way it goes so I think it’s a hurdle to be crossed. He described the dilemma as not wanting to be judged by somebody and seen as weak.

P2 identified the abuse he experienced daily for 10 years as something he became used to because of the memories of his childhood abuse. When the participant was asked the types of abuse he had been involved in, he described the exploitation he experienced financially, as well as emotionally and sexually as she withheld affection. His description

of his abuser was that of being passive aggressive behavior. He further stated he experienced “taunts, eye rolls, and scowls which were directed at me in a crowded room; raised voice; immediate demands for time, food, money, house chores, errands to shops; reactive abuse; talking down to me, mocking my voice, my mannerism, my masculinity, my intelligence; blame shifting; projection; sometimes invading my space, smiling and staring in a challenging manner or screaming at me from behind or sometimes in my face while calling me crazy.”

P2 attended counseling sessions. When asked him whether or not he found those sessions useful he responded by saying, “No, actually, with no avail, no one believed me.” Additionally, within a short period of time after this incident, the participant was faced with having to cope with further abuse.

In P2’s opinion, there is a “big difference” in the differences between the kinds of abuse trauma that women are exposed to, as opposed to men and the responses to the abuse. Qualifying his remarks, he indicated that “the differences are more noticeable with women who do face abuse when the response of the police is geared more toward women than men. He said the differences were pretty wide.” He described the stress level on his expectation the abuse was coming as “24/7.” He stated his biggest concern was his children. They had two young children, so his focus was on self-healing and growing from the experience and become in the present and future focused. The participant indicated that social media and counseling with survivors of narcissistic females and therapist was helpful.

The participant acknowledged that he had a “predisposed mentality that if a man sought out some kind of counseling their masculinity was brought into question as well as considered weak,” and added that a lot of men he spoke with on social media shared that mentality. He alluded to being ostracized as being another reason abused men were resistant and noted that it is open “still not common knowledge on how to reach out by yourself.” According to P2, there does not seem to be the proper training or means for assistance when reaching out for assistance. His concern was that “if you’re talking to a therapist or pastor is revealed to friends about being abused by a female and some family members, they’re not going to want to be bothered with them or wonder what’s wrong with you.” P2 admitted that he did not like feeling he needed to attend or make an appointment to get counselling with a therapist or pastor and tried make reasons to get out of it altogether. Men were expected to handle the problems themselves.

He noted that the process of accessing the mental health system, services, or organization is still not shared knowledge. “I think they need to do a better job of giving abused men the ability to reach out for assistance.” He would like to offer a level of assurances that the negative thoughts be deleted in the idea that men need to “suck it up,” and being told “not to say anything.” However, he added that this attitude unfortunately is still prevalent at this point.

P3 is a divorcee and first experienced IPV in his mid-twenties. Additionally, he described his abuse started slowly about three months into the marriage. He further stated the abuse was covert at first, started on the downlow and became more of a discard phase in the marriage, and because of the covert nature of the abuse after a while you began

experiencing some paranoia. The participant reflected that, “this was back in the early nineties and there was definitely a lack of information, organizations or conversation on self-care for a male victim of abuse.”

P3 stated that he believed that there is an added element of exposure to male abuse as its recently reported as perpetrated by a female and the disbelief from others becoming more apparent. “I think the biggest one is differentiating between who you’re acting like is your real truly masculine self or a shell of self, it’s important to maintain that separation.”

P3’s identified there should be more training conducted to assist other abused men in their struggle to survive their abuse. He related the details of a conversational workshop within a group setting he attended with a pastor. He stated his personal issue with having a conversation with anyone was his embarrassment and did not want people to think bad of him and his protection he felt for his abusive wife’s perpetration always feeling she would experience a positive a turning point. Thusly, waiting fifteen years into his marriage before he told his friends, it lasted seven to nine years later leading to a bigger conversation.” Therefore, in that conversational workshop he described feeling as if he was having a panic attack and anxiety, and later expressed he felt depressed, coupled with insomnia, along with other physical symptoms. In disclosing his personal truth about abuse he experienced, he described what the emotional, physical, and mental abuse felt like. The participant believed that stigma is the biggest barrier in a man’s decision to report the incident or admit to their selves it is something that has really happened to them. He further stated, “that a male victim has got to be willing to stand up

for their self and have open conversations for the greater good.” Therefore, it would be beneficial to open up in hopes that more men will get help.

In the P3’s opinion, if the subject and training on male abuse perpetrated by females was recognized by society, men would possibly be more receptive to discussing mental health issues and accepting support from their pastors and therapist. He recalled for a very long time he “didn’t realize it was abuse, and even now it’s hard realizing it was abuse, didn’t want to call it abuse.” The participant suggested that regardless of whether participation in therapy with a pastor or therapist was suggested as voluntary or mandatory for whatever reasons, there is a stigma attached to it. As a result of his own journey and the abuse of his female perpetrator he has become an ardent advocate for any pastoral counseling or mental health services.

The participant was unwavering in his viewpoint regarding the importance of overcoming barriers of abuse by talking about it with a therapist, a pastor, or friends and as well as an increased effectiveness in awareness with shelters, law enforcement and mental health agencies. The participant adamantly believes that he should be able to say “No” and have his wishes respected when they reach out for help. He felt no man should be left to suffer in silence and embarrassment.” The participant believes there are some men who agree with his view, but feels they are still in the minority. He does believe “times will change if more light is brought to the subject of male abuse perpetrated by a female.”

P4 indicated that he was a father of two and in the process of divorcing his wife of fourteen years. He indicated his first experience with abuse was with his first girlfriend,

as he further divulged some of the abuse was experienced at parties, at home or wherever there was alcohol. He acknowledged that he is exposed to perhaps greater chances of not only abuse but more prolonged stressors and anxiety from the abuse. The participant described his abuse was in the form of being slapped, verbally, physically, and mentally. He indicated that he did not disclose the abuse at first because he was in disbelief that it could happen to him as well as the embarrassment. He stated, "I didn't believe anyone would listen and believe me;" everyone thought his partners were so sweet.

When asked whether he believed there were differences between the trauma experienced of females and males, the participant responded, "yes and no." He added that he was always on his guard. He indicated that his family which included her and neighbors across the street were aware of the abuse but chose to put their heads in the sand. P4 acknowledged his wife's family was religious, his father-in-law was a minister, so as he silently suffered the abuse at home; he felt he was expected to stay quiet and "suck it up. He described his role in his marriage as being submissive. She would say he was wonderful to the others, including coworkers and parents, but in front of the family she berated him. Though he would have preferred to continue his marriage, the participant disclosed one of the final straws was her affair; at that point he felt he needed to take a break from his wife and family. He wanted it clear he chose to leave and visit with his parents in another state to attempt to avoid the stress he felt in the home. He indicated that he believed support would have helped if he had been open about what he was experiencing. The participant identified the stigma of male abuse could have been lessened had he not been ashamed and addressed it "from the get-go." However, he

recalled when he was in his mid-twenty's early thirties, he thought he knew everything and could handle everything on his own. He expressed the belief that an effort should be made to train hotline and shelter personnel that women are not the only ones to experience IPV, but men are at risk as well, before they began to volunteer or begin work to undergo training. "Men need to know that they are not alone in their suffering, but everyone will be affected in different ways." He added that if a man is affected by an abusive experience, he "should be aware of resources and organizations to assist him in dealing with it."

He added his wife taunted him with "phone calls throughout the day, while working or running errands and whenever I was not in her sight or home." The participant explained that talking about men being a victim of IPV should be ongoing training with law enforcement, shelters, and hotlines, so they do not automatically jump to the conclusion that women are the only victims and men could not be victims of abuse of any kind. He stated, "Gender biases have existed for years and it was past time for it to stop." P4 feels with proper training men may possibly get a fair shake within the legal court system.

P5 is a divorced veteran and a father of one, who made it clear his abuse did not happen in the Navy but when he was home, "there were abuses he experienced continuously." He described his abuses began in high school, and how it always came back and haunts me." The participant stated that he constantly dealt with abuse in the form of mental, verbal and physical from the person he referred to as his "narcissist and her two sons." P5 described "People are going to be held accountable, and with increased

training the report of male abuse comes out they're going to know that women are not the only ones suffering in silence for fear of provocation from their partner." P5 said "If she shows up and begins to follow him, he attempts to either speed up or make unexpected turns to lose her, because he knows she wants to argue and fuss at me." He indicated that he believes that that is more of a psychological stressor for him than the physical abuse she distributes.

P6 is a single man in his twenties who experienced his first hard core bullying and abuse by some girls in high school and was raped by two women and three men on a movie set, one in which also included his partner. He also experienced verbal abuse by his mother-in-law when she shared what he thought were conversations with her daughter and anyone who would listen, creating more verbal abuse from his wife. He described some stressors that in his opinion are experienced by men: needing law enforcement, therapist, hotlines, and shelters to become more aware of male victims of abuse perpetrated by women and men. He stated, "men experience aggressive stressors because they are not taken serious." He further stated, "his abuse was experienced every day for two years."

The participant indicated that when he played professional hockey, it was rookie hazing at the age of eighteen, "I stripped naked and run through the snow." Taught never to hit women but would fight back with the men. Some women were manipulative. He packed her stuff and threw it out on the lawn after finding out she was cheating with multiple men. She turned it around. "I was raped in July and in October/November and later ex-girlfriend accused him of rape and found it to be horrible she would do that as

well.” He recalled the abuse he experienced included slapping, punching, sexual, and mental assault which involved verbal. He stated he never felt the need to consult with a mental health professional or law enforcement because his “hope was things would change.” The participant finally confessed to his therapist he needed to learn how to trust people again. He said he further indicated he wanted guidance in helping his current girlfriends’ awareness of his past abuse understanding to help their relationship to grow. His felt his girlfriend had some concerns about his past affecting their future, because he openly admitted he had the fear of abuse beginning again.

The participant has developed attitudes or beliefs about how the legal and mental health system responded in the past. He indicated that the attitudes about help-seeking legally or from a therapist was a sign “of weakness. The participant admitted his reluctance to go to the therapist, because of the cultural stigma that as a man abuse is not possible. However, he stated that if conversation is increased about male victims of abuse; proper training on the suicide hotlines and shelters specifically could possibly decrease the stigma.

P6 was asked if he would be willing to describe his experience with the police, he replied “when the rapes were reported, there was no satisfaction, the police let the men go.” He did not want anyone to know about the rape, but when he reported the rape to the police, they did nothing. In his own words, “I didn’t know where to go to get help to talk about how I felt when the men were let go. He described one of his abusers was a Hollywood producer. He explained “I was extremely disappointed with the authorities, because of the way it was handled,” He and his current girlfriend are seeing a therapist

together to enhance their relationship. P5 acknowledged that the legal system, pastoral counselors, and therapist need training, but feels no matter what, a male victim may still be very guarded about what he divulges because some information can have devastating effects mentally. Under these circumstances, the participant believes a man might be compelled to express his true feelings if he feels assured, he would not be revictimized by the systems he is seeking for help.

Superordinate Theme 2: Attitudes Regarding Intimate Partner Violence, Other Legal and Mental Health Support Programs, and the Delivery of Services

The second superordinate theme arose from the following questions: (a) How do male victims of IPV view their ability to request assistance? (b) What do you believe are the past and present attitudes and acceptance of existing services? (c) Has your opinion of psychological support changed? (d) Would you refer another abused male victim to such services? (e) What impact do you expect participation in therapy would have on your daily life? This superordinate theme yielded four sub-themes that were consistent with this superordinate theme. Table 3 contains a description of this superordinate theme and the resultant sub themes.

