

11-10-2025

Intimate Partner Violence: Serving Heterosexual Male and Same-Sex Victims

David Welch
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Allied Health

This is to certify that the doctoral dissertation by

David Welch

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Chris Kladopoulos, Committee Chairperson, Psychology Faculty
Dr. Benita Stiles-Smith, Committee Member, Psychology Faculty

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

Walden University
2025

Abstract

Intimate Partner Violence: Serving Heterosexual Male and Same-Sex Victims

by

David Welch

MS, Capella University, 2017

BS, American National University, 1990

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology - General

Walden University

August 2027

Abstract

Intimate partner violence (IPV) is an ongoing social problem across nationalities, cultures, socioeconomic statuses, sexual orientations, and genders. Historically, research into IPV has focused on the heterosexual female victim and male perpetrator paradigm, including identifying the root causes of this phenomenon and appropriate treatment models. There is a distinct gap in the current literature addressing how therapists in the psychological community approach working with heterosexual male and same-sex victims of IPV, beginning with case conceptualization. To explore the unique case conceptualization considerations of therapists as they encounter heterosexual male and same-sex IPV victims in their practice, a general phenomenological research design was conducted, using one-to-one interviews with nine therapists licensed to work across the United States. The study findings were interpreted through the lens of Bem's gender schema theory. Results indicated three areas therapists remain cognizant of during case conceptualization: client life history, strong therapeutic alliance, and IPV prevention. Results did not find that therapists' gender schemas impact their case conceptualization process. The findings about IPV prevention indicated that, compared to resources provided currently in shelters and other agencies, more resources are needed for heterosexual male and same-sex IPV victims. These findings will inform future approaches to providing comprehensive services to all IPV victims, which may include protocols for dealing with IPV victims and perpetrators and training therapists, as well as shelter workers, healthcare workers, law enforcement, and criminal justice professionals, to be aware that an IPV victim can be of any race, sex, income level, or gender.

Intimate Partner Violence: Serving Heterosexual Male and Same-Sex Victims

by

David Welch

MS, Capella University, 2017

BS, American National University, 1990

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology - General

Walden University

August 2027

Dedication

This paper is dedicated to my wife, Dr. Bethany Wallace, D.O., without whose support, love, and patience, this research would not have been possible.

Acknowledgments

I would like to thank my committee chair, Dr. Kladopoulos, for his support and tireless dedication to making me a better writer and researcher. I would also like to thank Dr. Stiles-Smith for her valuable comments and support, which enabled me to finish this dissertation.

Table of Contents

List of Figures	v
Chapter 1: Introduction to the Study	1
Introduction	1
Background of the Study	3
Problem Statement	6
Purpose of the Study	8
Research Question	8
Theoretical Framework	8
Nature of the Study	10
Definitions	12
Assumptions	14
Scope and Delimitations	15
Limitations	16
Significance of the Study	19
Significance to Practice	20
Significance to Theory	20
Significance to Education, Organization, and Policy Sectors	21
Summary	22
Chapter 2: Literature Review	24
Introduction	24
Literature Search Strategy	25

Theoretical Foundation	26
Literature Review of Key Variables and Concepts.....	31
Overview.....	31
Case Conceptualization.....	31
Heterosexual Female IPV Victims.....	33
Heterosexual Male and Same-Sex IPV Victims	35
Summary and Conclusions	44
Chapter 3: Research Method.....	46
Introduction.....	46
Research Design and Rationale	47
Role of the Researcher	48
Methodology.....	49
Participant Selection Logic	50
Instrumentation	51
Procedures for Recruitment, Participation, and Data Collection.....	53
Data Analysis Plan.....	55
Credibility	57
Transferability.....	58
Dependability.....	58
Confirmability.....	59
Ethical Procedures	60
Summary.....	61

Chapter 4: Results	63
Introduction.....	63
Setting	64
Demographics	65
Data Collection	65
Data Analysis	67
Coding.....	67
Evidence of Trustworthiness.....	68
Credibility	68
Transferability.....	68
Dependability	69
Confirmability.....	69
Results.....	70
Theme 1: Client’s Life History	70
Theme 2: Strong Therapeutic Alliance	72
Theme 3: Future IPV Prevention	76
Summary	79
Chapter 5: Discussion, Conclusions, and Recommendations	81
Introduction.....	81
Interpretation of the Findings.....	81
Theme 1: Client Life History	82
Theme 2: Strong Therapeutic Alliance	83

Theme 3: Future IPV Prevention	85
Summary of the Findings.....	86
Limitations of the Study.....	88
Number of Participants	88
Anticipated Relevance of Gender Schema	88
Recommendations.....	89
Implications.....	90
Positive Social Change	90
Conclusion	92
References.....	94
Appendix: Interview Questions	118

List of Figures

Figure 1. Client Life History Components	72
Figure 2. Strong Therapeutic Alliance Components.....	76
Figure 3. IPV Prevention Components	79

Chapter 1: Introduction to the Study

Introduction

In the 21st century, intimate partner violence (IPV) negatively impacts individuals, families, and societies worldwide. In the United States, the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) survey, conducted with oversight by the Centers for Disease Control and Prevention (CDC), using data from a random digit dial telephone survey, provided researchers and victim advocates with information about the victims and perpetrators of IPV. Analysis from the survey showed that “1 in 10 women and 1 in 25 men” (Breiding et al., 2014, p. 37) experienced IPV ranging from sexual assault and rape to stalking behaviors during their lifetime. In addition to the overall statistics in Breiding et al. (2014), a specific examination of IPV statistics according to the victim’s sexual orientation was conducted by Walters et al. (2013), who found that nearly “one-half of heterosexual men and sixty percent of homosexual men experience at least one instance of psychological aggression during their lifetime” (p. 24). Walters et al. also found the lifetime prevalence of physical violence experienced by gay men, lesbians, and heterosexual men from an intimate partner to be “more than one-third of lesbians” and “approximately one-quarter of all men regardless of sexual orientation” (pp. 21-22). A subsequent survey in 2015 that did not distinguish among sexual orientations states, “1 in 4 women and 1 in 10 men experienced IPV ranging from sexual assault and rape to stalking” (Smith et al., 2018, p. 7). Finally, Leemis et al. (2022) found the rate of IPV overall from the NISVS 2016/2017 survey was 47.3% for women and 44.2% for men. These percentages, which were weighted to the U.S. population and

represent the best estimates from the surveys completed, equate to “almost 1 in 2 women” (p. 4) and “2 in 5 men” (p. 4). These statistics show an overall increase in IPV prevalence over the years between the 2010 and 2016/2017 surveys. As of this writing, the statistics concerning IPV for lesbian, gay, and bisexual individuals have not been published for the 2016/2017 surveys. However, it can be speculated that statistics from that data set will show the same rate of increase in IPV for those populations. It can also be speculated that the years of the pandemic will show a further increase in IPV for all sexes and genders.

These statistics indicate that the usually accepted paradigm, male perpetrators of IPV and female victims, is not reflective of the facts collected in the survey. For those who work with victims of IPV, it would be prudent to understand the potential limitations of practicing under potentially outdated information. In the context of this most recent information regarding IPV rates for both males and females, little research has accrued despite an increasing interest in the topic (Gram et al., 2024; Scott-Storey et al., 2023).

This study focused on how clinicians conceptualize cases when the presenting IPV victim is a heterosexual male or an individual in a same-sex relationship. Understanding how clinicians approach cases of IPV with heterosexual male and same-sex victims may impact future funding and development of programs for victims and lead to more specific training of therapists, law enforcement, and shelter workers.

The remaining sections of this chapter provide a grounding in the evolution of scholarship and societal response to IPV. The Background section provides a brief synopsis of the social factors that were part of the movement to view violence between

intimate partners as unacceptable and provide services for the victims of that violence. This section also highlights the prevalence of IPV among heterosexual men and women, lesbians, bisexual men and women, and homosexual men. The Problem Statement and Research Question sections highlight the gap found in the literature surrounding IPV. The Purpose of the Study section connects the social problem with the research question. The Theoretical Framework section describes Bem's gender schema theory and how it relates to the way clinicians view working with heterosexual male and same-sex IPV victims.

The Nature of the Study section provides the research design underpinning the study, in this case, phenomenology. The Definitions section clarifies the terms used throughout the dissertation. The Assumptions section reviews my self-reflections about perceptions related to the study and measures used to facilitate my ability to remain objective. The Scope and Delimitations section helps frame the current study's focus on how clinicians approach case conceptualization when the client is a heterosexual male or same-sex victim of IPV. The final sections include the study's limitations and the significance to practice, theory, and social change. The study's limitations align with the recognized limitations of qualitative research. This study's significance centers on providing services to IPV victims, developing theories to guide best practices in the IPV field, and best practices surrounding how IPV professionals engage with heterosexual male and same-sex victims of IPV.

Background of the Study

The term used to describe abuse in spousal, dating, and similar intimate relationships is *intimate partner violence*, or *IPV*. This term is used interchangeably with

domestic violence (Office on Women's Health, 2018). For this study, IPV was the term used.

Through data collected from the NISVS in 2010, Walters et al. (2013) found that women of all sexual orientations have experienced abuse or violence from an intimate partner. For example, data from the NISVS survey indicates that the lesbian population experiencing IPV over a lifetime is 43.8% (p. 18). Further information from the NISVS indicates 35% of heterosexual women experience IPV during a lifetime. This equates to an estimated 38.3 million heterosexual women IPV victims and 714,000 lesbian victims (Walters et al., 2013, p. 18). Although bisexual women are not a focus of inquiry in this study, the percentage of bisexual women who experience IPV throughout their lifetimes is 61.1%, which Walters et al. (2013, p. 18) estimated means 2 million bisexual women have experienced IPV. The percentage is lower for heterosexual women, but the population of heterosexual women is relatively greater than lesbian or bisexual women based on the estimates by Walters et al. (2013). This relativity is reflected in the much greater frequency of occurrence of IPV among heterosexual women. It is worth noting that there is no information in this study if the IPV experienced by bisexual women was perpetrated by a male or female partner.

The NISVS survey results for the lifetime incidence of men, no matter their sexual orientation, experiencing IPV as victims are about one fourth of that population (Walters et al., 2013, p. 22). As with the statistics reported for women, the percentages are similar for gay men (24%), bisexual men (27%), and heterosexual men (26.3%; Walters et al., 2013). Because the population of heterosexual men is relatively greater

than gay and bisexual men, and the estimated population of heterosexual men who are IPV victims is 27.4 million (Walters et al., 2013), it is essential to understand why services for these victims are so scarce (Huntley et al., 2019). One possibility is that social and cultural norms inhibit these men from reporting their victimization to law enforcement or seeking help from other professionals, such as licensed clinical social workers, professional counselors, psychologists, and psychiatrists. It should be noted that the statistics presented by Walters et al. (2013) have yet to be supplemented by the 2016/2017 report on IPV victimization by sexual orientation. Due to the recent pandemic, analysis of data collected beyond 2017 may not occur for some time. At this point, the attention of researchers remains primarily focused on the heterosexual male IPV perpetrator and heterosexual female IPV victim paradigm. However, Leemis et al.'s (2022) analysis of the overall rates of IPV by gender and race/ethnicity indicated an increase in IPV for all gender identities and may indicate the same for all sexual orientations.