Table 3

Attitudes Regarding Intimate Partner Violence, Other Legal and Mental Health Support Programs, and the Delivery of Services

Themes	Number of participants who responded	Yes	No
Superordinate Theme 2: Attitudes regarding Law Enforcement, mental health support programs, and the delivery of services	6		
Subtheme 1: View their ability to ask for services without negative repercussions.	6	5	1
Subtheme 2: Attitude, did you inform anyone about the abuse?	6	4	2
Subtheme 3: Barriers preventing you from reporting	6	4	2
Subtheme 3: Usefulness of legal services and service preference	6		6
Subtheme 4: Anticipated impact of programs on performance	6		

These superordinate themes were a result of questioning as to whether or not the six participating male victims participated in therapy or other mental health support service and were their experiences consistent with their beliefs and expectations. One respondent indicated that he had (though he did not seem to imply that he was open), he did offer ideas regarding what sort of services might be helpful. All participants described the lack of support services for men, their opinions regarding current programs and provided feedback on those they believed could be improved. Clear descriptions were provided by all participants regarding past and present attitudes regarding therapy and

mental health services. Though not all participants offered direct feedback regarding the anticipated impact of mental health services, they all provided clear statements of what they believed would be the impact of having no services available.

The participants expressed that the attitudes of male victims of abuse perpetrated by a female have been slow to change. Additionally, the question of what constitutes an effective support system was in their opinion a matter of contentious debate. In the wake of an increasing number of male victims of abuse awareness, anger, hurt, embarrassment and suicide, the participants acknowledged the need for effective support systems. The interviewees were forthcoming about their previous experiences, what they believed worked and what did not, and their opinions about what thinking should go into future training, organizations, and program development and the delivery of services. Each participant expressed their beliefs that mental health services had a significant impact in their personal lives.

Describing himself as a “work still in progress,” P1 indicated prior to his relationship with his ex he had “not come out of the closet, no one had any idea he was gay” therefore he had not used or needed therapy or any mental health services. However, the participant stated that he would refer a friend or acquaintance if they had been through something that he had and found it to be emotionally overwhelming; “if I saw something I would say something, and see if they needed help, I definitely would recommend them to call the police and further suggest therapy or mental health services to get help.”

P1 described he did not originally feel he was being abused until it continued through his partner's addiction of drinking. He said he needed to learn how to handle the stress of the abuse and how to react to the abuse without retaliation. However, P1 stated that he would refer anyone who disclosed to him their abusive situation, to a therapist, police, for mental health or victim services. He related his belief that if what the man needed exceeded that which victim services could provide. P1 eventually saw a therapist post running for a public office; he was not sure how the public would take it.

P2 stated that when he started experiencing abuse over 10 years ago, there was an established "culture" that was characterized by the expectation for men to "act like female perpetrated abuse was not really happening to them and to "suck it up" when it came to dealing with abusive circumstance. He believed this was also in part because years prior he was diagnosed with autism spectrum, high functioning, "so I get by normally," but there is still a stigma behind it as well. He further disclosed that if he were aware of services that would take his circumstances serious was rare and considered "taboo to talk about." P2 acknowledged his own "thoughts and feelings" seeking help was a weakness. Following his first incident of abuse he said, "I recognized I was in a toxic relationship with a covert malignant narcissist woman, no one believed me."

Despite his initial resistance, P2 had a change in his thinking about focusing on self-healing and growing from the experience after he attended counselling with other survivors and thrivers of narcissism abuse, "I don't think it should be a choice, I think it necessary for daily survival." In the participant's opinion, the increasing rates of male

abuse is trending towards a recognition that one's individual mentality is essential. The participant added a more personal disclosure:

I also had online counselling with survivors and thrivers of Narcissism abuse during my "no contact" phase with my abuser, which helped in shifting my focus and understand my trauma which bonded my mindset and pain-focus I now have a much different view. I have gone from thinking that I am weak mentally because I gave it an honest shot and I was able to work through the trauma and understand it was not my fault.

P3 indicated that it took him twenty-seven years to figure he was living with a narcissist and was a "covert narcissist not in front of their four children." "There was no self-care in the beginning; the therapist he originally sought, kept it to his self for a long time" he was unsure how to assist him in getting help; therefore, he chose not to report or assist him in seeking further help, but P3 did finally after some time tell some friends on his own. There were no legal or mental health services; "it was a foreign concept." P3 described twenty-seven years ago there was no legal or mental health services, "I couldn't get anyone to listen."

This participant has become more familiar with current mental health service options available; however, he explained "mental health services is still lacking the training of male victims of abuse perpetrated by a female" as well as involving law enforcement, *policy makers, and clinicians around what constitutes an effective service for an abused male. He learned that an increase in conversation and research into these issues should not be sporadic but needs to be more aggressive. He indicated that in his

experience, if recognized it is okay to reach out for help as a man, more men would be likely to reach out for help.

P4 indicated that he was married for fourteen years, to a narcissist, and at the time of their marriage did not feel like he knew any better; he looked at his situation as being a unique situation. At family function because he was known to be a stay-at-home father of two boys, his in-laws and her extended family called him names, such as “loser, not being a good husband, low life, etc.” The participant experience stress and depression from what he described as mental and verbal abuse but could not find anyone to believe him. The participant expressed his feelings when she chose to ask him for a divorce at the dinner table with the kids present, where the kids’ reaction was that of disgust. they went off. He described the youngest was in Kindergarten and the oldest in the fifth grade; they both went off thinking it was his fault, referring to him as a “loser” as they heard his wife and her side of the family reference him. He got up and walked away. He was not raised to hit a woman, while not being able to directly impact or address the situation. The participant’s opinion, having someone to professionally intervene would have been helpful.

Referring to the first abusive incident, P4 indicated that his pastor recommended he go to a psychologist, but “he spoke to my in laws mentioning some things that I had brought up.” The participant acknowledged that he did not benefit from that meeting but felt re-victimized. He stated that the biggest barrier to his silence was not knowing who he could talk to “privately” and his family talking to the neighbors to further embarrass him. He described how he overcame his barrier to reporting or discussing his abuse. The

more he researched and found there were others that suffered as he was able to openly talk about the verbal abuse without being ostracized. He added more training of law enforcement, hotlines, shelters, and mental health professionals, would help more men feel they are not alone. When I asked the P4 whether he believed voluntary services would be accepted with proper training, he said “I would hope so, but I think not, I didn’t.” He was supportive of the development of services, especially those dealing with male victims of abuse by a female. P4 believes the impact resulting from participation in this kind of programming would be “very beneficial.”

According to P5, the “sign of weakness” attitude regarding help seeking behavior is still prevalent. “It’s part of a strict structure just like the military; I was in the Navy but want it to be known the abuse did not happen while serving.” The participant continued to say “my weakness is my ex, and I’m not sure if I will be able to stay away from her. He has noticed the more he researched and reached out to organizations more emails were being circulated describing resources addressing services for abused women, not men that were free or services that are paid for by insurance.

P5 believes that police will not listen unless it was physical abuse and if they are told it was female on male abuse, disbelief sets in, thusly they are given the advice or two choices, one “Suck up and get through it,” or two “get therapy.” “At varying times, I was not sure if I was over her and if this may have had an influence on their help.” He reiterated his beliefs about law enforcement resistance and training about male abusers seeking help behavior needed to increase, “I feel it is important.”

He acknowledged that many men are reluctant to disclose personal information regarding their abuse to a pastor, law enforcement or psychologist; particularly a psychologist who may be attached to their place of employment. Knowing that a certain amount of information may need to be disclosed, depending on policy disclosure, men may be guarded about the information they disclose. The participant believes that shelters, hotlines, law enforcement, pastor and any person or organizations should be trained to assist men who are actively seeking support services. “I’m all for it I think they should.”

P6 believes when rape or abuse is reported by a man, there is not the same satisfaction or urgency, as that when a woman report. He stated, “I didn’t know where to go to get help.” He further described his feelings of PTSD he experienced when someone come up from behind or touches him unknowingly and a struggle with dominance in the bedroom. He agreed with P5 that conversation and training needed to be increased with mental health systems, organizations, and law enforcement to facilitate proper handling of female perpetrators of males. I am a huge proponent for making this conversation and training talked about on television for “I believe there are more men that are suffering than noted or reported, look at social media.”

Superordinate Theme 3: Program Development, and Service Delivery Systems

This third superordinate theme emerged from the following research question: (a) How do male victims of IPV view their legal rights when reporting IPV? (b) What types of programs should be offered and what specialized training should the providers have? (c) What are some important issues for law enforcement, researchers, and service

providers, to consider as they develop future strategies, and means of service delivery?

Three subthemes emerged from this superordinate theme. The third superordinate theme and associated subthemes are listed in Table 4 as are the number of participants that responded to questions related to a theme or sub-theme.

Table 4

Superordinate Theme 3: Future Policies, and Service Delivery Systems

Themes	Number of participants who responded
Superordinate theme 3:	6
Subtheme 1: Policies and administration	6
Subtheme 2: Types of services and provider training	6
Subtheme 3: Considerations for the future planning of policies, programs, and service delivery systems, and the best use of other mental health services	6

The focus of superordinate theme three is the future development of mental health programs and services intended to meet the needs of men who have been involved in traumatic events and circumstances. At a time in which men have experienced an increased rate of involvement in abuse perpetrated by a female including suicides or thoughts, the participants provided feedback on what they believed were important aspects of implementation. While acknowledging the long-standing pattern of resistance of men seeking therapy, or organizational services, all of the participants indicated that the availability of these services is essential. Most offered their opinions about how the stigma of men seeking help to participate in certain programs might be reduced if their

confidence in anonymity is in jeopardy; they each expressed their beliefs that the expectations of “a man” will never change. The participant’s opinions as to how stigma might best be dealt with, all suggested that change “begins with proper training,” and that mental health and self-care education be integrated into the early phases of training and addressed periodically.

Though having participated in therapy, P1 recognizes the essential and ongoing need for its availability. He described victim service necessity and explained that they receive additional services around each city and state to supply whatever needs victims may have. He indicated that he would have no reservations about referring a man to seek therapy if they had been through something that seemed to him to be devastatingly overwhelming. However, he reiterated a common theme that men would rather “deal with it themselves.” He noted that “stigma is an obstacle it’s going to be very hard to clear.”

P1 indicated that “you don’t want to force a person, especially a man, who has experienced an abusive trauma.” However, he added that “You have to get it out. You’re your own worst enemy if you don’t talk to someone, when you are struggling with something stressful associated with abuse.” “No matter how macho you are, you need to talk to somebody.” It reduces a lot of weight from your shoulders. The participant supports an increase of mental health professionals in the community.

I asked P1 what concerns he might have for the future implementation of support programs and the people cast with providing these services. “I think one concern is for them to be open-minded.” I think that the programs currently constructed should be created by a panel or at least seven, educated individuals, but they must, have to have

training concerning male abusers especially by female perpetrators about how the lack of law enforcement training could be devastating to a male victim when called. That's probably going to be the biggest hurdle." Additionally, "I think that if you get law enforcement involved to assist with some of this and see what law enforcement need to identify and facilitate a positive outcome, I think better programs will be able to be developed in the future."

Having been resistant to attending therapy sessions with a psychologist following an abusive situation, P2 did not reach out because of his own personal embarrassment "did this really happen," each time it happened. He expressed his displeasure at being told to go. Having had a negative experience, when he was approached by a talk show host, the participant stated that he found his sessions "extremely helpful." I asked the participant if he believed law enforcement officers and therapists should actively support or even provide for services in situations such as the one you found yourself in. He indicated his change in attitude by saying, "Certainly."

P2 indicated that wish I had better knowledge and wisdom on toxic and emotional abusive relationships and who "I could contact to receive help." "My understanding is that the has talk about increasing informational resources for men of abuse for years, but actively putting it into action was unheard of. With a diminished knowledge of counseling policies in mind. The participant if he believed that services should be provided as soon as notified of a male asking for help. Law enforcement should have in the possession a list of services and organizations with specialized training to give a man in the need of assistance.