Regarding victims other than heterosexual women, researchers who examine IPV agree that heterosexual male and same-sex victims do not receive the same services as female heterosexual victims. Wright (2016) cited men's lack of shelter space as one example. Additional services male victims of IPV may not necessarily receive include therapy, developing a safety plan, navigating the legal system, and obtaining more permanent housing (Woodyard, 2019). Bates (2019a) and Wright (2016) identified this scarcity of services partly due to the relatively greater focus of prior IPV research on heterosexual relationships with male perpetrators. Bates found that male victims, like

other IPV victims, were often re-victimized by the services they were attempting to access for help. Bates clarified this position by noting the perception of male IPV victims by society as not “real” men or “weak.” Additionally, Bates found male victims experienced embarrassment, depression, low self-esteem, and anxiety. Male victims also reported being made to feel they were responsible for causing or provoking the abuse, often because the perception is, as one victim put it, “I called a DV helpline and was told I was to blame!” (Bates, 2019a, p. 6).

Same-sex victims of IPV, both male and female, find accessing services difficult due to a perceived scarcity of services (LaSala & Fedor, 2020), and the LGBTQ community’s perception of available services has been described as unwelcoming (LaSala & Fedor, 2020). It remains unclear how clinicians perceive the treatment process and case conceptualization when working with heterosexual male and same-sex IPV victims. Clarifying how clinicians perceive the treatment process and case conceptualization when working with heterosexual male and same-sex IPV victims might significantly change policies for shelter programs, the criminal justice system, and the training of future therapists.

Problem Statement

IPV is a persistent problem for all genders and sexual orientations in the United States, as evidenced by Walters et al. (2013) and Leemis et al. (2022). The World Health Organization (WHO), in its global and regional aggregation of information from domestic violence/IPV studies in 2018, found that “641 million up to 753 million ever-married/partnered women aged 15 years and older” had at least one incident of IPV in

their lifetime (WHO, 2021). The consequences of IPV victimization do not seem to vary across gender, with PTSD symptomology, mental and emotional harm among the most frequent symptoms reported (Leemis et al., 2022). Schokkenbroek et al. (2022), in a study from Belgium, found significant correlations between anxiety and experiencing either psychological IPV or cyber IPV. For those participants reporting difficulty with depression the strongest correlation was with psychological IPV, defined as controlling behavior and hurtful remarks (Schokkenbroek et al., 2022).

Currently, research concerning IPV focuses, for the most part, on attempting to understand either the victim's experiences or the reasons IPV is perpetrated (Bates & Weare, 2020; Desbiens et al., 2025; Dim & Lysova, 2022; Hine et al., 2020a; Hogan & Ward, 2024; Taylor & Neppl, 2020; Zhu et al., 2024). Researchers have also examined various therapeutic interventions for IPV victims and perpetrators (Arvidsson & Caman, 2024; Craven et al., 2023; Gonçalves et al., 2025; Katafiasz, 2020; Lila & Gilchrist, 2023; Pinto e Silva et al., 2023). A few studies attempt to determine the type and extent of supervision or training of those who work with IPV victims in a psychotherapeutic relationship (Burns et al., 2020; Sereno et al., 2024; Slakoff et al., 2020; Sutton et al., 2021). However, these studies continue to focus on the heterosexual female IPV victim and male heterosexual perpetrator model while making little to no mention of how current interventions address the needs of heterosexual male and same-sex IPV victims.

Because of this focus on the heterosexual relationship with a male IPV perpetrator, therapists may be uncertain about how to proceed when the victim of IPV is a heterosexual male or in a same-sex relationship. The process of case conceptualization

engaged in by therapists presented with heterosexual male and same-sex IPV victims may assist in creating a standard of care that expands on current approaches used with heterosexual female IPV victims. In turn, shelter programs and criminal justice system policies may be revised to better serve all IPV victims. Likewise, training for future therapists may become more comprehensive regarding the psychotherapeutic needs of this diverse IPV population.

Purpose of the Study

This study's purpose was to examine how clinicians approach case conceptualization and the treatment process when providing services to heterosexual male and same-sex victims of IPV. Although it is important to discover new methods of treating IPV victims of all populations, it is equally important to understand how clinicians view and approach working with male heterosexual and same-sex IPV victims. This study fills the gap between the understanding of clinicians focused on IPV as a phenomenon of male heterosexual perpetration against heterosexual women and the perceptions of clinicians treating heterosexual male and same-sex IPV victims

Research Question

This study's research question was: How do clinicians perceive case conceptualization and the treatment process when providing services to heterosexual males, homosexual males, and lesbian IPV victims?

Theoretical Framework

The framework for this study was based on Bem's (1981) gender schema theory. In general, schema theory addresses how human beings organize knowledge in a web of

associations about the world that guides individual perceptions. Gender schema theory posits that human beings process information about their world based on associations linked to biological sex. In other words, our schemas about gender influence how we perceive the behaviors expected of human beings when the labels of “male” and “female” are applied. Current research employing gender schema theory covers a broad spectrum of interest. For example, Barnett et. al (2017) examined the links between masculinity, femininity, beliefs surrounding sexuality and gender roles, and the acceptance of the rape myth by heterosexual college students.

In contrast, Olsson and Martiny (2018) delved into the extent to which gender schemas influence individuals and how those schemas may be altered when countered with role models that do not conform to stereotypical gendered behavior. The extent to which adolescents’ gender role orientation matches how they present their gender roles through social media was the focus of van Oosten et al. (2017). The question of whether the gender of a caregiver impacts a child’s interactions and attachment relationships was investigated by van Polanen et al. (2017). Another example of where gender schema has been employed is Martin and Slepian’s (2020) examination of how gender schema is the foundation of human beings’ categorization, conceptualization, and comprehension of their social reality.

Linked to the primary research question, and from the perspective of gender schema theory, is an ancillary question: Do these gender schemas influence how therapists conceptualize IPV victims and perpetrators? If clinician schemas surrounding gender somehow relate to clinician approaches to providing heterosexual female IPV

victims therapeutic services, then it would be interesting to learn how clinicians describe gender schemas relative to the case conceptualization and treatment process when providing services for individuals of different genders and sexual orientations. Findings from the current study may provide the basis for future researchers to take up this ancillary question.

Gender schema theory can provide a lens for examining how therapists incorporate societal and cultural norms into their associations surrounding IPV victims' characteristics. This theory also provides a method of understanding the context surrounding therapists' perceptions of heterosexual male and same-sex IPV victims. Discovering how gender schema, social norms, and cultural norms are perceived relative to clinicians' case conceptualization when working with heterosexual and same-sex IPV victims can assist counselor educators, therapists, psychologists, and shelter workers in assessing the applicability of services provided to heterosexual males and same-sex IPV victims.

Nature of the Study

Qualitative research best suits the type of inquiry posed for this research project. Understanding how therapists perceive heterosexual male and same-sex IPV victims as clients and subsequently conceptualizing their treatment plans provides insight into how clinicians approach such cases. Qualitative research sees the nature of reality as containing multiple views rather than one external reality in its broadest sense. Qualitative research addresses the nature of knowledge as subjective (Creswell & Poth, 2018; Lester, 1999). The epistemological assumption of qualitative research is that the

nature of knowledge is subjective. The researcher's role is to clarify participants' subjective experiences by interpreting these experiences, leading to a distillation of the essence of the phenomenon under study. Finally, in qualitative research, the axiological assumption is that the researcher's and participants' values play a role in the data collected and their interpretation. This study's nature is phenomenological with a thematic analysis approach. A phenomenological design was used to collect rich data during participant interviews. Researchers using this design are concerned with obtaining participants' lived experiences and their interpretation of those experiences (Neubauer et al., 2019). Participants included licensed mental health professionals such as professional counselors, psychologists, marriage and family therapists, and clinical social workers who have worked with male IPV victims in heterosexual relationships or individuals in same-sex relationships who are IPV victims.

Grossoehme (2014) identified six assumptions underlying phenomenology. These assumptions include the idea that knowing and making meaning are socially constructed and continuously changing. Secondly, it is assumed that the researcher is not an outsider in the research process but an integral part of it. The third assumption is that the researcher's value system, biases, and beliefs impact the study as part of the research. Therefore, the researcher must acknowledge these biases in the beginning stages of the project. Grossoehme also pointed out that, in phenomenology, it is assumed that the researcher and participants are co-creators sharing knowledge about the phenomenon under investigation. The fifth assumption is that "common forms of expression (e.g., words or art) are important" (p. 7). Finally, it is assumed that "meanings may not be

shared by everyone” (p. 7). Grossoehme’s six assumptions align with hermeneutic phenomenology’s epistemological assumption that the researcher is “part of the world and not bias free” (Neubauer et al., 2019, p. 92). Transcendental phenomenology’s ontological assumption is that reality is within the individual (Neubauer et al., 2019).

Focusing on open-ended questions regarding the process of providing services to victims of IPV contributes to our understanding of how clinicians experience and perceive heterosexual male and same-sex IPV victims as clients. This focus would also be conducive to a thematic analysis of the data described by Clarke and Braun (2018) and Anwar (2018) using the lens of gender schema theory. At this point, Braun et al.’s (2018) procedure for reflexive thematic analysis appears to be the most appropriate. In this approach, themes are viewed as “meaning-based patterns, evident in explicit (semantic) or conceptual (latent) ways, and as the *output* of coding” (p. 6). Reflexive thematic analysis has six phases that the researcher works through to the end product of a finished study. These phases include familiarization with the data, generating codes, constructing themes, revising themes, and then defining those themes to deepen understanding and interpretation of the data. The final phase is producing the report. The report should be the final test of the developed themes and their logic (Braun et al., 2018).

Definitions

Researchers accomplish their goals through clarity in presenting a study’s findings. The following key terms are defined to provide clarity.

Case conceptualization: Case conceptualization was defined by John and Segal (2015) as a

clinician's collective understanding of the client's presenting problems as viewed through a particular theoretical orientation; as defined by the biological, psychological, and social contexts of the client; and as supported by a body of research and practice that links a set of co-occurring symptoms to a diagnosis and, ultimately, a treatment plan (p. 1).

Recently, Sperry and Sperry (2020) defined case conceptualization as “a method and clinical strategy for obtaining and organizing information about a client, understanding and explaining the client's situation and maladaptive patterns, guiding and focusing treatment, anticipating challenges and roadblocks, and preparing for successful termination” (p. 51). In this study, the more recent definition by Sperry and Sperry was used to understand what case conceptualization is in the therapeutic relationship and guided the development of questions for participant interviews.

Gender: The term *gender* is often used interchangeably with *sex*. These terms are not interchangeable. According to the Canadian Institutes of Health Research (2020), “Gender refers to the socially constructed roles, behaviors, expressions, and identities of girls, women, boys, and men, and gender diverse people” (para. 2).

Intimate Partner Violence (IPV): IPV is defined by Brieding et al. (2014) as behaviors that include “physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner” (p.7).

Schema: Schema is defined as “a cognitive structure, a network of associations that organizes and guides an individual's perception” (Bem, 1981, p. 355). Bem (1981)

also described schemas as ways of thinking that allow individuals to anticipate, to some degree, where to connect new information to current associations in memory.

Sex: To prevent confusion between “sex” and “gender,” the definition of “sex” in this study is “the physical differences between people who are male, female, or intersex” (Newman, 2021, May 11, para. 1).

Therapist: “Professionals who provide psychotherapy include psychologists, psychiatrists, social workers, licensed professional clinical counselors, licensed marriage and family therapists, pastoral counselors, and psychiatric nurse practitioners” (Society of Clinical Psychology, 2017).