According to P2, he described “I wish I knew how to stay calm, diplomatic and grounded during the abuse and therapy has given him some tools to incorporate, so he could filter his reactions to hopefully modify what they say or do around me.” “Some of my female and male friends feel like they must censor their movements around me because they know I’ve experience verbal, mental, sexual and emotional abuse.” The participant believes that “a better system may need to be in place giving men the ability to reach out for assistance by themselves without any stigma attached.” P2 believes that services need to be provided by specialized therapist.”

P3 disclosed that he would love to bring more attention to male abuse of female narcissist and for them to know they are not alone, giving them support. Training therapist and law enforcement officials about women who are physically abusing men is essential, and if they are called to investigate a DV situation, assure they take the right person to jail, and stop assuming “it’s always the man who’s the abuser.” Years ago, “I was in the minority when it came to talking about male abuse by a female, I look forward to the change.”

The participants’ agreed that proper training and knowledge of male abuse would better equip an officer when approaching a domestic situation. Additionally, “following up with the victim, also showing a presence to possibly minimize the incidents of further abuse. or any changes in mental status. There was no acknowledgement of male abuse by a woman in past years, in fact, there was pushback. P3 said “When I went to my first counseling session, I found myself in the room with two narcissists, my wife and the therapist, I immediately quit.” “I employ a person seeking assistance to do their

homework on the therapist to avoid re-victimization.” He agreed that stigma keeps a lot of people from getting the help they need. The participant had further feelings that male abuse training should include talking about anxiety, depression, any physical symptoms that may present, insomnia and suicide.

P4 disclosed that he wants more people to become aware that men can be victims of abuse, verbally and there should not be gender biases as more conversations and television shows are showing men can be a victim by addressing it in training with law enforcement, hotlines, shelters, and therapists. Referencing, “men could be victims as well that its victimless.” “I feel men cannot but need to get a fair shake within the law enforcement community and court system on what is right or wrong within the family when it involves male abuse and kids are involved.” Looking back at the aftermath of his own incidents, he indicated that he thought he should have been offered “Single Dad survival skills.”

P4 also indicated after the second call to the police they should have provided him with resources to reference for help, instead he felt he was still alone with no one to help. He also agreed that a list of services should be mandated to be at hand at all DV calls. The participant was asked if he believed if men were given the list of therapists and organizations if they would accept and utilized them? He answered, “I would hope so,” It is what you do with those feelings after the abuse that is important. When asked if he believed training should teach skills to deal with abuse when they happen, he responded, “absolutely.” he said that “I believe that providers would have to have experience with male abuse with females and as result experiencing PTSD.” P4 revealed that he has

concerns about the development and implementation of law enforcement knowledge and mental health services, “I think it’s always going to evolve.”

P5 described the paranoia developed because of being abused and thinking he constantly “had to look over their shoulders.” he acknowledged there were plenty of organizations and mental health services that are offered for women who experience abuse at the hand of a man, but not abuse of a man at the hand of a woman. There appears, according to the participant that mental health services are geared towards a loss of a loved one through difficult points in your life, such a divorce, than for DV with a man as a victim. He indicated that he believed that the resistant attitude about men seeking help is still predominant.

The participants absolutely believes that our governmental agencies and society should actively support all mental health services. They believed that society should support any kind of training and intervention for those who need it. It is the participant’s opinion that the needs of male victims would be better addressed by an agency and mental health providers with specialized training. The participant emphasized the importance of specific training regarding the issues of abuse that arise for police as opposed to ordinary citizens. Outside providers might be able to provide better service and training for law enforcement as opposed to someone within the department, assisting in training them how to handle a volatile domestic situation.

P5 stated that men who have experienced abuse should find it within themselves to attend group or individual sessions on how to handle their domestic situation. He indicated that he is not sure what the next step is, but he suspects it is more counseling,

learning how to set boundaries, look at the person for who they are, and not from what I would like. “She was determined it wasn’t her, it was me” and set out to convince me of that. I did learn “I didn’t break her so I couldn’t fix her,” but I stayed “In a fight or flight mode.” “I have gone through abuse by a female, but I did not seek any treatment at first.”

The participant disclosed his belief that group therapy was beneficial because “you get different perceptions and points of view from other men who have had different experiences.” The participant believes this kind of interaction may influence other men to spread the word for others in his predicament to seek treatment. Nearing the close of the participant’s interview, he summed up why he believed therapy and mental health services, and training interventions are important. The participant noted he did not want any male abused victims to think of or go forward in committing suicide because they have no idea where to go for help.

P6 described when he played professional hockey he was looked upon “as the man” as a rookie but he experienced hazing, where he was stripped naked and run through the snow. He said, “I thought that was just embarrassing and not a form of abuse until I experienced abuse by a female.” He was taught “never to hit a woman,” but would fight back with a man. I believe training therapist and law enforcement in the subject of male abuse as being important for therapist and law enforcement, as there is little information on the subject. He noted that male abuse in his opinion often results from women narcissist not being able to take care of themselves or manage stress in healthy ways, resulting from their wanting to control life. “I don’t think they know how to control

themselves,” and that having counseling and educational services available to men will teach them how to perhaps recognize and handle abuse in the long run.

The participant says “I think the younger generation of men, may be more resistant to conversations on male abuse, especially by a female because they are supposed to be more “bump or macho” refusing to acknowledge men could be abused by a woman, so they may not be open to talking about any type of IPV. “I think the old-timers as we call them who are in their forties or fifties are going to reject therapy or counseling. P6 wants everyone to know “We are all human and to minimize pain to one gender should be stopped he sees it as a problem with society to only see it as a women thing.”

Summary

Chapter 4 presented the findings of the current study. Using a phenomenological approach, superordinate themes, and consequently, sub themes, were discovered and explored to obtain a deeper understanding of the lived experience of the research participants providing the individual narrations. These narrations were assisted using the semi-structured interview conducted in accordance with an interview guide. The items addressed in the interviews addressed the research questions that form the basis of the study. This study was used to examine the perceptions of male victims of IPV views of their situation, barriers, and their ability to requesting therapy or law enforcement assistance, and their legal rights when reporting. And this study inquired as to whether those perceptions have changed at any time in their life.

The findings revealed the differences yet similarities of their experiences over the course of their life. The lack of training, policies, and provision of services with law enforcement have left men unaware of how to handle or help male victims. The unique abuses and stressors faced by male victims of abuse in general was specifically discussed. The pervasive resistance of men seeking help when in distress was highlighted. This chapter included the participant's views regarding the importance of victim assistance in obtaining pastoral counseling, therapy or other mental health services, what guidelines are necessary, and the information should be delivered. All participants indicated that they believed that if they were given guidance, therapy or mental health facilities would not have only been useful, but essential. Each participant explained how their views may possibly change if services were not sparse in a way that seemed to generate suspicion in men. To the present day, a little more is known about male abuse by woman. Therapy, mental illness, and PTSD at a time when the men experience the abusive situation and stress is truly needed. Excerpts from the individual narrations yielded four superordinate themes: (a) Demographics, (b) Common abusive Behavior and Self-Care (c) Attitudes regarding mental health support programs, and the delivery of services, and (d) Attitudes Regarding IPV, (e) Future Policies, and Service Delivery Systems, and the Delivery of Services Future. Assisted by MaxQDA qualitative data analysis software, several sub themes reflected the similarities between the individual narrations provided by the research participants.

After the conclusion of the interviews with six male victims of abuse participants it became clear that they believed pastoral counseling, therapy, and mental health services

to be important. However, how those services should be delivered varied to some degree between participants. All participants similarly described the resistance to help seeking behavior of family and friends, law enforcement, and counselors citing the stigma of “appearing weak.” The participants included six men ranging in ages from twenty-three to fifty-five. Law enforcement, hotlines, shelters, and mental health facilities are tasked with the transmission and implementation of the requirement of services for men. Each participant had strongly held beliefs about what services should be suggested when therapist and law enforcement officials are involved and those that should be participated voluntarily. Additionally, they provided feedback as to what services should be offered and how they should be delivered in ways that men may find them useful, helpful, and an essential aid to their future well-being.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to examine how IPV can impact male victims of abuse when it is perpetrated by a female and on the underreporting of abusive acts committed against male victims (see Busch & Rosenberg, 2004). The outcome of this study may raise awareness of the problem and encourage the development of local programs to treat male victims of sexual and psychological violence. A positive view of mental health services is more likely to result in a man's inclination to participate in and benefit from such services. The opinions affecting an abused male's tendency to seek law enforcement aid or mental health services is under researched. A male victim's views of a therapist, available legal services, law enforcement's knowledge of the type of situation, and mental health providers affects their willingness to confront stigma and seek assistance in reducing psychological distress. (Giollabhui et al., 2016). This study was particularly relevant in light of the increasing trend of violence against men by women. This study adds to the sparse body of research on this population.

Chapter 5 presents an in-depth discussion of the themes derived from the semi structured phenomenological interviews that provided insight into the lived experiences of the six males abused by female or male perpetrators who served as research participants in the study. The interpretative phenomenological analysis approach allowed me to capture, examine, and interpret the responses of the participants. With the assistance of MaxQDA qualitative research data analysis software, I identified patterns in the thoughts and ideas of the participants, and the semi structured interview process provided a description of and increased insight into their respective experiences. I

elaborate further on the interview process and the theoretical framework used to address the research questions in this chapter. Additionally, Chapter 5 provides a summary of this study's findings. This chapter consists of the following sections: (a) introduction, (b) interpretations of findings, (c) limitations of the study, (d) recommendations, (e) implications, and (f) conclusion of the study.

Introduction

The men who participated in this study agreed that therapists, law enforcement, pastoral counselors, and mental health services are helpful. They also acknowledged their initial resistances to those services, a resistance that is still present and strongly transmitted throughout the community (Sgambelluri, 1994). However, over the years, programs have been sporadically established addressing male abuse, perhaps as a result of the upward trend in DV against men. While some participants indicated they recognized the importance of therapy, reporting their experiences, and self-care, they had been strong proponents of mental health services from the start. Others described their attitudes had changed over the years, and they have come to believe a list of services should be provided at the time of the abuse. Participants offered their opinions as to how and when those services should be delivered. All participants suggested that reoccurring training in mental health-related and law enforcement topics needed to accompany supportive services in the interest of decreasing stigma-induced resistance.

Training of law enforcement regarding male victims of abuse by a female holds a profound distrust of outside help, particularly mental health professionals. Additionally, the aversion to help-seeking behavior is promoted by culturally determined behavioral

characteristics of men such as independence, rugged individualism, and self-reliance (O'Neill & Singh, 2007; Twersky-Glassner, 2005). These personality traits are developed and serve to stay vigilant. These crucial survival skills are also present in the expectation that men solve their problems and seeking help is not encouraged.

An abused man's day may include stressors that facilitate toxic events or lead to compromising situations. For example, a man may face one or more abusive situations in a single encounter with an intimate partner. There may be cultural expectations that the man maintain the appearance of strength to others throughout the relationship. At times, the participants discussed going through the motions of contributing to daily activities feeling able to leave despite an incident that had occurred. Love et al. (2008) indicated that men who face abusive situations are more at risk for developing psychological stress and emotional imbalance, as well as PTSD than anyone else due to the heightened fear of abuse and stress imposed by their female or male partner. The abusive events experienced may compromise how a man identifies himself, placing him and sometimes his families in danger. The men participating in this study described how their views of varying types of abuse, law enforcement, and mental health services have changed over time.

Interpretation of the Findings

Theme 1: Common abusive Behavior and Self-Care

Theme 1 and its associated subthemes indicated that all the participants believed that personal mental health and self-care are essential to their well-being and quality of life. They disclosed their understanding of the negative consequences of abuse, that it increases stress, further abuse, and suicides. They also felt that male victims of IPV

appear to be trending upward. The participants reported developing more positive views of pastoral counseling and stated that therapy decreases stress and other mental health issues. However, the participants expressed in varying degrees the pervasive reluctance to participate fully or voluntarily in such services due to the stigma attached to seeking help. Overall, they felt that this resistant behavior is fueled by the cultural behavioral expectations of male self-reliance and toughness.

A man who discloses his abuse fears the potential of trauma daily, and these threats of trauma do not conclude at the end of the day. The participants in this study have experienced abuse ranging from verbal yelling and calling of names to psychological, physical, and sexual abuse. In addition, the abuse was coupled with thoughts of suicide, and in one case, an abuse experienced on a movie set that was swept under the rug in previous years. They enumerated causes of stress and PTSD that may not be experienced by other men. Most participants cited the prolonged duration of some of their abuse. One participant listed his main daily concern related to his masculinity, "the validity of it," and whether he would be able to ever hold his head up again.

"I spent so much of my time with a narcissist, a theme developed in that after a while you begin taking on the same paranoia as they do," reported an abused male. He indicated that he tended to take his time going home, sitting in his driveway in fear of going into the house, a process he referred to as psyching himself up. Another man succinctly stated his main daily concern: not getting hurt and not getting anybody else hurt. One participant described that at any gatherings with alcohol served the abuse began

and she was never ashamed because she would always make it look like it was him. Participants cited other risks that included other family members in their household.

P5 disclosed that "there is always the concern in the back of my mind that the abuse I experienced for 29 years was later turned around to be my fault, this according to my abuser." However, the participants discussed some of the ways they managed their anxiety and stress before and during the abusive episodes. P2 and P3 disclosed that they have sought out therapy and personal mental health services. P1 reported he struggled with his identity because he was a public figure, so he was skeptical about reaching out for mental health services, so "I went on social media and disclosed my experience and was shocked by the support." He described writing and talking to someone who helped him; he ended by saying, "It takes a village."

All participants expressed the understanding that when an abused male participates in pastoral counseling, therapy, or mental health-related services, confidentiality cannot be guaranteed for valid reasons depending on the abusive episodes. However, they confirmed that men who are abused, especially by a woman, distrusted the counsel of a female therapist. Some participants disclosed that they had anxieties about how and where sessions would be conducted and how their personal information would be used. Abused men feared their disclosures may have an impact if publicized or if they ran into someone they knew when leaving the therapists office, that friends or family "may wonder what's wrong with you."

All participants indicated that they were aware that poor therapy, mental health services, or self-care have a negative impact on quality of life. However, all but two

participants disclosed that at one time they were resistant to seeking help. While personally reluctant to seek help, those participants indicated that they would not hesitate to refer another male suffering from abuse and struggling despite their own misgivings about treatment. They also offered their ideas as to under what conditions they would be likely to participate or seek support on their own. Participants frequently emphasized the mistrust and unwavering unwillingness on the part of other men to participate in those services if they could avoid it.

Theme 2: Attitudes Regarding Intimate Partner Violence, Other Legal and Mental Health Support Programs, and the Delivery of Services

Building off Superordinate Theme 1, the themes emerging in theme 2 relate to the past and the present availability of mental health support services. Increasingly, abused males are recognizing the need for effective mental health services. All participants recalled a time when therapy nor supportive mental health services were provided. While some progress has been made in recent years, they noted that the services that are now provided seem to vary throughout organizations and hotlines. This is consistent with the larger debate regarding the efficacy of abuse as reported. Currently, some program developers are incorporating conversation on male victims of abuse as a component of larger and more comprehensive education, training, and mental health assistance models (Peck, 2012) that is beyond the scope of this research. The participants in this study suggested that more effort needs to be spent educating the public about what sort of services are available and what they may expect if they use them.

Participants expressed their awareness that impaired well-being can result in depression and anxiety, substance abuse, PTSD, suicidality, and a host of other problems as described by Husain (2014). Twersky-Glasner (2005), reported a single incident of abuse or an accumulation of traumatic exposure over time may result in impaired judgment. Each participant offered examples of how unresolved psychological distress may manifest itself in the everyday life of a male victim. These examples ranged from excessive drinking to thoughts of suicide. P3, who is responsible for overseeing the day-to-day activities of his family, suggested that the lack of information on coping skills or the unavailability of services may result in general safety concerns of male victims "such as rudeness, anger, stress, anxiety and excessive negative thoughts." Improvement of these and other acts of aggression is relevant to social change. This is especially true when the previous interactions were volatile and included physically violent confrontations between male victims of abuse involving a female perpetrator (Girgenti-Malone, Khoder, Vega, & Castillo, 2017).

Consistent with research conducted by Karaffa, (2009), participants suggested that abused males may not avail themselves of available mental health services even if they agree that they provide essential assistance. Two of the participants stated that "change will begin when there is more acceptance that men can be victims, too." Another suggested that mental health issues and the availability of support services should be part of law enforcement, and pastoral training. Other participants indicated that it is important for any man who participated in counseling services and feel they have benefited, to discuss this process with others who are struggling and encourage them to either seek

help on their own or accept services suggested by trained law enforcement or hotlines. To a person, the men in this study reported eventually benefiting from the services they participated in and found them useful. This includes the participant who was involved in the political arena and "didn't want to go to counseling."

The participants in the study all promoted the use of counseling groups but did not discount one-on-one contacts with mental health providers under certain circumstances. After being referred to pastoral or mental health counselor, P2, P3 & P4 suggest men who have experienced abuse should participate in a group counseling session, but because of the differing types of abuse perpetrated by a female, "individual counseling may assist them and lessen the embarrassment to talk." "It is okay to have feelings about male abuse by a female and recognize that there are things that could be done through mental health services to direct those feelings in a healthy way." This is a preference as opposed to the old-style "you're still a man - suck it up" mindset. The participants believe that the more information that is available, the men who have been a victim of IPV will begin to believe and think mental health assistance is okay, "and if they don't, they're completely ignoring current information." Toward the end of the interview, the participants disclosed their personal self-care routine."

Six out of six participants revealed that they believed that law enforcement and mental health services would provide a clear positive impact on abused males. Each participant highlighted the theme of the stigma that inhibits many men from reaching out for help. They described it as a difficult obstacle to overcome regardless of the types of

services offered. They reiterated their concerns regarding confidentiality, a common and reoccurring theme that will be discussed further in Theme 3.

Theme 3: Program Development, and Service Delivery Systems

As previously mentioned in theme 2, male abuse has been and continues to be a controversial topic with both advocates and critics (Jacobs et al., 2004). Researchers and clinicians wrestle with these issues that are not expected to be resolved anytime soon (Deahl, 2000). Addressing and assessing the future of law enforcement and mental health services, the participants in my study expressed there are going to be significant challenges. In the participants' opinion, they suggested effective services should be delivered in ways that provide some flexibility and afford some options. For example, participants indicated that men might be more forthcoming with thoughts and feelings regarding their exposure to abuse by their partner if a one-on-one counseling session is conducted where they are not readily seen. It was suggested that if self-care and help-seeking behavior were promoted by other men who have been abused, the pervasive stigma that exists may be reduced.

P3 indicated that the stigma associated with mental health services was the primary reason he did not want to reach out. He further explained that mental health resources were scarce. He believes that it is up to him to speak up and be open about male abuse – "I believe I didn't suffer for nothing. So, if I can help somebody else it's important to me to open up and share my experience."

P1 believes that the professionals tasked with creating these programs should do so with an open mind. Speaking of the program developers, the participant believes

services and programs on male abuse should be developed by people especially men who have dealt with law enforcement, shelters, hotlines, and mental health services. He believes that programs should be created by people who are sensitive to male abuse or who have not only experienced abuse perpetrated by a female but have the knowledge of how law enforcement and mental health services can work together. "That's probably the biggest hurdle. I think that if you get abused males to assist with some of this and see what law enforcement needs, better programs will be developed in the future."

When asked whether or not a participation in mental health services should be mandatory or voluntary, the participant's responses were essentially the same - it depends. They added that services should be tailored to the individual's needs. The participants noted that a facilitator observing the group or one-on-one counseling can identify individuals who may require additional assistance. Additionally, they all agreed, "No matter how macho or tough you think you are - even though you are great you need to talk to somebody... it removes a lot of weight from your shoulders."

The participants indicated that abused males should take advantage of the services provided. The participants noted that resistance to seeking help frequently results in psychological, emotional, mental, and medical problems such as depression, anxiety, substance abuse, suicidality, and aggression; an observation that is consistent with the research of Husain (2014). P4 indicated that he would hope men suffering from abuse using voluntary mental health services would be accepted and utilized, but his experience suggested that they would not.

All participants expressed the belief that training related to mental health issues and familiarization with mental health services should begin with law enforcement, shelters, and hotlines to be effective for the male population. P4 stated his belief that mental health services are best used when coupled with proactive training such as that which is required of law enforcement. This participant felt that training was a good way for both mental health and law enforcement to maintain their professionalism and empathy towards the male population. Though participants one and six were slightly guarded in their endorsement of men participating in mental health services, they all acknowledged that under certain circumstances this approach was necessary at times to assess a man's mental status following abusive incidents. Their relevant opinions regarding what services should be provided were consistent with the suggestions of Rafaeli and Sutton (1987). When addressing stress reduction and prevention programs, they noted that such programs should include training in interpersonal skills, conflict management, and resilience (Rafaeli & Sutton, 1987).

An important issue regarding mental health providers addressed in all six interviews was confidentiality. All participants acknowledged their beliefs that the mental health professionals providing services should meet a certain modicum of credentials and have some specialized training. All participants acknowledged the legitimate need for personal information to only be disclosed to law enforcement if the situation goes to court. However, they also expressed their reluctance to be completely open due to the possible negative impact. This significant and pervasive concern is due to the stigma attached to mental health issues that contributes to the resistance of men seeking help and

the lack of trust they have for outsiders such as mental health providers (Woody, 2005). All participants expressed the belief that training related to mental health issues and familiarization with mental health services should begin as early as possible, best used and coupled with proactive training. P4 and P5 suggested that specialized training in PTSD was also an essential component for mental health professionals providing services.

The participants were asked to disclose what abuse they experienced at the hands of a woman or man, and if the negative experiences they faced from law enforcement or mental health services shaped their opinions over the years. Additionally, the participants were urged to reveal their resistance to seeking help and offer their opinions about what law enforcement and the legal system can do to provide services that are most likely to be accepted and utilized. The increased awareness resulting from this study may encourage additional research about how the legal system, law enforcement, and mental health services develop support programs abused men find useful and personally beneficial. Toward the end of the interview, the participants disclosed their self-care routine for a typical day, "They agreed they were going to do some reading and writing, possibly participate in group therapy." But just as important, they said "I had to keep myself mentally healthy so that I don't hurt myself or anyone else."

Limitations of the Study

This study was an exploration of the perceptions of abused men regarding the abuse they experienced perpetrated by their female or male intimate partners. It also included their experiences with the legal system and mental health services. Data was

collected by way of an interview consisting of eight priority questions supplemented by several "conversation continuers" that were listed in an interview guide following a format that was approved by the IRB and is presented in the Appendix. In light of the embarrassment and stigma some abused men experience daily it was unlikely that the participants were willing to share with complete openness and full self-disclosure. In the words of one participant, "the things we experience as an abused man, we find ourselves lying to ourselves and others around." Abused men, in general, are extremely suspicious of outsiders such as law enforcement, pastoral counselors, and psychologists, but a man who is abused by a female or another man has the additional burden of "having to be someone else" for personal survival. Issues regarding confidentiality were properly discussed twice in the recruitment process and then again before commencing the interview to address any unanswered questions and to further reassure the participant about the safeguarding of his personal information.

The term "confirmation bias" is typically used to describe a researcher looking for data or interpreting it in such a way that is in accord with his or her personal beliefs, values, or expectations (Nickerson, 1998) and refers to a considerable threat to trustworthiness. As a passionate supporter of psychotherapy, and an advocate for abused men, perpetrated by a female or another male, I was careful to stay within the interview format and used a computer program to identify themes. However, it is possible my personal thoughts about IPV may have in some way unintentionally influenced the results of this study. Both sources of my personal confirmation bias potential were refuted by soliciting feedback and engaging in personal reflection. I examined my thoughts,

feelings, and biases related to the topic and the information obtained in my research throughout the study through the process of reflectiveness. Additionally, I sought the opinions of professors whose knowledge and expertise qualified them to challenge my opinions and offer differing views when necessary. I approached this study with an open mind and made every attempt to become aware of and set aside personal biases (Smith & Noble, 2014). The Interview Guide was an instrumental tool in that it supplied a basic structure for the interview and aided the development of further topics and participant disclosures that added depth to the collective themes that surfaced at the conclusion of the interview process.