Therapy: Therapy can be defined as “a collaborative treatment based on the relationship between an individual and a psychologist (American Psychological Association, n.d.). A second definition of the term is, “Therapy, also called psychotherapy or counseling, is the process of meeting with a therapist to resolve problematic behaviors, beliefs, feelings, relationship issues, and/or somatic responses (sensations in the body)” (GoodTherapy, 2015). This study defined therapy as a collaborative treatment based on the relationship between the individual and the therapist that addresses problematic behaviors, beliefs, feelings, and relationship issues.

Assumptions

In any study, the researcher often begins with assumptions regarding critical aspects of the research. In this study, the first assumption was that participants have experience working with male heterosexual and same-sex victims of IPV. It was also assumed that participants would genuinely share their experiences working with male

heterosexual and same-sex IPV victims. As the informed consent form specifies, participant-identifying information was kept strictly confidential. A number/letter code was substituted for participant names to ensure participants' anonymity. Participants were also informed that they could withdraw from the study at any point. The third assumption was that there would be adequate data from participants' responses to identify core themes and answer the research question. Finally, it was assumed that I would remain objective, neutral, aware, and manage personal biases during interviews and the subsequent data analysis.

Various methods often promote researcher objectivity in qualitative research, including member checking, keeping a detailed audit trail (Johnson et al., 2020), and "critical reflexivity" (Rose & Johnson, 2020, pp. 10-11) through keeping personal notes about the research process. Member checking (Johnson et al., 2020, p. 142) ensured the accuracy of the data collected from interviews by asking participants to provide feedback on my perception of their interviews. A detailed audit trail ensured the thought processes behind decisions made and the processes used during the study were recorded (Johnson et al., 2020, p. 143). Critical reflexivity, as discussed by Rose and Johnson (2020), allowed me to question my personal and subjective assumptions as they impacted the research process. Software for qualitative data analysis was also employed during data transcription to guard against researcher bias, with Atlas software chosen for this task.

Scope and Delimitations

Participants in this study were selected according to two specific criteria. The first criterion was that participants were licensed to provide psychotherapy services in their

state, and the second was that participants had provided psychotherapy services to IPV victims. One delimitation was the exclusion of therapists who provided only crisis intervention for IPV victims. The research problem focused on the case conceptualization of therapists working with male heterosexual and same-sex victims, implying a more extended period of providing professional services than a single meeting during a crisis event. Peer counselors, pastoral counselors, life coaches, and therapists not licensed to work in their state were excluded from participation. Because the results of this study are intended to inform future training of psychology students, counseling students, and working therapists, it was essential to obtain information from those duly licensed in the state where they work.

Limitations

The primary limitation was that this study had one researcher. A better approach when embarking on this type of qualitative inquiry is to have a team of researchers. Using a team of researchers can help prevent unconscious bias when interpreting data from interviews. The first strategy to compensate for this lack of a team approach was for me to schedule meetings with the dissertation mentor regularly. Atlas software for qualitative data analysis was employed during data coding as another method of guarding against researcher bias. In addition to these methods, reflexivity through recording thoughts about the research process, a detailed audit trail, and member checking (Johnson et al., 2020; Rose & Johnson, 2020) were used. Johnson et al. (2020) described reflexivity as “the idea that a researcher’s preconceptions and biases can influence decisions and actions” (p.139). Keeping all personal reflections and documenting all the “step-by-step

processes and decision-making” (p. 143) through an audit trail assisted me in avoiding bias in data interpretation and analysis when identifying emerging themes. Additionally, as noted by Rose and Johnson (2020), member checking aided in ensuring the trustworthiness of the data.

Due to the ongoing concerns regarding SARS-CoV-2 and its evolving variants, the internet conferencing program Zoom was utilized to interview the participants. This program allowed the assessment of verbal and nonverbal communication and provided a way of establishing interactive communication. However, the program did not allow for the observance of micro-expressions as well as in-person interviews would have.

There are also limitations associated with qualitative studies. These limitations include small sample size, lack of external validity, and the absence of hypothesis testing to allow for correlational or causal inferences. However, while a correlational or causal relationship may not be identified, this research type can reveal potential issues needing further assessment through quantitative and qualitative methods. The present study was limited by sample size. It was expected that, despite the usual limitations of qualitative studies in general, this research would provide an understanding of case conceptualization used by clinicians when working with heterosexual male and same-sex IPV victims. This understanding would further be utilized to inform future approaches to treating this population.

Qualitative research differs from quantitative research in both the ontological and epistemological assumptions of each approach. As Bleiker et al. (2019) pointed out, qualitative research has more than one philosophical position. Each position, whether

critical realism, constructionism, or interpretivism, approaches the nature of truth (ontology), research methodology, data, and data analysis differently. The authors also noted that research ontology refers to the philosophical beginning of a process that seeks answers or explanations that can be labeled as true regarding the questions posed (p. S5).

For quantitative research, this truth is a reality observable independent of the researcher. In qualitative research, the truth may be an observable, external truth, but it is filtered through the researcher's perception, as in critical realism. The truth may also be something constructed through social interaction among people, thereby creating a subjective reality (constructivism). Finally, in qualitative research, the truth may be determined through the meaning made of an event or phenomenon by individuals or groups of people (interpretivism). While Bleiker et al. (2019) neatly labeled these philosophical positions in qualitative research, they also stressed that these categories are flexible and can overlap with each other. The truth about the study's population, clinicians treating heterosexual male and same-sex IPV victims, and their perception of how case conceptualization works when they are working with these victims, falls into the category of interpretivism.

Qualitative research does not remove the researcher from the data collection and data analysis process relative to quantitative research from an epistemological standpoint. In a qualitative study, the researcher interprets the data collected and can only offer an interpretation, as there is no assumption of a communal reality for all participants. Instead, meaning is contextual, and the interpretation of that context arises from the uniqueness of participants' experiences and perceptions (Creswell & Poth, 2018).

Additionally, the researcher's worldview, experience, biases, and values are part of the research process and are reported during data collection and interpretation. The importance of beliefs and values in qualitative research works for and against the researcher. This axiological position contributes to qualitative research's lack of generalizability. In the study, my beliefs surrounding the usage of case conceptualization and my gender schema were recognized as a potential influence on the interpretation of participants' responses, a bias that was controlled for during analysis.

The primary challenge in this study was the potential difficulty of recruiting participants. Participants were potentially concerned about preserving the confidentiality and safety of their clients. Even though many therapists advertise services for IPV victims, therapists who participated in the study wished to preserve their anonymity. Providing reassurance to potential participants required a clear outline of the study's purpose, how the information would be presented, and how participants' and their clients' identities would be kept confidential. The recruitment email covered this information, including the inclusion criteria to ensure that volunteers met those criteria. The study's purpose and requirements for participants were further covered in the informed consent form provided to volunteers.

Significance of the Study

This research fills a gap in understanding how therapists perceive heterosexual male and same-sex IPV victims and their therapeutic needs. Scarduzio et al. (2017) found that perceptions and stereotypes about IPV victims and perpetrators are underpinned by the cultural norms and expectations surrounding masculinity and femininity. Therapists

are products of the society and culture they occupy. Understanding how therapists perceive case conceptualization and the treatment process when providing services to heterosexual male and same-sex victims of IPV provides insight into how cultural norms and expectations regarding such cases impact the clinician's work.

Significance to Practice

This research informs how counseling, clinical psychology, social work educators, and field training site supervisors can better prepare future clinicians for serving a more diverse set of clients who are IPV perpetrators and victims. Additionally, current psychology and other mental health professionals' continuing education courses may be influenced in broadening clinicians' perceptions of the challenges facing IPV victims and perpetrators. Through clinicians utilizing case scenarios that present male heterosexuals and same-sex individuals as victims in class and workshop discussions, future clinicians' understanding of IPV victims and their therapeutic needs surrounding PTSD symptomology (Leemis et al., 2022; WHO, 2021), depression, and anxiety (Schokkenbroek et al., 2022) can be increased. It is important for clinicians to be culturally competent in matters of race and ethnicity, class, sexual orientation, and gender. Continuing education courses can address the diversity of possible IPV cases that may impact clinician considerations surrounding heterosexual men, gay men, and lesbians who can be victims or perpetrators of IPV.

Significance to Theory

Current research has focused on the experiences of heterosexual and homosexual male IPV victims (Bates, 2019b; Wright, 2016; Woodyard, 2019). This study examined

the experiences of those who provide mental health services to these IPV victims and female victims in same-sex relationships. These services include individual and group therapy with the clinician. The perceptions of therapists concerning IPV play a significant role in how victims seeking services are treated professionally.

The study assessed participants' responses to questions about their case conceptualization process when working with male heterosexual and same-sex IPV victims as possible expressions of their use of gender schemas to inform their therapeutic choices. Bem's (1981) gender schema theory asserts that the culture of U.S. society supports a binary gender schema. Human beings are categorized as boy/girl or women/men according to the biological sex assigned at birth. With the assigning of biological sex, children are socialized through family, schools, and the broader culture to align their behavior along masculine and feminine lines through socially appropriate dress, mannerisms, activities, and personality traits. One assumption in this study was that individuals' gender schemas impact their perceptions of IPV victims and perpetrators. If proved accurate, this study will provide insights regarding the influence of therapists' gender schemas on their case conceptualization of heterosexual male and same-sex IPV victims.

Significance to Education, Organization, and Policy Sectors

Based on the study's findings, positive social change can be achieved by informing the need for further understanding and training of mental health professionals in the diverse scope of experiences of IPV victims. Promoting awareness of the gender diversity of intimate relationships in which individuals experience IPV will help inform

future policies and funding for agencies serving IPV victims. Agencies potentially impacted by the results of this study include traditional domestic violence shelters and social service agencies, law enforcement agencies, the judicial system, medical personnel in emergency medicine, urgent care medicine, primary care medicine, community mental health centers, and homeless shelters. These agencies also face the effects the pandemic has had on victims' abilities to access their services during national, state, county, and city-wide lockdowns.

Summary

Researchers are beginning to identify IPV victims across all sexes and genders. The literature has focused on the experiences of these victims when encountering shelter workers, law enforcement, and therapists. However, there is little research on how therapists address case conceptualization when heterosexual male and same-sex IPV victims present for treatment. This chapter introduced the purpose of the study, relevant background literature, and the research question. Definitions of key concepts were provided, and Bem's (1981) gender schema theory, which provides the study's theoretical framework, was described.

Chapter 2 provides a review of the current research surrounding IPV victims. This review is based on recent research to the degree relevant studies are published each year. In Chapter 3, an explanation of the methodology used in the study, including the interview questions to be asked of participants, is provided. The thematic analysis method is also explained in Chapter 3, including how data were coded and the coding software used to maintain reliable analyses and control for possible researcher bias. In Chapter 4,

the resultant themes discovered during data analysis are presented. Chapter 5 discusses the study's results, limitations of the study, and recommended future avenues of research considering the diversity of IPV victims and perpetrators. The research question is revisited relative to the obtained findings, and how the study results and the recommendations for future research can bring about social change.