The small sample size posed another limitation. The phenomenological approach used in this study called for using the results of semi-structured, one-on-one interviews of six participants from around the United States. This study inquired about the lived experiences of males who have experienced abuse perpetrated by females. Because so few participants were recruited, the results of this research have limited transferability outside of the bounds of this study and other researchers who are not involved in the study may come to different suppositions (Forero et al., 2018). The results of this study were supported by interviews that were performed per an interview guide that was expressly designed to ensure that the interviews were conducted in a manner that was consistent between participants. The interview items were designed to capture the participants perceptions, personal experiences, contextualization, and their future expectations related to the topic of this study. The interview guide contained the basic

inquiries addressing the research questions, as well as possible follow-up questions to urge supplementary discussions regarding evolving themes.

The resistance to seeking helping behavior that pervades abused males is a tough obstacle to overcome, especially for the men abused by females who may want to seek mental health services. The distrust of mental health professionals exhibited by abused men may in part explain the difficulty I had recruiting men willing to participate in an interview regarding their abuse. This resistance is likely a reaction to the stigma that is attached to seeking help particularly concerning law enforcement and mental health issues, which is an important consideration when developing training. Intervention strategies affect the services. It is important to consider how staff will be trained to provide services for men who have been abused. Whether or not a man feels supported by such services or feels confident enough to advocate for mental health services or reporting the abuse is an important determining factor in the efficacy of those services. Many of these behavioral characteristics keep men mentally alive and safe. Those that experienced an aversion to seeking help from law enforcement and mental health professionals said they felt this way due to the stigma of a man being seen as "weak" for doing so. This aversion to seeking help is fueled by the behavioral demands of what many have called "being a man" that include independence, rugged individualism, and self-reliance (O'Neill & Singh, 2007; Twersky-Glassner, 2005). Men are expected to solve their problems and seeking help is not encouraged.

Recommendations

Male victims of abuse are exposed to extremely stressful, dangerous, and potentially life-threatening situations. Husain (2014) noted that depression, anxiety, and stress are among the most frequently diagnosed psychological problems. All of these states of psychological distress from the abuse result in declining and reduced job performance, satisfaction, decreased quality of life, and impaired interpersonal skills (Renden et al., 2014; Girgenti-Malone et al., 2017). These potentially widespread and long-term psychological impacts may result in safety concerns for the male victim, family, and others in the community.

While it is true that male victims of abuse, in general, face the daily threats of abusive events, it may be reasonable to consider they may experience a higher possibility of psychological distress and emotional imbalance. Problems such as family problems, alcoholism, medical complications, PTSD, and suicidality may be remediated by any of a number of mental health services. However, approaches to improving the psychological health of male victims of abuse and ways of teaching them skills to cope with psychological distress remain under-researched (Giollabhui et al., 2016). The research is especially sparse concerning male victims of abuse by a female perpetrator, with little written about how to deal with it. The attitudes of law enforcement and mental health services resulting in positive or negative attitude remain unexamined. Understanding how men view mental health services and how such services should be delivered is necessary to provide effective training.

Further research is required to gain a greater understanding of what forms of training are needed for officers who respond to calls of men in IPV relationships. Research also needs to be conducted on what approaches are most successful with this population and how to deliver those services in ways that are least likely to induce distrust, anger, and resentment in those who participate. Confidentiality is an issue of major importance. For any mental health service to be effective, men must believe in the efficacy of any form of mental health services. Consistency in how law enforcement provides assistance is very important to all the men interviewed. Men who have lived with IPV need to be apprised on what mental health services are available. Their input in the development of such programs would likely prove beneficial.

The challenge is that male victims seeking or accepting help related to mental health issues is an obstacle that is difficult to resolve but may be addressed through training. Participants in the study made it clear that the "suck it up, deal with your problems and move on" attitude is ancient and central to the "you are a man," and would likely not go away soon. However, as one participant pointed out, this attitude is "generational." Frequent discussions of a man as a victim of abuse by a woman and an emphasis on self-care may serve to expose the positive aspects of mental health services and may encourage men to use those services to their benefit. The "normalization" of men's self-care, mental health, training in healthy coping strategies will likely have a positive effect.

Implications

The results of this study yielded several implications that are relevant to research and practice concerning the training of pastoral counselors, law enforcement, and mental health services. At a time when deaths, suicides, increased abuse, and mass violence appear to be trending upwards, more men are seeing the negative consequences of the lack of training. Many men are developing a more positive view of mental health services but are still reluctant to seek assistance due to the stigma that is still attached to mental health issues. Male victims are at an increased risk for anxiety, depression, PTSD, substance abuse, aggression, and suicide. Unresolved psychological distress suffered may be alluded to but not addressed as the issue and is beyond the scope of this study.

Men, in general, are reluctant to seek help for fear of appearing weak and are suspicious about support services. Additionally, due to the secretive and deceptive nature of an abused male, they have a need to protect themselves from being compromised and putting themselves in possibly extreme danger. Not much has been written about a male as a victim of abuse which hinders trusting outsiders, especially mental health professionals. Independence, self-reliance, rugged individualism, and authoritarianism are behavioral characteristics that are expected of a man. Unfortunately, not much is known about what factors would influence a male victim to actively seek out support or accept support if it was offered. This is critical information that is necessary to inform the creation of effective mental health services. For male victim's mental health services to be effective, a unified and focused effort on the part of mental health professionals must change the attitudes of men regarding self-care and mental health. This may be

accomplished over time through training. The more information men receive in a neutral environment, the less threatening the thought of using mental health support services may be in the future.

Training should include stigma reduction programs to counter the widely held belief that seeking help relating to mental health is an admission of personal weakness. Curricula designed to educate male victims in confronting stigma and increasing their understanding about how it affects their response to other women, have been successful in improving attitudes (Hansson & Markstrom, 2014). However, little is known about how the change in attitudes regarding mental health issues in other people translates into personal help-seeking behavior. The research of Montano and Barfield (2017) suggests the people that have more understanding about mental health issues have more positive attitudes and a lesser amount of fear about people who suffer from mental illness. As previously mentioned, there is a surprising lack of research regarding the factors that may contribute to an increase in a man's psychological health and well-being following a traumatic event. However, much information can be inferred from existing research relating to the effects of psychological distress on personal performance and quality of life. There is also some research on male victim's resistance to seeking help. This information may be used in the service of creating appropriate law enforcement training, pastoral counseling programs, and effective training interventions.

A frequently discussed issue is confidentiality. Male victims of abuse need to learn about the importance of mental health services. However, professionals must be aware of men's concerns about confidentiality. Additionally, men report that they are less

likely to be open and forthcoming with someone who does not have an in-depth understanding of male victimization by a female. An advanced degree may not be enough to earn the trust of male abuse victims who are urged to resolve their problems and "suck it up." An important consideration for program developers and service providers is that they develop an in-depth understanding of the needs, beliefs, and values of those male victims of abuse they serve. The best sources of that information are men who have participated in mental health services. Individuals who will be tasked with the development, implementation and training of these services may be recruited from this group of men. Male victims of IPV need to develop suitable coping strategies, increased resilience, healthy boundaries, and skills that will improve their overall well-being.

Conclusion

Admitting to being so affected by an event or set of events and the ability to cope is difficult for many people. To feel exposed and defenseless by discussing painful issues with another person can be a risk that many are not willing to take. The lives of male victims are constantly subject to being abruptly intruded upon, sometimes several times in a week, by dreadful events and situations most people will not encounter in a lifetime. Societally men are expected to be tough, self-reliant and display rugged individualism. Society discourages men from seeking help for mental health-related issues. Men who acknowledge feelings of being overwhelmed may be ostracized.

The interviews conducted in this study indicated that participant's attitudes regarding mental health-related issues and help-seeking behavior may change over time. All participants described the mistrust of mental health professionals held by male

victims and were consistent in their description of the behavioral characteristics demanded by what society defines as masculinity. These characteristics of stoicism, aggression, self-reliance, and rugged individualism are reflective of a man's antipathy to admit to an overwhelming problem and to seeking assistance in coping with it. However, they also represent important survival skills that are taught from the day they were born. Understanding these dichotomous attitudes represents a challenge for program developers, service providers, and many of whom share these long-standing points of view. These "macho" attitudes as described by Ceballos (2013) and Sgambelluri (1994) did not form overnight, and a change of those attitudes is not likely to happen in the near future.

A change in perceptions to the extent that self-care and help-seeking behavior are necessary survival skills may be facilitated over time. Men in general and men who experience abuse at the hand of their mate specifically, need to frequently hear from a variety of sources that psychological balance and good mental health are crucial to improving quality of life, personal safety, and healthy relationships. The participant's responses to the interview questions made clear that the best way to find out how a male victim of abuse's psychological needs can be met is to ask them.

The participants in this study were forthcoming and were not at all hesitant to disclose what services they believed were helpful or those they believed were not. They described the services they would like to see implemented, and how and where services should be delivered. Perhaps most importantly, they identified issues they believed should be considered when establishing training and programs. Their main concerns were

confidentiality and the necessary specialized training of service providers. No participant ruled out the option of voluntarily seeking assistance if needed, and all participants indicated that they would refer another male victim in need.

In these interviews, the participants stated that in the past when they shared their views, they were "laughed at." A few of the participants acknowledged that nowadays there is currently "a little less laughter," but there is still significant resistance to discussing mental health issues among older men who experienced abuse. One participant's position was clear-cut, "I don't care ... I'm going to keep talking about it." If engaging, enthusiastic, and tenacious advocacy is successful in influencing others, self-care and mental health issues may begin to be viewed differently. Some of the participants may become advocates for mental health training and development of subsequent programs. By making self-care a priority when males experiences abuse of any type, they have given themselves "permission" to seek help when they need it. These values can be strengthened by the incorporation of periodic trainings on mental health-related issues such as coping skills, interpersonal relationship skills, anger management, and healthy boundaries.

Perhaps due to the upward trend of male victims of varying types the participants in this study seemed to feel that there appears to be a greater openness and willingness to discuss what has in the past been regarded as a forbidden topic. It is recommended that researchers continue to study and identify the most effective approaches to address the issue of female perpetrators of IPV, specifically with their male partners, other interventions, common standards, and practices may be established. A comprehensive

research approach should address male abuse and mental health issues in a more integrative and collaborative way. The development of training programs for service providers may ensure that they have the necessary training, education, and experience to work with this unique group of men. If all contributors to this process are "speaking the same language," and those using the services experience positive results, mental health support may become more accepted, and perhaps attitudes will change. It is through this top-down, bottom-up approach to law enforcement training and mental health service delivery we may effectively address the needs of men who experience abuse perpetrated at the hand of women. Perhaps then, as one participant said, "we will know, When the Tears Stop, and Why Men Don't Cry."

References

- Ainsworth M. D. S. (1972). Attachment and dependency: A comparison. In J. L. Gewirtz (Ed.), *Attachment and dependence*. Winston.
- Alejo, K. (2014). Long-term physical and mental health effects of domestic violence. *Themis: Research Journal of Justice Studies and Forensic Science*, 2, Article 5. <https://doi.org/10.31979/themis.2014.0205>
- Allegri, N., Gabora, N., Stewart, L., & Lilley, K. (2007). *A profile of female perpetrators of intimate partner violence: Implications for treatment*. Correctional Operations and Programs Correctional Service Canada. <http://www.csc-scc.gc.ca/research/092/r175-eng.pdf>
- American Psychological Association. (2010). *Publication manual of the American Psychological Association* (7th ed.).
- Ashley, O. S., Relyea, M., Morgan, J. K., & Lane, M. E. (2017). Working with male sexual assault victims in the military. *The Official Newsletter of the Society for Military Psychology. Division 19 of the American Psychological Association*, 32(2). <https://www.researchgate.net/publication/319653167>
- Astalin, P. K. (2013). Qualitative research designs: A conceptual framework. *International Journal of Social Science & Interdisciplinary Research*, 2(1). <https://pdf4pro.com/view/qualitative-research-designs-a-conceptual-d8d31.html>
- Bair-Merritt, M. H., Crowne, S. S., Thompson, D. A., Sibinga, E., Trent, M., & Campbell, J., (2010). Why do women use intimate partner violence? A systematic

review of women's motivations. *Trauma Violence Abuse*, 11(4):178-189.

<https://doi.org/10.1177/1524838010379003>

Bancroft, R. L., & Sillverman, J. G. (2012). *Batterer as parent: Addressing the impact of domestic violence on family dynamics*. SAGE Publications.

Bandura, A. (1973). *Aggression: A social learning analysis*. Prentice-Hall.

Bartholomew, K., Kwong, M. J., & Hart, S.D. (2001). *The handbook of personality disorders*. Guilford.

Barton, R. L. (2018). When men are the victims of domestic violence. *The Crime Report*.

<https://thecrimereport.org/2018/06/27/when-men-are-the-victims-of-domestic-violence/#>

Bergen, R. K. (1998). *Issues in intimate violence*. Sage Publications.

Black, D. (1983). Crime as social control. *American Sociological Review*, 48(1), 34–45.

<https://doi.org/10.2307/2095143>

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

Blagg, H., (2008). *Crime, Aboriginality and the Decolonization of Justice*. Sydney: Federation Press.

Bowlby, J. (1969). *Attachment: Attachment and loss* (Vol. 1). Basic Books.

Bowlby, J. (1973). *Separation: Anxiety and anger* (Vol. 2) Basic Books.

- Brooks, C., Martin, S., Broda, L., & Poudrier, J. (2017). "How many silences are there?" Men's experience of victimization in intimate partner relationships. *Journal of Interpersonal Violence*, 35(23-24), 5390–5413.
<https://doi.org/10.1177/0886260517719905>
- Brooks, L. M. (1949). Criminal and his victim. Hans Von Hentig. New Haven: Yale University Press, 1948. 461 pp. \$6.00 [Review of the book *Criminal and his victim* by Hans Von Hentig]. *Social Forces*, 27(4), 445–446.
- Buckley, K. (2013). *Attachment in couples: Attachment style, love and romance, and detachment and couples therapy*. [Unpublished master's level thesis]. California State University, Northridge, CA.
- Burnage, L., (2018). *Traditional gender roles and stereotypes: How they can affect children and young people*. The Children's Society.
<https://www.childrenssociety.org.uk/news-and-blogs/our-blog/traditional-gender-roles-and-stereotypes-how-it-can-affect-children>
- Busch, A.L., & Rosenberg, M.S. (2004). Comparing women and men arrested for domestic violence: A preliminary report. *Journal of Family Violence*, 19, 49–57.
<https://doi.org/10.1023/B:JOFV.0000011582.05558.2e>
- Campbell, D. (2010). More than 40% of domestic violence victims are male, report reveals. *The Guardian*.
<https://www.theguardian.com/society/2010/sep/05/men-victims-domestic-violence>
- Casteel, K., Wolfe, J., & Nguyen, M. (2018). *What we know about victims of sexual assault in America*. <https://projects.fivethirtyeight.com/sexual-assault-victims/>

Ceballos, M. (2013). *Machismo: A culturally constructed concept* [Master's thesis].

<https://csufresno->

dspace.calstate.edu/bitstream/handle/10211.3/105401/MiriamCEBALLOSpdfA.p

[df?sequence=1](https://dspace.calstate.edu/bitstream/handle/10211.3/105401/MiriamCEBALLOSpdfA.pdf?sequence=1)

Centers for Disease Control and Prevention (2014). *Men can be victims of abuse, too.*

Retrieved from <https://www.thehotline.org/2014/07/22/men-can-be-victims-of-abuse-too/>

Chappelton, J. (2019). *Conflict theory*. Investopedia.

<https://www.investopedia.com/terms/c/conflict-theory.asp>

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage Publications.

Chesney-Lind, M., (2006). Patriarchy, crime, and justice: Feminist criminology in an era of backlash. *Feminist Criminology* 1(1): 6–26.

<https://doi.org/10.1177/1557085105282893>

Clark, K., & Veale, B. (2018). Strategies to enhance data collection and analysis in qualitative research. *Radiologic Technology*, 89(5), 482CT-485CT.

<http://www.radiologictechnology.org/content/89/5/482CT.extract>

Clay, R. A. (2012). Redefining masculinity. Society for the Psychologist Study of Men and masculinity. APA:DIV 551. <http://www.apa.org/monitor/2012/06/masculinity>.

Clemons, C. (2017). What We Mean When We Say, “Toxic Masculinity.” Teaching Tolerance. *Gender and Sexual Identity: Bullying and Bias*. Retrieved from

<https://www.tolerance.org/magazine/what-we-mean-when-we-say-toxic-masculinity>.

Collins, N. L., & Feeney, B. C. (2013). Attachment and Caregiving in Adult Close Relationships: Normative Processes and Individual Differences. *Attachment & Human Development*, 15(3), 241–245.

<https://doi.org/10.1080/14616734.2013.782652>

Connelly, L. M. (2016). "Trustworthiness in qualitative research." *MedSurg Nursing*, vol. 25, no. 6, p. 435

Courtois, C. A., & Ford, J. D. (Eds.). (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. Guilford Press.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Sage Publications.

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed). Sage Publications.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five traditions* (2nd ed.). Sage Publications.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (Laureate Education custom ed.). Sage Publications.

Crossman, A. (2019). Feminist Theory in sociology. Retrieved from:

<https://www.thoughtco.com/feministtheory-3026624>. Department of Health and Human Services (DHHS), (2016).

- Davis, K. C., Masters, N. T., Casey, E., Kajumulo, K. F., Norris, J., & George, W. H. (2018). How Childhood Maltreatment Profiles of Male Victims Predict Adult Perpetration and Psychosocial Functioning *Journal of Interpersonal Violence*. Vol. 33(6) 915–937
- Deahl, M. (2000). Psychological debriefing: Controversy and challenge. *Australian & New Zealand Journal of Psychiatry*, 34(6), 929-939.
<https://doi.org/10.1080/000486700267>
- Ebrahimzaden, Esq., A. (2017). *Women initiate domestic violence more than men, men under-report it*. <https://www.ncbi.nlm.nih.gov/articles/PMC4768593>
- Elmquist, J., Hamel, J., Shorey, R. C., Labrecque, L., Ninnemann, A., & Stuart, G. L., (2014). Motivation for intimate Partner Violence in men and Women Arrested for Domestic Violence and Court Referred to Batterer Intervention Programs. *Partner Abuse*, (5)4, 359-374. doi:10.1891/1946-6560.5.4.359.
- Elo, S., Kaariainen, M., Kanste, O., Polkki, T., Utriainen, K., & Kyngas, H. (2014). Qualitative content analysis: A focus on trustworthiness. *Sage Open*, January-March, 1-10. <https://doi.org/10.1177/2158244014522633>
- Fairweather, A., & Kinder, B. (2013). Predictors of relationship adjustment in female survivors of childhood sexual abuse. *Journal of Interpersonal Violence*, 28(3), 538-557. <https://doi.org/10.1177/0886260512455510>
- Fattah, E. A. (2000). The vital role of victimization in the rehabilitation of offenders and their reintegration into society. In H. Iitsuka & R. Findlay-Debeck (Eds.), *Resource material series no. 56* (pp. 71-86). U.S. Department of Justice, Office of

Justice Programs. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/vital-role-victimology-rehabilitation-offenders-and-their>

Federal Bureau of Investigation. (2015). *Criminal victimization*.

<https://www.ucr.fbi.gov/crime-in-the-u.s/>

Felson, R. B., & Steadman, H. J. (1983). Situational factors in disputes leading to criminal violence. *Criminology: An Interdisciplinary Journal*, 21(1), 59–74.

<https://doi.org/10.1111/j.1745-9125.1983.tb00251.x>

Ferreira, R. J., & Buttell, F. (2014). Can a “psychosocial model” help explain violence perpetrated by female batterers? *Research on Social Work Practice*, 26, 362–371.

<https://doi.org/10.1177/1049731514543665>

Fontes, L. & Plummer, C. (2010). Cultural Issues in Disclosures of Child Sexual Abuse. *Journal of child sexual abuse*. 19. 491-518.

<https://doi.org/10.1080/10538712.2010.512520>

Forero, R., Nahidi, S., De Costa, J., Mohsin, M., Fitzgerald, G., Gibson, N., McCarthy, S., & Aboagye-Sarfo, P. (2018). Application of four-dimension criteria to assess rigor of qualitative research in emergency medicine. *BMC Health Services Research*, 18(120).

<https://doi.org/10.1186/s12913-018-2915-2>

Frankfort-Nachmias, C. & Nachmias, D. (2008). *Research methods in the social sciences* (7th ed.). Worth.

Giollabhui, S. M., Goold, B., & Loftus, B. (2016). Watching the watchers: Conducting ethnographic research on covert police investigation in the United Kingdom.

Qualitative Research, 16(6), 630-645. <https://doi.org/10.1177/1468794115622529>

- Girgenti-Malone, A. A., Khoder, C., Vega, G., and Castillo, D. (2017, June). College students' perceptions of police use of force: Do suspect race and ethnicity matter? *Police Practice and Research, 18*(5), 492-506.
<https://doi.org/0.1080/15614263.2017.1295244>
- Godbout, N., Daspe, M.-È., Lussier, Y., Sabourin, S., Dutton, D., & Hébert, M. (2017). Early exposure to violence, relationship violence, and relationship satisfaction in adolescents and emerging adults: The role of romantic attachment. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(2), 127–137.
<https://doi.org/10.1037/tra0000136>
- Hansson, L., & Markstrom, U. (2014). The effectiveness of an anti-stigma intervention in a basic police officer training programme: A controlled study. *BMC Psychiatry, 14*(1), 55. <https://doi.org/10.1186/1471-244X-14-55>
- Harned M. (2001). Abused women or abused men? An examination of the context and outcomes of dating violence. *Violence and Victims, 16*(3), 269–285.
<https://doi.org/10.1891/0886-6708.16.3.269>
- Hegarty, K. L., Hindmarsh, E. D., & Gilles, M. T. (2000). Domestic violence in Australia: Definition, prevalence and nature of presentation in clinical practice. *The Medical Journal of Australia, 173*(7), 363-367.
<https://doi.org/10.5694/j.1326-5377.2000.tb125688.x>
- Hilton, N. Z., Popham, S., Lang, C., & Harris, G. T. (2014). Preliminary validation of the ODARA for female intimate partner violence offenders. *Partner Abuse, 5*(2), 189–203. <https://doi.org/10.1891/1946-6560.5.2.189>

- Hines, D. A. & Douglas, E. M. (2009). Women's use of intimate partner violence against men: Prevalence, implications, and consequences. *Journal of Aggression, Maltreatment & Trauma, 18*(6), 572-586.
<https://doi.org/10.1080/10926770903103099>
- Hines, D. A., & Douglas, E. M. (2010). A closer look at men who sustain intimate terrorism by women. *Partner Abuse, 1*(3), 286–313. <https://doi.org/10.1891/1946-6560.1.3.286>
- Hines, D. A., Brown, J., & Dunning E. (2007). Characteristics of callers to the domestic abuse helpline for men. *Journal of Family Violence, 22*(8), 63-72.
<https://doi.org/10.1007/s10896-007-9091-1>
- Hinsliff, G. (2018). It never stops shaping you: the legacy of child sexual abuse – and how to survive it. Retrieved from <https://www.theguardian.com/uk-news/2018/jun/28/it-never-stops-shaping-you-the-legacy-of-child-sexual-abuse-and-how-to-survive-it>
- Holland, A. S., & Roisman, G. I. (2010). Adult Attachment Security and Young Adults' Dating Relationships Over Time: Self-reported, Observational, and Physiological Evidence. *Developmental Psychology, 46*(2), 552–557.
<https://doi.org/10.1037/a0018542>
- Huecker, M. R. & Smock, W. (2014). *Domestic Violence*. Treasure Island (FL): SJOJPearls Publishing.
- Huntley, A. L, Potter, L, Williamson, E., Malpass, A., Szilassy, E., & Feder, G. (2019). Help seeking by male victims of domestic violence and abuse (DVA): a

systematic review and qualitative evidence synthesis. *BMJ*;9:e021960.

doi:10.1136/bmjopen-2018-021960

Husain, W. (2014, August). The levels of depression, anxiety and stress in police officers.