Chapter 2: Literature Review

Introduction

This study focuses on how clinicians perceive case conceptualization and the treatment process when providing services to heterosexual males, homosexual males, and lesbian IPV victims. Historically, IPV has been predominantly studied relative to victims who are heterosexual women (Bates et al., 2019; Pache, 2020). Due to the early understanding surrounding IPV, such as the idea that heterosexual women are commonly the victims and heterosexual men are socialized to control women (Morgan & Wells, 2016), heterosexual male, gay male, and lesbian IPV victims have not garnered sufficient attention from researchers or advocates against this type of violence (Dim & Lysova, 2022; Gram et al., 2024). Various services have been developed to address the needs of IPV victims, such as shelters, personalized safety plans for victims, avenues for legal assistance, child care, and assistance in finding permanent housing (Woodyard, 2019). Wright (2016) added to this list of services therapy for victims.

Most current literature on IPV focuses on the experiences of victims who are heterosexual women. Needs identified for heterosexual female IPV victims have guided nonprofit organizations at the state and local levels and the national level in developing emergency shelters and other services (Wright, 2016). However, researchers are beginning to identify the need for research on heterosexual male and same-sex victims of IPV to provide a complete representation of the issue (Campbell-Hawkins, 2020; Dowd & Lambo, 2020; Morgan & Wells, 2016; Scarduzio et al., 2019; Woodyard, 2019; Wright, 2016). The relative lack of research on these populations lays the foundation for

this study. Although it is essential to understand the experiences of heterosexual male and same-sex IPV victims when they seek assistance, it is also essential to understand the experiences of those who provide help, in this case, therapists who treat these IPV victims.

The significant sections of the rest of this chapter include an outline of the literature search strategy, the study's conceptual framework, and an examination of the phenomenon of IPV. The outline specifies the databases and keywords used to search for and select the articles cited. Following the examination of IPV and its characteristics is the literature review. These articles will demonstrate how other researchers have approached the study of heterosexual male and same-sex IPV victims and their experiences in seeking help, particularly psychotherapy.

Literature Search Strategy

A literature review requires the researcher to gather and analyze relevant peer-reviewed journal articles, seminal books, and other sources to create an in-depth understanding of the phenomenon under study. Peer-reviewed sources dating between 2015 and 2025, unless seminal or relevant to the research history preceding this study, were acquired through the Walden University Library. Databases used included PsycINFO, EBSCO, SAGE Pub, PubMed, and Thoreau multi-database. Additional sources identified through Google Scholar were obtained through the Walden Library from databases including Wiley Online Library, Taylor and Francis, and ResearchGate. The University of Colorado at Colorado Springs Library database was also used to identify and obtain peer-reviewed sources, as was Academia.edu. Search terms used

included *domestic violence, intimate partner violence, intimate partner violence theory, theoretical frameworks for intimate partner violence, empowerment, and intimate partner violence, case conceptualization in IPV, male victims of intimate partner violence, counseling male victims of IPV, counseling male victims of IPV best practices, case conceptualization when treating male IPV victims, female perpetrators of IPV, LGBTQ and IPV, counseling LGBTQ IPV victims*. These search terms and phrases provided a wealth of peer-reviewed material relevant to this study's research question.

Theoretical Foundation

The theoretical foundation that shapes this study is Bem's (1981) gender schema theory. This theory proposes how human beings acquire their ideas about being male or female and labeled as female or male. The theory includes how humans incorporate external information about gender identity and sex roles into their internal views and assumptions about the meaning and expression of these characteristics. Gender schema theory guided the analysis of the data collected in this study regarding how therapists develop their case conceptualization when treating heterosexual male and same-sex IPV victims.

A schema generally represents a pattern of associations an individual makes about an item in the world (Bem, 1981). According to Bem (1981), these associations allow the individual to make sense of incoming external information and impose order on this information. In gender schema theory, the individual develops a collection of concepts that define and identify males and females. This theory allows for an understanding of how "men" and "women" are supposed to act according to the society and culture of the

individual (Bem, 1981). As Liben and Bigler (2017) pointed out, Bem's theory about gender schemas provides a means of understanding how gender becomes a primary method individuals use "often arbitrarily and unnecessarily, to organize human behavior" (p. 545).

The primary theoretical propositions of Bem's (1981) theory are as follows:

- Distinguishing between what is male and female is a foundational principle for organizing information about the world and exists in every human culture (p. 354).
- "The process by which a society thus transmutes male and female into masculine and feminine is known as the process of sex typing" (p. 354).
- Children learn to use the "heterogeneous network of sex-related associations" (p. 355) as they are met with new information that must be analyzed and then incorporated into their current schema about the world.

Bem believed that from this point, children begin to process all the information they encounter through "evolving gender schema" (p. 355). This schematic processing based on the individual's gender schema is central to Bem's research concerning sex typing.

Bem's gender schema theory applies to those researching the impact of gender on relationships and expectations about relationships, and how students are impacted in the educational system. For example, Sadker and Sadker (1986) found through their studies of students at all levels of education that teachers preferred male students over female students in terms of the number of interactions and length of interaction with the student. The preferential treatment of males connects to Bem's idea that gender schema impacts

how information is categorized and how interactions of all kinds are influenced. Linking gender schema theory to how clinicians perceive IPV perpetrators and victims is not a widely explored idea. Saadoldin et al. (2017) examined how gender schemas impacted couples who had experienced spousal abuse and those who had not experienced spousal abuse. The conclusion arrived at was that men who display both feminine and masculine characteristics engage in less spousal abuse than those who scored as undifferentiated on the Bem Sex Role Inventory. However, while it is interesting to see how gender schema theory correlates to IPV incidence in couples, the intersection of gender schema theory and clinician perceptions of heterosexual male and same-sex IPV victims is a relevant examination area.

Instead, gender, not to be confused with gender schema theory, does appear to be an often-used filter to examine IPV. Sylaska and Walters (2014) examined how IPV was perceived depending on the gender of the victim and the perpetrator. The primary finding was that perceptions of IPV varied across the gender of the IPV victim and perpetrator in the scenarios presented. Gender, then, may predict how individuals respond to a victim of IPV and perpetrators of IPV (Sylaska & Walters, 2014). Other studies focused on how gender potentially factors into third-party perceptions of the seriousness of an IPV incident (Allen & Bradley, 2018), differences in aggression (Douglass et al., 2020), roles in IPV (Eisikovits & Bailey, 2016), psychological and emotional tactics in domestic violence (Hayes & Jeffries, 2016), bidirectional domestic violence (Hine et al., 2020b), differences in conceptualizing IPV (O'Campo et al., 2017), sexual violence (Turchik et

al., 2015), female perpetrators of IPV (Walker et al., 2017), and differences in intimate conflict (Winstock et al., 2018).

As Bem (1981) pointed out, gender schemas order the individual's information processing about their adherence to what is deemed masculine and feminine and order their view of the larger world. It is within the scope of gender schema theory to examine how clinicians working with IPV victims view these victims and possibly make assumptions about the nature of such cases. Furthermore, because gender schemas become integral to how individuals order the world, it is logical to consider that gender schemas may impact clinician beliefs, assumptions, and expectations surrounding IPV.

The present study was constructed to gain an understanding of clinicians' experiences and how they perceive the case conceptualization process when working with heterosexual male and same-sex IPV victims. Case conceptualization is how a therapist views the client and the client's presenting problem (Shulman, 2018). Like other human beings, clinicians have gender schemas that help organize information about their world, including their views and perceptions of their clients. The therapist's views are constructed by their professional theoretical orientation and the client's social, biological, and psychological factors (John & Segal, 2015). The research question provides additional information about how personal and societal gender schemas potentially impact how therapists provide services to heterosexual male and same-sex IPV victims.

It is not known whether this gap in the research literature is associated with the reluctance of heterosexual male and same-sex IPV victims to report abuse. For example, Walker et al. (2017) noted there is an underreporting by male IPV victims and a

resistance to identifying as an IPV victim due to “social constructions of gender” (p. 3). As with heterosexual male IPV victims, same-sex IPV victims tend to resist disclosing their situation, thus inhibiting them from reporting the events to authorities (Gerstenberger et al., 2019; Huntley et al., 2019; Lantz, 2020). Hine et al. (2020b) also pointed out that early research into IPV commonly employed a gendered and feminist model to explain the problem as men’s violence against their female partners, and Hine et al. (2020a) noted that this model of IPV used in early research continues to be prevalent in the literature surrounding IPV. The limited focus of IPV research is evident in the sparsity of studies of heterosexual males, homosexual males, and lesbian IPV victims.

Learned gender schemas, as may be applied to occurrences of IPV, could also contribute to therapists’ perceptions when working with heterosexual male and same-sex IPV victims. *Implicit bias*, as explained by Gawronski and Bodenhausen (2017), is the result of the interaction between the individual’s previously held associations around an object (their schema) and the situation at hand. Using this definition, a therapist with training and experience providing services to heterosexual female IPV victims throughout their career may, when encountering cases of a heterosexual male, homosexual male, or lesbian IPV victim, marry the associations around IPV victims with their previous experience and gender schemas. By eliciting participants’ perspectives and experiences with heterosexual male and same-sex IPV victims, the potential role of gender schemas relative to prior training and experience was explored in this study.

Literature Review of Key Variables and Concepts

Overview

This review of the current literature available in IPV research traces the history of research in this area to highlight gaps in that research. Key variables and concepts related to the study and its position within the larger field of IPV research are included to provide a thorough understanding of the phenomenon under study and how this study fills an important gap in IPV research. Key concepts and variables that are part of this literature review include the predominant focus on heterosexual female IPV victims, the lesser focus on heterosexual male IPV and same-sex IPV victims, and case conceptualization.

Case Conceptualization

This study centers on how therapists perceive case conceptualization when working with heterosexual male and same-sex IPV victims. Case conceptualization is the first step toward developing a treatment plan for a client (John & Segal, 2017). As Shulman (2018) noted, case conceptualization is described in many ways, yet there is no central, agreed-upon process for this core skill. In fact, “most of the literature uses the words *case conceptualization* and *case formulation* interchangeably and synonymously” (Shulman, 2018, p. 1). Case conceptualization describes the clinician’s engagement with and understanding of the client’s environment and individual characteristics for this study. This understanding is the foundation for the clinician’s eventual client diagnosis and treatment plan preparation.

It is understood that case conceptualization entails considering client information about a presenting issue through the therapist’s theoretical lens (John & Segal, 2017). For

example, it should be expected that therapists with a theoretical viewpoint that behavioral methods of therapy are best will conduct case conceptualization through that lens, leading to a treatment plan favoring a behavioral modality such as cognitive behavioral therapy or dialectical behavioral therapy. Philippot et al. (2018) examined case conceptualization, in general, using a perspective based on psychotherapy and the processes observed in psychopathology as applied to mood and anxiety disorders. This theoretical paper developed a functional definition of the “psychological process,” along with guidelines and a rationale for clinicians using the authors’ model. The authors concluded that their work supports the practice of focusing psychological interventions on the psychological processes that either hold a mental disorder in place or initiate its onset (Philippot et al., 2018). Clinicians best serve their clients by addressing the specific psychological processes in each case. Targeting each client’s unique circumstances during case conceptualization leads to a more tailored and effective treatment plan for clinicians working with IPV victims. Studies such as this one are essential for clinical psychology to continue evolving appropriate treatments for the populations served.

However, as Roddy and Gabriel (2019) pointed out, IPV victims, as a group, have specific needs that may not respond to common psychotherapeutic modalities. In their work, Roddy and Gabriel argued for a competency framework rather than a scripted therapeutic modality when working with IPV victims. These competencies include several general skills most therapists learn through their training as mental health professionals. Egan (2014) described four skills: active listening, empathy, congruence, and positive regard. Active listening is the practice of paying close attention to what a

client says and the accompanying body language. Empathy is the ability of the clinician to understand the client from the client's point of view and communicate that understanding when appropriate. Congruence is best described as the match between feelings and actions. Positive regard is accepting clients no matter what they do or say. However, these skills are not necessarily associated with a therapist's favored therapeutic modality or theoretical orientation (Egan, 2014).

The literature often addresses the treatments used with IPV victims rather than the case conceptualization that leads to that treatment. For example, Anderson and van Ee (2018) examined treatment interventions for mothers and children exposed to IPV. Maguire (2018) examined the relationship between the presenting characteristics of IPV victims and the treatment they received. Ogbe et al. (2020) examined interventions that focused on increasing IPV victims' social support and the effect on IPV survivors' mental health. Trabold et al. (2018) reviewed IPV interventions to understand how interventions were developed, including the foundational theories of these interventions and how they guide practitioners working with IPV victims.

Heterosexual Female IPV Victims

The studies about interventions used with IPV victims focus primarily on heterosexual female IPV victims, such as those conducted by Trabold et al. (2018), Ogbe et al. (2020), and Roddy and Gabriel (2019). Maguire's (2018) study of the relationship between an IPV client's demographic and psychological characteristics and the therapeutic method selected for treatment did include male victims. However, when discussing the implications of the results, Maguire only noted that the male participants,

comprising 6.8% of the total participants, attended fewer therapy sessions than female participants. Maguire suggested an examination of why males attend therapy less often than females. The difficulty with Maguire's study is that a small number ($n = 19$) of males participated. However, the number of males reported was 11 in one group and 10 in the second group. This discrepancy is troubling, as Maguire stated, "Future research is necessary to further understand why female IPV survivors may be more likely to attend more therapy sessions compared to males" (p. 42).

IPV victimization among people of different identified gender and sexual orientation plays a central role in this study. IPV is most often examined relative to victims who are heterosexual women and their children (Al'Uqdah et al., 2016; Boeckel et al., (2018); Brown et al., 2018; Campbell, 2016; Tam et al., 2016; Taylor, 2020). While studies focusing on predominantly heterosexual female IPV victims are ubiquitous, researchers are beginning to examine heterosexual male and same-sex IPV victims. Turchik et al. (2016) examined how current theories about sexual violence recognize male victims, female perpetrators, and same-sex relationships. They concluded that theories about sexual violence needed to be gender inclusive. Sexual violence, along with emotional/psychological, physical, and verbal aggression, is part of IPV. Studies by Bates and Weare (2020) and Whitfield et al. (2018) made it clear that, as with heterosexual female IPV victims, male heterosexual victims and same-sex IPV victims experience sexual violence.

Heterosexual Male and Same-Sex IPV Victims

In their study, Bates and Weare (2020) examined male heterosexual IPV victims' experiences of sexual violence at the hands of their female partners. The purpose of Bates and Weare's study was to explore the links between sexual violence and other types of IPV experienced by men in heterosexual relationships. The data from two separate studies were combined to answer the research question. One study, by Bates, explored the experiences of a non-help-seeking sample of heterosexual men abused by their heterosexual female partners. The second study, conducted by Weare, addressed the participants' most recent experience of being forced to penetrate a female. After combining the data from these two studies, Bates and Weare found that heterosexual male victims of IPV experienced the full range of abuse, including "sexual violence, physical violence and abuse, emotional and financial abuse, and coercive and controlling behaviors" (p.6). They concluded that, as with heterosexual female victims of IPV, men "can experience multiple forms of victimization" (p. 12). Bates and Weare concluded that the information from this study would improve the validation of men's experiences and thereby improve clinicians' responses to this population of IPV victims.

Gaman et al. (2017) focused on IPV patterns in same-sex and heterosexual couples. This study intended to directly compare male heterosexual, male homosexual, female heterosexual, and female homosexual victims of IPV to highlight any differences in the experience of abuse among these populations. The researchers used an online questionnaire of 60 items targeting "violence and aggressiveness within the context of either physical interaction, non-consensual sex, or the use of inappropriate or loud

threatening language” (Gaman et al., 2017, p. 338). Out of the initial 397 participants who logged into the survey, an eventual participant group that reported experiencing abuse and the gender of the abuser numbered 214. Of the final 214 participants that completed the survey, 200 fit the researcher’s target dyads of either a female victim-male abuser, male victim-male abuser, male victim-female abuser, or female victim-female abuser. The remaining 14 participants either did not report their gender, the gender of the abuser, or were in relationships with a transgender partner. Results indicated that female victims in either heterosexual or lesbian dyads tend to experience physical abuse more often than male victims in either heterosexual or homosexual dyads. The researchers concluded that lesbian dyads experience IPV at greater rates, and the victims in these dyads are at greater risk of experiencing more lethal or “risky” forms of abuse. In contrast, the researchers concluded that gay males experience IPV at lower rates and are less likely to be confronted with riskier forms of abuse (Gaman et al., 2017).

Along these same lines, Whitfield et al. (2018) examined IPV experiences among lesbian, gay, transgender, and bisexual college students. Using data from the 2017 National College Health Assessment, the researchers aimed to examine how prevalent different types of IPV were among college students, no matter their relationship status. The second purpose of the study was to examine “differences in IPV forms based on sexual orientation, gender identity, race/ethnicity, and intersectional identities” (Whitfield et al., 2018, p. 7). It should be noted that intersectional identities, in this case, included combinations of sexual orientation, gender identity, and race/ethnicity. Results indicated that bisexual students experienced a greater prevalence of emotional IPV across the

sexual orientation category. Students who identified as transgender reported a higher incidence of emotional IPV compared to other genders. Overall, this study indicates that IPV affects students with a minority gender identity, sexual orientation, or racial/ethnic identity more than students considered part of the majority in these categories. Whitfield et al. (2018) concluded that colleges and universities need to be aware of how IPV disproportionately affects students in the LGBTQ community, including being proactive in providing them with health and mental health services tailored to their needs. Another study that examined IPV and its incidence in the LGBTQ community was conducted by Rollè et al. (2018).

Rollè et al. (2018) looked at IPV among same-sex couples, concluding that the lack of research about this population and IPV may reflect the LGB community's reluctance to discuss the issue. The purpose of Rollè et al.'s study was twofold. The first aim was to give an overview of the psychological literature on IPV in the LGB community, focusing on treatments and interventions for victims and perpetrators. The second aim was to find suggestions for future research in the literature targeting the LGB community, mainly psychological and community services addressing IPV. The authors used thematic analysis to identify patterns across the articles reviewed. The first pass garnered 4,700 relevant sources, which were reduced by excluding those articles and surveys that did not meet the criteria, were duplicates, or were in languages the authors were not fluent or proficient in. The second pass using these exclusionary parameters resulted in 119 studies that met the inclusion criteria. After the analysis, the authors concluded that "The literature on LGB IPV is ... limited compared to the one on

heterosexual IPV” (p. 9). What research concerns LGB IPV victims and perpetrators in terms of treating these populations appears to only occur in what the authors term “a North American context” (Rollè et al., 2018, p. 10). This context specificity may indicate that research into LGB IPV is lacking in other countries and is an issue to be addressed globally. Additionally, the authors suggested that with same-sex IPV, traditional battered women’s shelters may not be the best fit for this population due to the silence around the issue and the lack of LGB-sensitive treatment approaches.

Cannon et al. (2015) discussed how the usual gendered model of heterosexual male perpetrators and heterosexual female victims of IPV fails to describe how IPV occurs in same-sex couples’ relationships. This study applied three theoretical frameworks, including post-structural feminism, queer theory, and sociology of gender, to better account for the occurrence of IPV perpetrated by heterosexual females and same-sex IPV. This theoretical paper began with a summary of the poststructuralist feminist approach and its view about power, including how power is used in contrast to a traditional feminist view of patriarchal power structures. The result of applying this theoretical approach to same-sex IPV is that the usual patriarchal structure of men having all the power and women having none of the power does not work. Male and female same-sex relationships cannot be understood by applying the traditional feminist patriarchal paradigm.

The second theoretical framework applied to the issue of same-sex IPV by Cannon et al. (2015) was queer theory. In doing so, the authors reported arriving at several insights regarding same-sex IPV. First, the theory acknowledges the continued

social agreement that heterosexuality is the norm (heteronormativity). Secondly, queer theory reveals the flaws of assuming heterosexual men as IPV perpetrators and heterosexual women as IPV victims. This assumption effectively renders same-sex IPV victims and perpetrators invisible. Finally, queer theory describes the assumption that men are abusers and women victims as “a contingent arrangement” (p. 674). The term contingent suggests that the dynamic of male abuser/female victim is flexible. This flexibility suggests that both women and men, no matter their sexual orientation, have access to different ways to use power. The kind of power accessed and utilized may differ, but all have access to some type of power as defined by the theory. Applied to IPV, this statement means that no matter the sexual orientation, all are capable of violence in their intimate relationships. The authors point out that using this theoretical lens to view IPV means that lesbian batterers’ violence, for instance, is divorced from the construct of patriarchy. Instead, we can see a lesbian batterer’s violence as only one choice of strategy available to use against a partner (Cannon et al., 2015).

The final theoretical approach examined by Cannon et al. (2015) was the sociology of gender. The first aspect of this theory dispenses with the idea of a binary concept of gender. Instead, the theory takes the view that both females and males can embody masculinity and femininity at any time. This idea leads to a decoupling of gender from IPV, as masculinity does not appear to solely predict the occurrence of IPV. Secondly, the sociology of gender theory uses an interactional approach to comprehend the relationship between IPV and gender. Using an interactional approach requires viewing the context of IPV, including variables that affect the couple’s power dynamic.

Cannon et al. posited that this perspective about gender may aid in explaining female-on-female IPV perpetration.

The third and final aspect of the sociology of gender theoretical framework views gender as a social structure part of an individual's "self" and woven throughout people's social lives (Cannon et al., 2015, p. 679). Looking at gender as a social structure allows researchers to look at its linkages with IPV. These linkages may explain how and why IPV perpetration occurs to the extent it does in all pairings of the victim and perpetrator gender and sexual orientation, and the various environmental contexts during IPV incidents. Cannon et al. (2015) concluded that applying these theoretical frameworks to research concerning IPV and the LGBTQ community can lead to policy development and the formulation of better treatment and intervention models.

Knowledge about IPV, in general, has been pursued to understand the underlying psychological and sociological mechanisms at work relative to the experiences of heterosexual female and non-heterosexual female victims and their abusers, including attempts to identify risk factors for both perpetrators and victims (Bernardi & Steyn, 2019; Capaldi et al., 2019; Chester & DeWall, 2018; Dim & Elabor-Idemudia, 2018; Eckhardt & Massa, 2020; Gerstenberger et al., 2019), and the questioning of long-held paradigms about IPV as a social issue (Bates, 2019b; Bates et al., 2019; Cannon & Buttell, 2015; Douglass et al., 2020; Eisikovits & Bailey, 2016; Laskey et al. (2019); Wright, 2016). Theories about why IPV violence occurs have led researchers to develop models for treating victims and understanding perpetrator behavior (Bernardi & Steyn, 2019; Yanez, 2018). Bernardi and Steyn (2019) conducted a psychological autopsy case

study to understand female-perpetrated violence. They used a qualitative approach and recruited their single case from a more extensive non-random study that focused on developing gender-inclusive intervention programs for IPV perpetrators.