Academic Research International, 5(4), 458-465. Retrieved from

https://www.researchgate.net/publication/279866982_The_levels_of_Depression_Anxiety_and_Stress_in_Police_Officers

Itulua-Abumere, F. (2013). Understanding Men and Masculinity in Modern Society.

Open Journal of Social Science Research. 1. 42-45. 10.12966/ojssr.05.05.2013.

Jacobs, J., Horne-Moyer, H. L., & Jones, R. A. (2004). The effectiveness of critical

incident stress debriefing with primary and secondary trauma victims.

International Journal of Emergency Mental Health, 6(1), 5-14.

Janey, D. (2017). |Categories: Family & parenting, relationships, & social life.

<https://doi.org/10.23965/AJEC.43.1.01>

Johnson, S. L., Leedom, L. J., & Muhtadie, L. (2012). The dominance behavioral system

and psychopathology: Evidence from self-report, observational, and biological studies. *Psychological Bulletin*, 138(4), 692–743.

<http://doi.org/10.1037/a0027503>

Karaffa, K. (2009). *Stigma, pluralistic ignorance, and attitudes toward seeking mental*

health services among police officers [Doctoral dissertation, Texas A&M

University-Commerce].

https://shareok.org/bitstream/handle/11244/48822/Karaffa_okstate_0664D_14483.pdf?sequence=1&isAllowed=y

- Karakurt, G., & Silver, K. E. (2013). Emotional abuse in intimate relationships: The role of gender and age. *Violence and Victims*, 28(5), 804–821.
<https://doi.org/10.1891/0886-6708.VV-D-12-00041>
- Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The battered-child syndrome. *Journal of the American Medical Association*, 181(1), 17-24. <https://doi.org/10.1001/jama.1962.03050270019004>
- Kenrick, D. T., Griskevicius, V., Neuberg, S. L., & Schaller, M. (2010). Renovating the Pyramid of Needs: Contemporary Extensions Built Upon Ancient Foundations. *Perspectives on Psychological Science*. 5(3) 292–314
 sagepub.com/journalsPermissions.nav DOI: 10.1177/1745691610369469
<http://pps.sagepub.com>
- Kilpatrick, D. G., (1996). *Rape and sexual assault*. National Violence Against Women Prevention Research Center. <https://mainweb-v.musc.edu/vawprevention/research/sa.shtml>
- Kimber, M., Adham, S., Gill, S., McTavish, J., & MacMillan, H. L. (2018). The association between child exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood-A systematic review. *Child Abuse Negligence*. 76:273-286. doi: 10.1016/j.chiabu.2017.11.007. Epub
- Knight, S. (2013). Interview guide preparation and use. Office of Faculty Excellence Presentation, 1-4. Retrieved from
[http://core.ecu.edu/ofe/StatisticsResearch/KNIGHT Preparing Interview Guide.pdf](http://core.ecu.edu/ofe/StatisticsResearch/KNIGHT%20Preparing%20Interview%20Guide.pdf)

- Koonin, M., Cabarcas, A., & Geffner, R. (2002). *Treatment of women arrested for domestic violence: Women ending abusive/violent episodes respectfully (WEAVER) manual*. Family Violence & Sexual Assault Institute.
- Kornbluh, M. (2015). Combatting Challenges to Establishing Trustworthiness in Qualitative Research. *Qualitative Research in Psychology, 12*(4), 397-414. <https://doi.org/10.1080/14780887.2015.1021941>
- Kraftcheck, E. R., Muller, R. T., & Wright, D. C. (2007). Treatment of depressive symptoms in adult survivors of childhood trauma. *Journal of Aggression, Maltreatment & Trauma, 15*(1), 37-58. https://doi.org/10.1300/J146v15n01_03
- Lamothe, D. (2015, March 20). Male on male sexual assault in the military: Overlooked and hard to fix, investigation finds. *The Washington Post*. <https://www.washingtonpost.com/news/checkpoint/wp/2015/03/20/male-on-male-sexual-assault-in-the-military-not-addressed-enough-and-hard-to-fix-investigation-finds/>
- Langhinrichsen-Rohling, J., McCullars, A., & Misra, T.A. (2012). Motivations for men and women's intimate partner violence perpetration: A comprehensive review. *Partner Abuse, 3*(4):429–468. <https://doi.org/10.1891/1946-6560.3.4.429>
- Lassri, D., Luyten, P., Fonagy, P., & Shahar, G. (2018). Undetected scars? Self-criticism, attachment, and romantic relationships among otherwise well-functioning childhood sexual abuse survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(1), 121–129. <https://doi.org/10.1037/tra0000271>

- Lewis, N. V., Larkins, C., Stanley, N., Szilssy, E., turner, W., & Drinkwater, J., et al. (2017). Training on domestic violence and child safeguarding in general practice: A mixed method evaluation of a pilot intervention. *BMC Family Practice*, 18, Article 33, Retrieved from <https://doi.org/10.1186/s12875-017-0603-7>
- Lotterhos, F. H. (2015). *Men cry: Embodiments of masculinity in Western cinema circa 1999* [Undergraduate honors thesis, University of Colorado, Boulder].
https://scholar.colorado.edu/honr_theses/814
- Love, K. G., Vinson, J., Tolsma, J., and Kaufmann, G. (2008). Symptoms of undercover police officers: A comparison of officers currently formerly, and without undercover experience. *International Journal of Stress Management*, 15(2), 136-152. <https://doi.org/10.1037/1072-5245.15.2.136>
- Malloy, K. A., McCloskey, K. A., Grigsby, N., & Gardner, D. (2003). Women's use of violence within intimate relationships. *Journal of Aggression, Maltreatment, and Trauma*. 6(2),37–59. https://doi.org/10.1300/j146v06n02_03
- Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013, Fall). Does sample size matter in qualitative research?: A review of qualitative interviews in IS research. *Journal of Computer Information Systems*, 54(1), 11-22.
<https://doi.org/10.1080/08874417.2013.11645667>
- Marshall, C., & Rossman, G. B. (2006). *Designing qualitative research* (4th ed.). SAGE Publications.
- Marshall, C., & Rossman, G. B. (2011). *Designing qualitative research* (5th ed.). SAGE Publications.

- Matthews, M., Farris, C., Tankard, M. E., & Dunbar, M. S. (2018). Needs of Male Sexual Assault Victims in the U.S. Armed Forces. *RAND Health Quarterly*, 8(2)
<https://www.rand.org/pubs/periodicals/health-quarterly/issues/v8/n2/07.html>
- McCarrick, J., Davis -McCabe, C., & Hirst-Winthrop, S. (2016). Men's Experiences of the Criminal Justice System Following Female Perpetrated Intimate Partner Violence. *Journal of Family Violence*. 31:203–13.
- McGinley, A. C. & Cooper, F. (2013). Identities cubed: Perspectives on multidimensional masculinities theory. *Nevada Law Journal* 13(2), 326-340.
<https://scholars.law.unlv.edu/nlj/vol13/iss2/3/>
- Messner, M. A. (1992). *Power at Play: Sports And The Problem of Masculinity*, Boston: Beacon Press.
- Meyer, S., (2011). Seeking help for intimate partner violence: Victims' experiences when approaching the criminal justice system for IPV-related support and protection in an Australian jurisdiction. *Feminist Criminology* 6(4): 268–290.
- Mikulincer, M., Shaver, P. R. (2012). An attachment perspective on psychopathology. *World Psychiatry*, 11(1), 11-15. <https://doi.org/10.1016/j.wpsyc.2012.01.003>
- Modi, M. N., Palmer, S., & Armstrong, A. (2014). The role of Violence Against Women Act in addressing intimate partner violence: a public health issue. *Journal of women's health* (2002), 23(3), 253–259. <https://doi.org/10.1089/jwh.2013.4387>
- Montano, A. N., & Barfield, B. (2017). Attitudes toward mental illness: A study among law enforcement officers in the South and Southwest United States. *Papers & Publications: Interdisciplinary Journal of Undergraduate Research*, 6(11).

Retrieved from

<https://digitalcommons.northgeorgia.edu/papersandpubs/vol6/iss1/11>

Morgan, W. & Wells, M. (2016) 'It's Deemed Unmanly': Men's Experiences of Intimate Partner Violence (IPV), *The Journal of Forensic Psychiatry & Psychology*, 27:3, 404-418, DOI: 10.1080/14789949.2015.1127986

Morse, J.M. & Richards, L. (2007). *Readme First for a User's Guide to Qualitative Methods*. Sage Publications, Thousand Oaks.

Muehlenhard, C. L., & Kimes, L. A. (1999). The Social Construction of Violence: The Case of Sexual and Domestic Violence. *Personality and Social Psychology Review*, 3(3), 234–245. https://doi.org/10.1207/s15327957pspr0303_6

Muenzenmaier, K., Spei, E., & Gross, D. (2010). Complex PTSD in men with serious mental illness: A reconceptualization. *American Journal of Psychotherapy*, 64(3), 257-268. <https://doi.org/10.1176/appi.psychotherapy.2010.64.3.257>

Muller, R. T., Thornback, K., & Bedi, R. (2012). Attachment as a mediator between childhood maltreatment and adult symptomatology. *Journal of Family Violence*, 27(3), 243-255. <https://doi.org/10.1007/s10896-012-9417-5>

National Coalition Against Domestic Violence. (2016). Quick guide: What is domestic violence? <https://www.ncadv.org/blog/posts/quick-guide-what-is-domestic-violence>

National Domestic Violence Hotline (n. d.). Retrieved from, <https://www.thehotline.org>

- Nickerson, R. (1998). Confirmation bias: A ubiquitous phenomenon in many guises. *Review of General Psychology*, 2(2), 175-220. Retrieved from <http://psy2.ucsd.edu/~mckenzie/nickersonConfirmationBias.pdf>
- O'Brien, C., Keith, J., & Shoemaker, L. (2015). Don't tell: Military culture and male rape. *Psychological Services*, 12(4), 357–365. <https://doi.org/10.1037/ser0000049>
- O'Leary, P., Coohy, C., & Easton, S. D. (2010). The effect of severe child sexual abuse and disclosure on mental health during adulthood. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 19(3), 275-289. <https://doi.org/10.1080/10538711003781251>
- O'Leary, P. J., & Gould, N. (2009). Men who were sexually abused in childhood and subsequent suicidal ideation: Community comparison explanations and practice implications. *British Journal of Social Work*, 39(5), 950-968. <https://doi.org/10.1093/bjsw/bcn130>
- O'Neill, M., & Singh, A. (2007). Introduction. In M. O'Neill, M. Marks, & A. Singh (Eds.), *Police occupational culture: New debates and directions*. Emerald Publishing. [Http://usir.salford.ac.uk/id/eprint/16770/](http://usir.salford.ac.uk/id/eprint/16770/)
- O'Toole, L., Schiffman, J. R., & Edwards, M. L. K. (2007). Conceptualizing gender violence, in *Gender violence: Interdisciplinary perspectives*. New York University Press: New York and London.
- Pack, M. (2012). Social work in mental health critical incident stress debriefing: An exploratory study of social workers' preferred models of CISM and experiences

of CISD in New Zealand. *Social Work in Mental Health*, 10(), 273-293.