While Bernardi and Steyn's (2019) research used a single case study, the information obtained has a bearing on the larger question of how therapists work with heterosexual male victims of IPV. The participant in this study was not only a victim of female-perpetrated violence as a child but also observed his mother abuse his father (p. 442). Bernardi and Steyn's data analysis indicated that heterosexual female perpetrators of IPV, like their male counterparts, often have witnessed violence in their families of origin (p. 448). It also appears that heterosexual female and male perpetrators of IPV exhibit behaviors associated with depression, anxiety, borderline personality disorder, and intermittent explosive disorder (p. 456). Bernardi and Steyn recommended that programs for IPV perpetrators become gender-inclusive and begin to develop programs and treatment that move away from using theories founded on the assumption of inequality between the sexes as supported by an assumed patriarchal system. Their study provides valuable information; however, a single case study is insufficient for researchers to generalize to a population. Instead, researchers can use studies like Bernardi and Steyn's to expand the research on heterosexual female and lesbian IPV perpetrators.

Understanding the factors contributing to IPV perpetration is only part of the puzzle. It is also essential to understand IPV victims and the environment around them. Evidenced-based insights beneficial for guiding avenues of intervention when working with this population have resulted from theories developed to explain victims' lived

experiences (Nicholson & Lutz, 2017; Nybergh et al., 2016), predict IPV perpetration by male and female abusers (Petit et al., 2017; Sommer et al., 2019) and address the environmental factors contributing to the incidence of IPV (Voith, 2017).

Researchers have also begun to examine the unique experiences of heterosexual male and same-sex victims of IPV when encountering law enforcement and other service providers (Allen & Bradley, 2018; Birdsall et al., 2017; Furman et al., 2017; Lantz, 2020; LaSala & Fedor, 2020; Milligan, 2019; Seahorn, 2020; Story & Strand, 2017; Tam et al., 2016). Lantz's (2020) research focused on the differences in arrest rates, victim refusal to cooperate with law enforcement, and the decision by prosecutors to pursue or not pursue a case in court among a variety of couple pairings. Lantz used quantitative comparative analysis to determine the differences between heterosexual and homosexual perpetrator-victim dyads (i.e., male-female, male-male, and female-female; p. 213), for both general assault cases and IPV cases. The author focused on three case outcomes for each type of assault. These outcomes included victim refusal to cooperate with law enforcement, law enforcement's decision to arrest, and prosecutor denial to pursue the case in court.

The results of Lantz's (2020) study are interesting. There is an increased chance of an arrest being made in IPV cases as opposed to general assault cases. The rate of arrests was 40% of total incidents reported of general assaults, compared to 53% of the total incidents reported of IPV assaults. These rates did not differ across the configuration of the dyads. In the IPV sample, the sex of the offender and victim appeared to correlate with the arrest rate. When the perpetrator and victim are of the opposite sex in an IPV case, an arrest is made less often than in same-sex pairings. Law enforcement arrests

accounted for 55% of the reported incidents when an IPV incident occurred in a male same-sex couple. When the perpetrator and victim were females, law enforcement arrests were 58% of the total number of reported incidents.

Lantz (2020) also found that when examining the rates of prosecutorial denial, i.e., refusal by the prosecutor to pursue a case in court, there is no significant difference when the perpetrator and victim are of the same sex or the perpetrator is male and the victim is female in IPV cases. However, when the perpetrator in an IPV case is a heterosexual female, there is a 19.8% increase in the likelihood that the prosecutor will not pursue the case in court. These findings led Lantz to conclude that the sex, not the sexual orientation of an IPV perpetrator, matters the most when decisions to arrest and prosecute are made. Curiously, female-perpetrated IPV was more likely to result in arrest, no matter the sexual orientation, while male perpetrators, both heterosexual and same-sex, were more likely to be prosecuted.

Lantz's (2020) research emphasized the importance of addressing IPV as it is treated in systems designed to protect victims. However, IPV is both a systemic and individual issue. Research in IPV seeks to understand the underlying psychological and sociological mechanisms relative to the experiences of non-heterosexual female victims when seeking assistance (Campbell-Hawkins, 2019; De Puy et al., 2017; Dim & Elabor-Idemudia, 2018). However, the research field has not examined the underlying psychological and sociological mechanisms that may be part of a clinician's experience relative to case conceptualization when treating this population. Some researchers have been concerned with how therapists, shelter workers, and hotline operators work with

IPV victims (Ayaba-Apawu, 2016; Beckerman, 2018; Burns et al., 2020; Friesma, 2016; Hine et al., 2020a; Jalbert, 2017; McLaughlin, 2017; Slakoff et al., 2020). These studies focused on either the therapeutic methodology used by therapists or the state of training for therapists, shelter workers, and hotline operators. What is not seen in the literature is research examining how therapists working with IPV victims engage in their initial case conceptualization and what factors receive relative amounts of consideration during that process.

Summary and Conclusions

It is unknown how therapists perceive heterosexual male and same-sex IPV victims compared to heterosexual female IPV victims. Do therapists view heterosexual male and same-sex IPV victims independently of other labels related to gender identity, sexual orientation, and race/ethnicity? If therapists view heterosexual male and same-sex IPV victims apart from their gender identity, sexual orientation, and race/ethnicity, how might that be reflected in case conceptualization and the development of treatment plans? The bulk of this literature review suggests that client characteristics, particularly gender identity, sexual orientation, and race/ethnicity, are seen to interact with IPV perpetration and victimization (Cannon et al., 2015).

The current study explored the process used by therapists for case conceptualization when the client is a heterosexual male, homosexual male, or lesbian IPV victim. Through the process of semi-structured interviews, the question of how therapists perceive case conceptualization when working with heterosexual male or same-sex IPV victims is addressed. It proposes that therapists' perceptions of these client

populations may be influenced by several factors, including gender identity, sexual orientation, and the focus and amount of therapists' training. Chapter 3 presents the research design and rationale, the role of the researcher, methods of recruiting and selecting participants, and methods of collecting data. Potential issues surrounding the study's trustworthiness and the steps used to mitigate related issues are discussed. The role of Bem's (1981) gender schema theory in the data analysis process is also delineated. Finally, the study's ethical considerations are addressed, including procedures for maintaining participants' anonymity, the contents of the informed consent documentation and procedure for obtaining voluntary consent, and methods for protecting the security of the data collected.

Chapter 3: Research Method

Introduction

Previous studies concerning male and same-sex victims of IPV have delved into their experiences with helping agencies, including law enforcement, the domestic violence shelter system, the medical community, and therapists. Researchers have questioned the limited extent of services provided by these agencies and the training therapists receive in the area of IPV (Beckerman, 2018; Burns et al., 2020; Friesma, 2016; Furman et al., 2017; LaSala & Fedor, 2020). However, there is a gap in the research on how therapists develop case conceptualization and treatment plans when faced with heterosexual male and same-sex IPV victims. It is essential to understand therapists' awareness and perceptions of the lived experiences of the heterosexual male and same-sex IPV victims they work with to develop and provide appropriate services to this population. Understanding therapists' experiences working with male and same-sex IPV victims is equally vital as one of the lynchpins for developing and providing compassionate care and support to this population.

This chapter begins with the research question to give context to the subsequent description of the research design and rationale for the research design chosen. A review of the researcher's role and relationship to the qualitative phenomenological study is included. Also included is a description of the methodology. Part of the description of the methodology includes the logic guiding participant selection and the instrumentation chosen to elicit data. These sections are followed by an outline of the recruitment procedures, requirements for participating in the study, data collection methods, and the

data analysis plan. The chapter will then address issues of trustworthiness in the study, including credibility, transferability, dependability, and confirmability. The following section covers the ethical procedures, such as voluntary participation and informed consent, and methods to safeguard participants' identities and the collected data. The chapter finishes with a general summary and transitions into Chapter 4.

Research Design and Rationale

This qualitative study used a general phenomenological design. Semi-structured interviews were employed to explore the research question: How do clinicians perceive case conceptualization and the treatment process when providing services to heterosexual male, homosexual male, and lesbian IPV victims? The core phenomenon explored in this study was the clinicians' approach to case conceptualization when the client is a male or same-sex victim of IPV.

A qualitative phenomenological approach appeared to be the best method of exploring participants' lived experiences in providing therapeutic services to heterosexual male and same-sex IPV victims. Lester (1999) stated that the core aim of phenomenological research is to shed light on the phenomenon under study through the perceptions of those experiencing it and the meaning they make out of those experiences. Neubauer et al. (2019) described transcendental phenomenology and its practice of making the researcher a blank page with no preconceptions, biases, hypotheses, or expectations of what the study will discover. To become a blank slate in phenomenological research, researchers use bracketing to "wall off" (Neubauer et al., 2019, p. 93) any previous knowledge, understanding, or assumptions about the focus of a

study. A phenomenological approach allowed me to understand how therapists experience the process of case conceptualization when a client is a male heterosexual or same-sex victim of IPV. Other qualitative approaches, such as case studies, ethnographies, narratives, and grounded theory, were not deemed as effective to capture the essence of case conceptualization experienced by therapists working with heterosexual male and same-sex IPV victims (Tomaszewski et al., 2020).

Role of the Researcher

Throughout this project, my role as the researcher included serving as an interviewer by conducting semi-structured interviews and posing initial guiding questions and follow-up questions to participants. The questions posed focused on how each participant structured their case conceptualization when the client was a male heterosexual or same-sex victim of IPV. Answers to these questions were recorded through video and audio recordings of the interviews. The audio recordings were transcribed for thematic analysis.

According to Lincoln and Guba (1982), the reflexive journal in research checks the researcher's biases. The authors delineate five aspects of the reflexive journal that are necessary to maintain what is essentially transparency regarding the research. These sections, termed "logs," include records of "the inquirer's perceptions, changing insights, affective responses, and the experiences, ideas, fears, mistakes, confusions, breakthroughs, and problems" that occur throughout the research process (Lincoln & Guba, 1982, p. 10). To control for potential researcher bias during data collection and analysis, I acknowledged personal assumptions and expectations in a collection of

spontaneous notes and observations that assisted in setting aside assumptions and expectations when interviewing participants. Lincoln and Guba (1982) suggested that the logs they discussed be dated and initialed when composed and kept in notebooks that do not allow easy editing. This approach prevents the researcher from quickly editing entries that may highlight problems and mistakes during the research process. Rose and Johnson (2020) refrained from specifying how “critical reflexivity and subjective positionality” should be demonstrated, but support these qualities as essential to the validity of qualitative research. Interview questions will be open-ended and neutral to encourage participants to express themselves freely (Fauvelle, 2020). Atlas.ti 25 (2025) software helped facilitate the coding process toward correctly identifying themes that emerge from the data. TurboScribe was used to ensure accurate transcription of the recorded audio. I also refrained from drawing conclusions about the data until they had been thoroughly analyzed.

To prevent the occurrence of researcher bias stemming from personal experience, I used reflection by collecting various spontaneous notes and thoughts into a folder. This approach was different than the reflective journaling in the form of a personal diary, as described by Lincoln and Guba (1982). However, this method worked best with my thought processes. Additionally, I used a form of member checking of the interviews to ensure the accuracy of my understanding of the participants’ points of view.

Methodology

The methodology chosen to frame this research was qualitative. The use of a general phenomenological design (Creswell & Poth, 2018) shaped the study by including

semi-structured one-to-one interviews with qualifying participants. Details of the methodology follow, including participant selection, instrumentation, recruitment and participation, and data collection and analysis procedures.

Participant Selection Logic

The study population included licensed counselors, psychologists, marriage and family therapists, and social workers whose practice included working with heterosexual male and same-sex IPV victims. Given the nature of the research question and the population under study, purposive sampling was the best approach for acquiring adequate participants. Participants were recruited using Qualitative.io. Using Qualitative.io required providing the subject of the study and the criteria required for participation. I then received a list of potential participants who were interested in volunteering. I contacted each potential participant, providing them with further information regarding the nature of the study and the criteria for participating. If a potential participant was still interested, they were emailed the consent form and asked to reply to that email with the words, "I consent." Those responding were scheduled for an interview. To ensure participation in the study was voluntary and to avoid dual relationships with participants or conflicts of interest, only participants with whom I had no present or prior personal or professional relationship were recruited.

The first inclusion criterion was participants licensed to practice in their state as a licensed professional counselor, licensed marriage and family therapist, licensed clinical psychologist, or licensed clinical social worker. The second criterion for inclusion was that the clinician had applied experience providing therapeutic services to clients who

were heterosexual male or same-sex IPV victims. The participant could either be in private practice or work in an agency. The participant pool excluded MA, MS, or PhD students in training, school counselors, volunteer peer counselors at domestic violence shelters, therapists who worked with children exclusively, therapists whose license was currently suspended, and clergy.

Instrumentation

I developed the semi-structured interview questions and the protocol for the one-on-one interviews. The semi-structured interview questions and the protocol for the one-on-one interviews were reviewed by my committee chair during writing and revising. Interviews were conducted through Zoom. Interview data were filed with the participant identified by an assigned numeric code to preserve participant anonymity in the record. A log was kept separately that matched participants to their assigned code. Each interview was audio and video recorded through Zoom's recording feature, then downloaded to a secure file for ease of review. The questions for the interview, including any follow-up questions, were intended to fill in information missing in studies that focused on the training and supervision of clinicians working with IPV victims. For example, results in some prior studies tended to focus on the lack of adequate understanding of how IPV participants felt (Ayaba-Apawu, 2016; Burns et al., 2020; Jalbert, 2017) and responsive guidance supervisors (Beckerman, 2018; Friesma, 2016). However, these studies did not discuss methods of training or supervision of new clinicians regarding case conceptualization practices when working with IPV victims.

The interview protocol guided the interview process to maintain consistency across interviews. Each participant was asked the same set of guiding questions, with responses video- and audio-recorded. Following the protocol elicited responses from participants that connected to the research question.

Finally, utilizing the Zoom recording function during each interview preserved the data and aided in accurate data transcription. The transcribed audio recordings allowed me to mine the data until saturation occurred and no other themes emerged. Audio recording of the interviews assisted in establishing content validity, as well as lowering the risk of researcher bias. The interview questions specifically related to the research question were as follows, based on Sperry and Sperry's (2020) definition of case conceptualization:

- What is your intake and assessment process in obtaining and organizing information about heterosexual male and same-sex IPV victims who are clients?
- What is your process for understanding and explaining heterosexual male and same-sex IPV victims' situations and maladaptive patterns?
- How do you use the information from the intake and assessment process and your understanding and explanation of situations and maladaptive patterns to guide and focus the treatment of heterosexual male and same-sex IPV victims?
- How does the information from the intake and assessment process, and your understanding and explanation of situations and maladaptive patterns, assist

you in anticipating challenges and roadblocks when treating heterosexual male and same-sex IPV victims?

- How does the information from the intake and assessment process, and your understanding and explanation of situations and maladaptive patterns developed over the course of therapy, assist you in preparing for a successful termination of therapy when working with heterosexual male and same-sex IPV victims?

Procedures for Recruitment, Participation, and Data Collection

Due to difficulty recruiting participants locally, participants were recruited nationally using Qualitative.io, a company designed to assist researchers in obtaining participants for their qualitative studies. The initial information, study subject, and participant criteria about the study were provided to the participant pool. I then received a list of interested participants, whom I subsequently contacted through email and provided with further information in a more detailed recruitment email. This email included the purpose of the study, the inclusion criteria, the length of interviews, the parameters of confidentiality, the amount (\$100) that volunteers would receive in a Visa gift card to compensate them for their time, and how the information from the study would be used. After sending the information about this study to the list of participants, if a potential participant indicated continued interest, I sent them the consent form and asked them to reply to that email with the words, "I consent." Those who consented to participate were then scheduled for an interview.

There is some debate about what constitutes an adequate sample size. Vasileiou et al. (2018) suggested tailoring the sample size to the research question and the requirements of the study. It was anticipated that the initial invitations would reach approximately 60 to 70 clinicians, from which a sample size of 10 would be drawn. Because one of the recruited participants did not return a consent form, the final study sample numbered nine. The number of participants proved sufficient to reach data saturation.

Participants were invited to email me with any questions before and during the project. I briefly reiterated with the participant the steps taken to ensure participant confidentiality and the interview procedure at the beginning of the interview. I remained mindful of the time the participants were devoting to the study. While encouraging thorough responses, I assured the participants that the interview would not exceed the stated time frame.

The participants who met the inclusion criteria provided their responses to the interview questions during the scheduled interview. I asked the participants to clarify their responses as needed during their interview. Participants were emailed my perception and interpretation of their answers to verify the accuracy of the my interpretations and invite any additional information the participants wished to share. This method of member checking helped prevent researcher bias (Castillo, 2018).

Each interview meeting was scheduled for a minimum of 45 minutes and up to 60 minutes. During the interviews, data were collected through video and audio recording.

Participants were informed that, after transcribing the data, I would contact them to confirm my interpretation of the information they provided.

Data Analysis Plan

The data collected through semi-structured interviews with participants were analyzed according to the reflexive thematic analysis described by Braun et al. (2018). This thematic analysis model includes six steps to thoroughly analyze collected data. The first phase is familiarization. During familiarization, the researcher approaches the data to observe initial “connections, possibilities, and quirks” (p. 10). In other words, the researcher reads over the transcriptions, watches, and listens to the recording of the interviews several times to know the data thoroughly at the semantic or surface level, and begins to gain insight into deeper levels of meaning and generate codes.

The second step of the reflexive thematic analysis is generating codes. Braun et al. (2018) noted that the researcher begins a systematic and rigorous perusal of the data, searching for and identifying meaning. In this phase, data are organized around similar meanings and “content reduced into collated chunks of text” (p. 11). There are two avenues or orientations used in coding. The first is inductive, allowing the themes to come from the data instead of pre-determining the themes according to the researcher’s ideas or theories about the phenomenon. The inductive approach allowed the data to dictate the themes in this study rather than imposing set themes from theory. While constructing themes, I attempted to refrain from looking for data that fit Bem’s gender schema theory and instead allowed the data to fit that theory or not.

The third step in the reflexive thematic analysis is constructing themes. Although some themes may seem obvious from a first read of the data, it is not often that themes emerge so quickly. Braun et al. (2018) stressed that themes arise from the “intersection of data, researcher experience, and subjectivity, and research question(s)” (p. 12). The codes from phase two are the material from which the themes in phase three are built. The authors discuss two different methods of developing codes into themes. The first method sees codes as “building blocks” (p. 12). Similar codes are grouped with their source data and shaped into groups of meaning. The second method involves codes with “central organizing ideas” that may then be promoted to the theme as they represent a “meaningful pattern across the dataset” (p. 12).

The following two steps, revising and defining themes, work in tandem. Initial themes developed in phase three are revisited and re-envisioned to see if they tell an accurate story of the data. Braun et al. (2018) suggested that having a clear definition of each theme, including the central concept of the theme and the limitations or boundaries of the theme, is necessary and “helps clarify the essence and scope of each theme” (p. 13). One critical element that assisted me in revising and defining themes was examining the data connected to an initial theme to ensure it related to a central idea. It was at this point that mapping was helpful. A visual representation of how the data that gave rise to each theme fit together and how the themes connected helped me see the “story” of the data. The definition of themes led to theme names that were more indicative of each theme’s “scope and core” (p. 14). These two steps, revising and defining, ensured that the

themes discussed and the names of those themes “clearly, comprehensively *and* concisely capture what is meaningful about the data” (p. 14) related to the research question.

The final step in reflexive thematic analysis is to produce the report (Braun et al., 2018). This step entails writing up the research results and a chance to test the workability of the themes, independent of each other, and in relation to the dataset. Braun et al. (2018) stated that the researcher, when revisiting the research question and notes from early in the data analysis process, including “your lists of codes, and theme definitions” (p. 15), determines how well the final themes both fit the dataset and answer the research question.

Issues of Trustworthiness

Unlike the measures of quality in quantitative research, qualitative research strives to achieve trustworthiness in the findings. Trustworthiness is the degree to which a study’s findings can be trusted or relied upon to be accurate (Korstjens & Moser, 2018). In this study, the four measures of trustworthiness were credibility, transferability, dependability, and confirmability.

Credibility

Korstjens and Moser (2018) described credibility in qualitative research as “confidence that can be placed in the truth of the research findings” (p. 121). For a qualitative research project to be credible, the reader must find the results to be an accurate description of the participants’ lived experiences relative to the research question and a “correct interpretation” (p. 121) of participants’ beliefs and views about the phenomenon under study.

In this study, member checking was one of the strategies used to establish credibility (Grossoehme, 2014). Additionally, prolonged contact with the data through follow-up interviews and a rigorous re-reading of the interview transcripts was employed to ensure the data is presented accurately and interpreted correctly. Finally, epoche was employed to approach the data with my preconceptions acknowledged and then set aside (Castillo, 2018).

Transferability

Transferability refers to the suitability of the findings for use in other settings, situations, and contexts with different respondents (Korstjens & Moser, 2018). The primary method of ensuring transferability is through thick description. Thick description in this study was demonstrated by placing participants' responses within the context of their environment. In addition, participants' experiences as clinicians working with heterosexual male and same-sex IPV victims were carefully examined via thematic analysis (Braun et al., 2018) using member checking to ensure the accuracy of those descriptions.

Dependability

At its most basic level, dependability in qualitative research refers to the stability of a study's findings over time (Korstjens & Moser, 2018). An audit trail was maintained to establish the dependability of this study's findings. All notes, research decisions, personal jottings, records, transcripts, and other study documents are available for review, excluding participant identifying information. Additionally, the interview protocol ensured that responses from participants were elicited consistently. Data were collected

until saturation was achieved through thematic analysis of each interview upon completion. Analysis of the interviews continued until participant responses revealed no new data (codes and themes) deemed to address the research question and instrumental in establishing the trustworthiness of the study.

Confirmability

As with quantitative studies, researchers conducting qualitative studies must base conclusions on the data and refrain from drawing conclusions that are not data-supported. Crucial to confirmability is the researcher's ability to acknowledge personal assumptions, beliefs, and viewpoints and then set them aside while interpreting the data (Lincoln & Guba, 1982; Rose & Johnson, 2020). Castillo (2018) discussed bracketing and epoche as methods for addressing researcher bias that may compromise confirmability. Epoche was used to assist in approaching the data with a fresh perspective. As described by Castillo (2018), epoche allows researchers to continually reflect on personal beliefs, perceptions, and observations and set them aside. This approach aims to ground the findings of the study in the data. Korstjens and Moser (2018) described confirmability as being sure the data and interpretations are not "figments of the inquirer's imagination" (p. 121) but instead are driven by the raw data of participants' responses and the subsequent interpretation of the data verified by participants. I achieved epoche through re-reading notes taken while reviewing the data and looking for any indication of personal experiences and beliefs regarding IPV to ensure they were not influencing the data analysis.