<https://doi.org/10.1080/15332985.2012.657297>

Perales, F., & Todd, A. (2018). Structural Stigma and the Health and Wellbeing of Australian LGB Populations: Exploiting Geographic Variation in the results of the 2017 Same-Sex Marriage Plebiscite. *Soc. Sci. Med* 208, 190–199. doi:

10.1016/j.socscimed.2018.05.015

Perryman, S. M., & Appleton, J. (2016). Male victims of domestic abuse: Implications for health visiting practice. *Journal of Research in Nursing*, 21(5–6), 386–414.

<https://doi.org/10.1177/1744987116653785>

Quina, K., & Brown, L. S. (2007). Introduction. *Journal of Trauma & Dissociation*, 8(2),

1-7. https://doi.org/10.1300/J229v08n02_01

Rafaeli, A., & Sutton, R. (1987). *Academy of Management Review*, 12, 23-27

Rakovec-Felser Z. (2014). Domestic violence and abuse in intimate relationship from public health perspective. *Health Psychology Research*, 2(3), 1821.

<https://doi.org/10.4081/hpr.2014.1821>

Reiff, M., Castille, D. M., Muenzenmaier, K., & Link, B. (2011). Childhood abuse and the content of adult psychotic symptoms. *Psychological Trauma: Theory, Research, Practice and Policy*, 4(4), 356-369. <https://doi.org/10.1037/a0024203>

Ridner, S. (2004). Psychological distress: concept analysis. *Journal of Advanced Nursing*, 45(5), 536-545. <https://doi.org/10.1046/j.1365-2648.2003.02938.x>

Renden, P. G., Landman, A., Geerts, S.F., Jansen, S.E.M., Faber, G.S., Geert J.P.,

Savelsbergh & Raoul R.D., Oudejans., (2014). Effects of anxiety on the execution

of police arrest and self-defense skills, *Anxiety, Stress & Coping*, 27:1, 100-112,
DOI:10.1080/10615806.2013.810213

Robinson, A. L, Pinchevsky, G. M., & Guthrie, J. A. (2016). Under the Radar: Policing Non-violent Domestic abuse in the US and UK. *International Journal of Comparative and Applied Criminal Justice* 40(3): 195–208.

Rodriguez, M. (2018). Male Same Sex Couples Experience Same Rate of Domestic Violence as Straight Couples. *Safe Horizons*. <https://www.safehorizons.org>.

Rollè, L., Giardina, G., Caldarera, A.M., Gerino, E., & Brustia, P. (2018). When Intimate Partner Violence Meets Same Sex Couples: A Review of Same Sex Intimate Partner Violence. *Frontiers in Psychology*, 9.

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Sagar, R. & Hans, G. (2018). Domestic Violence and Mental Health. Department of Psychiatry, All India Institute of Medical Sciences, New Delhi, India (23)1;2-3.

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Sgambelluri, R. (1994). Police culture, police training, and police administration: Their impact on violence in police families. In D. C. Sheehan (Ed.), *Domestic violence by police officers: A compilation of papers submitted to the Domestic Violence by Police Officers Conference at the FBI Academy, Quantico, VA*.

http://webapp1.dlib.indiana.edu/virtual_disk_library/index.cgi/4951188/FID707/DVBPO/PC.pdf

- Shahrestani, A. (2017). *Women initiate domestic violence more than men, men under-report it*. <https://medium.com/@AliShahrestani/extensive-research-women-initiate-domestic-violence-more-than-men-men-under-report-it-3bbaa4fbec9d>
- Shallcross, L. (2013, August 1). First to respond, last to seek help. *Counseling Today*. <http://ct.counseling.org/2013/08/first-to-respond-last-to-seek-help/>
- Shorey, R.C., Meltzer, C., & Cornelius, T.L. (2010). Motivations for Self-Defensive Aggression in Dating Relationships. *Violence and Victims*, 25(5), 662–676. <https://doi.org/10.1891/0886-6708.25.5.662>
- Smith, J., & Noble, H. (2014). Bias in research. *Evidence Based Nursing*, 17(4). <https://doi.org/10.1136/eb-2014-101946>
- Southery, R. (1820). *What folk are made of*. Mother Goose Society. <https://doi.org/10.18357/jcs.v42i2.17841>
- Spatz-Widom, C. S., Czaja, S. J., Kozakowski, S. S., & Chauhan, P. (2018). Does Adult Attachment Style Mediate the Relationship Between Childhood Maltreatment and Mental and Physical Health Outcomes? *Child Abuse & Neglect*, 76, 533–545.
- Stets, J.E. & Straus, M.A. (1990). Gender differences in reporting of marital violence and its medical and psychological consequences. In M. A. Straus & R. J. Gelles (eds.), *Physical violence in American families, risk factors and adaptations to violence in 8,145 families* (pp.151-165). Transaction Publishers.
- Stewart, A., (2001). Policing domestic violence: An overview of emerging issues. *Police Practice and Research: An International Journal* 2(4): 447–460.

<https://www.researchgate.net/publication/29455168> Policing domestic violence
[An overview of emerging issues](#)

Stemple, L., & Meyer, I. H. (2014). The sexual victimization of men in America: new data challenge old assumptions. *American Journal of Public Health, 104*(6), e19-26. <https://doi.org/10.2105/ajph.2014.301946>

Stiles, E., Ortiz, I., & Keene, C. (2017). Serving Male-Identified Survivors of Intimate Partner Violence. NRCDV Technical Assistance Guidance: Serving Male-Identified Survivors of IPV. Retrieved from https://vawnet.org/sites/default/files/assets/files/2017-07/NRCDV_TAG-ServingMaleSurvivors-July2017.pdf

Tilbrook, E., Allan, A., & Dear, G. (2010). *Intimate partner abuse of men*. Men's Advisory Network, Perth, Western Australia.
http://www.ecu.edu.au/data/assets/pdf_file/0007/178297/10_Tilbrook_Final-Report.pdf

Twersky-Glasner, A. (2005). Police personality: What is it and why are they like that? *Journal of Police and Criminal Psychology, 20*(1), 56-67.
<https://doi.org/10.1007/BF02806707>

Vagle, M. D. (2014). *Crafting phenomenological research*. Left Coast Press.

Varley Thornton, A. J., Graham-Kevan, N., & Archer, J. (2010). Adaptive and Maladaptive Personality Traits as Predictors of Violent and Nonviolent Offending Behavior in Men and Women. *Aggressive Behavior, 36*:177–186. [PubMed: 20213653]

- Violence Against Women Act of 1994, Pub. L. 108-332, 108 Stat. 1796, 42 U.S.C. (1994).
- Violence Against Women Reauthorization Act of 2013, Pub. L. 113-4, 127 Stat. 54 (2013).
- Walker, E. C., Holman, T. B., & Busby, D. M. (2009). Childhood sexual abuse, other childhood factors, and pathways to survivors' adult relationship quality. *Journal of Family Violence, 24*(6), 397-406. <https://doi.org/10.1007/s10896-009-9242-7>
- Walklate, S., Fitz-Gibbon, K., & McCulloch, J. (2018). Is more law the answer? Seeking justice for victims of intimate partner violence through the reform of legal categories. *Criminology & Criminal Justice, 18*(1), 115–131. <https://doi.org/10.1177/1748895817728561>
- Web Center for Social Research Methods. (2006). Qualitative Validity. Retrieved from <https://socialresearchmethods.net/kb/qualval.php>
- Weinberger, B. Z. (2015). Acknowledge Male Victims of Domestic Violence. Retrieved from <https://www.slideshare.net/weinbergerlaw/acknowledging-male-victims-of-domestic-violence-weinberger-divorce-family-law-group>
- Wemmers, J. (2017). *A holistic approach to victims and victimology*. University of Toronto Press.
- Wester, S. R., Arndt, D., Sedivy, S. K., and Arndt, L. (2010). Male police officers and stigma associated with counseling: The role of anticipated risks, anticipated benefits and gender role conflict. *Psychology of Men and Masculinity, 11*(4), 286-302. <https://doi.org/10.1037/a0019108>

- Whitaker, D. J., Haileyesus, T., Swahn, M., & Saltzman, L. S., (2011). "Differences in frequency of violence and reported injury between relationships with reciprocal and nonreciprocal intimate partner violence. *American Journal of Public Health*, 97(5), 941-947. <https://doi.org/10.2105/AJPH.2005.079020>
- Widom, C. S., Czaja, S. J., Kozakowski, S. S., & Chauhan, P. (2018). Does Adult Attachment Style Mediate the Relationship Between Childhood Maltreatment and Mental and Physical Health Outcomes? *Child Abuse & Neglect*, 76, 533–545. <https://doi.org/10.1016/j.chiabu.2017.05.002>
- Wolfgang, M. F. (1958). Victim precipitated criminal homicide. *The Journal of Criminal Law, Criminology, and Police Science*, 48(1). <https://doi.org/10.2307/1140160>
- Woody, R. H. (2005). The police culture: Research implications for psychological services. *Professional Psychology: Research and Practice*, 36(5), 525-529. <https://doi.org/10.1037/0735-7028.36.5.525>
- Workman-Stark, A. (2017). *Understanding police culture*. (pp. 19-35). Springer
- Yin, R. K. (2015). *Qualitative research from start to finish* (2nd ed.). The Guilford Press.
- Zilberstein, K. (2016). Reactive attachment disorder. In R. J. R. Levesque (Ed.), *Encyclopedia of adolescence*. Springer. https://doi.org/10.1007/978-3-319-32132-5_112-2
- Zilberstein, K., & Messer, E. A. (2010). Building a secure base: Treatment of a child with disorganized attachment. *Clinical Social Work Journal*, 38(1), 85-97. <https://doi.org/10.1007/s10615-007-0097-1>

Appendix: Interview Guide

Why Boys and Men Do Not Report Mental or Physical Abuse

Principle Research Question:

What are the major concerns of men who are victims of intimate partner violence?

Specific Questions:

1. How do male victims of intimate partner violence view their situation?
2. How do male victims of intimate partner violence view their ability to request assistance?
3. What barriers do men see when disclosing IPV against them?
4. How do male victims of sexual or domestic violence (including military personnel) view their situation when the violence is perpetrated by a female?
5. How do male victims of IPV view their legal rights when reporting IPV?

Interview Questions

Five open-ended questions were formulated before the interview, each intended to address an aspect of the overall topic. The interview questions were categorized by crucial elements of the research topic that are listed below. Additionally, each interview question may be augmented by motivational probes that may facilitate more discussion about an issue for the sake of gaining clarity or a deeper understanding of an issue. These “conversation continuers” shall only be used after a participant has not explored a relevant sub-topic in a guided conversation.

Opening question: Can you help me understand what your main thoughts are concerning the abuse experienced?

Question Categories

- Family awareness of abuse
- Awareness of mental health services for abused men
- Barriers preventing reporting.

- Who helped you through this process.
- Concerns
- Usefulness of Services

What is your understanding of the emotional, psychological, or behavioral impacts following abuse, do you believe that mental health services are useful following abuse, and has your understanding changed over the course of your adult life?

What are your feelings about your own personal experience with being abused?

What are your thoughts about whether law enforcement agencies and mental health services with specialized training in male abuse, could you benefit and how?

How do you think abused men think about mental health services provided should be mandated if reported or voluntary?

What concerns would you have if you participated in mental health services?

What impact do you expect participation in mental health services would have on your life, and in light of your personal experiences, have your views changed?

How do you think other officers may view your voluntary participation in post critical incident mental health services?

Closing question: Have we not discussed anything you think is important or is there anything you would like to add?