Ethical Procedures

All research, quantitative and qualitative, is bound by ethical standards. Before beginning this study with human participants, I obtained approval from Walden University's Institutional Review Board (IRB; Approval No. 06-12-24-0541465). Form A: Description of Data Sources and Partner Sites was required to begin the IRB approval process. Once this form was submitted to the IRB, a list of the documentation required for this specific research project was provided. I completed these forms and submitted them to the IRB to complete the approval process. Once the proposal was approved, documentation was provided to the IRB when a change in recruitment procedures was deemed necessary.

Ethical issues surrounding the recruitment phase of the project include maintaining participants' confidentiality and anonymity. Although the pool of potential participants offering services to IPV victims was identified through a third party, Qualitative.io, their responses to the interview questions are confidential. An additional ethical concern related to the population under study could have been maintaining the anonymity and confidentiality of their clients. In the consent form, it was stated that the responses to the interview questions would not require disclosing identifying information regarding individual cases. This guarantee of confidentiality was confirmed at the beginning of the interviews.

Before data collection, participants were provided with a consent form outlining the information necessary for informed consent. This information included the study's purpose, voluntary nature, and the right to leave the study at any time during the process.

Additional information on the consent form included the risks and benefits of participating in the study and how participants' privacy would be protected during and after the study's publication (Gjellstad, n.d.). Participants who withdrew from the study before their scheduled interviews were replaced.

Participants' identities are kept confidential, with no identifying names or features included in any quotations to illustrate categories or themes from the data. To preserve participants' anonymity, they were assigned an alphanumeric code when they first volunteered to participate in the study. I am the only person who knows which identifying code correlates to each interviewee.

Protecting the data acquired during this study was also an ethical issue that had to be addressed. Transcripts, identifying codes assigned to participants, and coding of the themes and categories resulting from data analysis are maintained on a secure external drive that only I can access. Paper copies of the same data, along with the drive, are kept in a locked, fireproof document case to which only I have the key. Data will be kept secure for 7 years from the date of collection, at which point electronic records will be deleted and hard copies shredded.

Summary

This chapter provided an outline of the methodology of the present study. The study's research design and the rationale for selecting the design were discussed. Procedures for participant recruitment, data collection, thematic analysis, and adherence to ethical standards for researchers, as outlined in the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2017) were also described.

Within this chapter, the role of the researcher was discussed in detail, including personal issues and viewpoints that could impact data analysis and interpretation.

Techniques and procedures to minimize researcher bias were outlined, along with how these techniques contribute to the study's level of trustworthiness.

The results of this study are presented in Chapter 4. This chapter provides details about the completed recruitment procedures and participant demographics, followed by a comprehensive review of the completed data collection procedures, findings of the thematic analysis, and supporting evidence of trustworthiness. The chapter will conclude with a summary and a preview of Chapter 5.

Chapter 4: Results

Introduction

The purpose of this study was to understand how clinicians approach the process of case conceptualization and treatment development when providing services to heterosexual male and same-sex IPV victims. There was a gap between understanding the lived experiences of heterosexual male and same-sex IPV victims who seek therapy and the perception of those clinicians providing therapy to this population. This study endeavored to understand clinicians' perceptions of the case conceptualization process and the treatment plans arising from that process. Being able to reconcile clinicians' perspectives with the perspectives of those they are treating allows them opportunities to better provide services to heterosexual male and same-sex IPV victims, and this research provides a link in the process of establishing such opportunities.

The research question addressed in this study was: How do clinicians perceive case conceptualization and the treatment process when providing services to heterosexual males, homosexual males, and lesbian IPV victims? Previous research, as outlined in Chapter 2, has devoted a great deal of attention to the effectiveness of various evidence-based practices when applied to the issue of IPV, as well as how best to serve the long-held primary IPV paradigm of male perpetrator and female victim (Hackett et al., 2016; Howard & Arbaugh, 2019; Nicholson & Lutz, 2017). Previous research has also focused on developing theories to explain the cause of IPV (Bartholomew et al., 2015; Chester & DeWall, 2018; Eckhardt & Massa, 2020). This study shifted the focus to less-explored populations that experience IPV, through interviews with clinicians who provided their

perceptions of how case conceptualization is approached and utilized to inform the development of a treatment plan.

This chapter begins with a description of the setting of the study, including the interview environment and any difficulties that impacted the interpretation of the data. This description also details the limitations of the chosen interview setting and impact, or lack of impact, on data interpretation. Subsequently, the relevant demographics of the study population are provided, followed by detailed descriptions of the data collection procedures and data analysis. Data analysis is followed by a section outlining the methods used to ensure trustworthiness. The results of the data analysis are explicated in the next section. Results are supported by relevant quotations from interviews. Results that indicate additional avenues of research are then presented. The results are followed by a summary of the chapter.

Setting

There were no reported personal or organizational conditions that influenced the participants in their interviews. Neither were there any apparent conditions at the time of the interviews that may have influenced the interpretation of the results. The interviews were conducted through private Zoom meetings coordinated in my home office with the doors closed and secured to ensure confidentiality for the participants. Participants engaged in the interviews from a personal secure location. To my knowledge, there were no conditions present to influence either participants' responses or my interpretations of those responses.

Demographics

Participants were not screened for age, ethnicity, race, socioeconomic status, or marital status. The primary consideration was to recruit licensed mental health professionals, including licensed professional counselors, marriage and family therapists, clinical social workers, and psychologists, who had provided services to heterosexual male and same-sex IPV victims. Participants were recruited nationwide. The final participant sample consisted of nine participants who met all inclusion criteria. The participants reflected the current gender demographics in the field of psychology, with seven identifying as female and two identifying as male. Diena (2025) states that the current gender breakdown of all therapists in the United States is 75.6% female and 24.4% male. The participant sample consisted of approximately 77.8% females and 22.2% males. Each participant was identified with an arbitrarily assigned alphanumeric designator that was used throughout data collection and analysis.

Data Collection

Data collection was conducted using semi-structured interviews. Participants were asked the same five open-ended questions. These questions were designed to determine what each participant's perception was of their case conceptualization process. Each question was written using the definition of case conceptualization from Sperry and Sperry (2020). Each of the five questions focused on a specific part of the definition. These parts included the method of gathering and organizing information about clients, the clinician's understanding of the client's situation and maladaptive behaviors, how the information gathered and the clinician's understanding of the client's circumstances and

behaviors guided the treatment plan, and how the earlier step of gathering and organizing information about the client guided the navigation of roadblocks and challenges in therapy, as well as preparing for successful termination of the therapeutic relationship. Sperry and Sperry's definition includes the use of all aspects of case conceptualization (i.e., gathering and organizing client information, understanding the client's situation and maladaptive behaviors, using both the gathered information and understanding of the client to develop a treatment plan, using information about the client to address challenges and roadblocks, to address the termination of the therapeutic relationship). Because the literature tends to focus on only the paradigm of heterosexual male perpetrator/heterosexual female victim, it was of interest to see if that paradigm was widely held as the default configuration of IPV by clinicians working with male heterosexual and same-sex IPV victims. Case conceptualization is the first place this type of paradigm can be observed, if present in a clinician's process.

I conducted interviews between March 21 and April 4, 2025. Participants were compensated for their time with a \$100 gift card. Each interview was conducted over the Zoom platform. I asked each of the nine participants five questions (see Appendix). These questions were based on the definition of case conceptualization by Sperry and Sperry (2020). The interviews were recorded through Zoom, capturing both audio and video. The audio of the interviews was transcribed using TurboScribe and then reviewed while viewing the video files to ensure transcription accuracy.

Data Analysis

Coding

I read through the interviews several times to get a sense of the data. Each question was then assessed to see what commonalities were identified in the context of Sperry and Sperry's (2020) definition of case conceptualization. The themes identified crossed all five questions. In other words, while each aspect of case conceptualization was assigned an interview question, the information from the interviews wove these aspects together. For example, asking about the participant's initial intake and assessment process would often be restated in the answers to other questions. This phenomenon may indicate that case conceptualization is often viewed by clinicians as a recursive or ongoing process.

Once all questions were reviewed for commonalities, the themes appearing in each question were combined to determine what major themes were present. This stage of data analysis required multiple reviews of the participant responses. An initial pass through the data was performed using Atlas.ti 2025 software's AI coding feature. Although this feature, when run consecutively with varying forms of context, assists in determining data saturation, the product of over 1,000 codes did not facilitate the determination of the themes.

The second coding pass through the data was another reading of the participants' responses with the purpose of identifying any gender-specific or sexual-orientation-specific responses for coding. It was anticipated that gender-specific responses, in particular, would indicate the influence of the clinician's gender schema. However, the

research question is focused on participants' perceptions and lived experiences of case conceptualization with heterosexual male and same-sex victims of IPV. Therefore, it was decided that the second coding pass did not align with the research question.

The third coding pass through the data proved to be the best approach to analysis. This approach noted key commonalities among participants for each interview question. A general summative phrase for the question was then identified. Then, these findings were reviewed relative to the research question as a way of collating the details into broader themes with their attendant subthemes.

Evidence of Trustworthiness

Credibility

Initially, I intended to do follow-up interviews with the participants as part of ensuring the credibility of the data. The participants provided extensive information in the first interview, so a follow-up interview was determined unnecessary. However, each participant was provided with my interpretation through email, post-analysis, of the information from the interview transcripts, which gave participants an opportunity to correct my interpretation. Additionally, the interviews were read and re-read throughout coding and data analysis as planned. This practice helped ensure that researcher bias was minimized.

Transferability

Strategies to ensure transferability described in Chapter 3 included using thick description. In describing the participants' answers, those answers were placed in the context of the participants' environment as therapists. Thematic analysis was another

strategy employed to examine participants' experiences (Braun et al., 2018) and ensure transferability. The analysis was inductive, using the data from participants to identify the subthemes that led to the overall themes identified.

Dependability

Strategies for establishing dependability included an audit trail, a consistent interview protocol, and data saturation. The audit trail was maintained and included all of the planned documentation except for personal logs, as a formal personal log was not kept. Instead, the audit trail included all random thoughts and insights about the data recorded on legal paper kept secure with all the printouts from the Atlas.ti (2025) coding information and interviews. Notations about possible codes, insights from reading the interviews, and other ideas were recorded on the interview printouts. The interviews were conducted consistently with the same order of questions used with each participant. It was determined that nine participants were sufficient to obtain data saturation. Data were collected until data saturation was obtained.

Confirmability

Epoche is the method by which researchers address personal biases through reflecting upon those biases and then setting them aside (Lincoln & Guba, 1982; Rose & Johnson, 2020). Epoche was achieved by setting aside the anticipation of Bem's gender schema theory being instrumental in case conceptualization. I was then able to approach the data with a fresh perspective. This perspective allowed the raw data to become the foundation of my interpretation and to ground the results. This grounding of the data

served to ensure that the results observed were not the product of my bias but were identifiable through the data obtained.

Results

The following three themes were identified after collation of the data. Each theme had three subthemes that combined to create the primary theme. These subthemes are identified in the figures demonstrating their relationship to the main theme.

Theme 1: Client's Life History

Eight of the nine participants emphasized through their interviews the necessity of obtaining as much information about all clients, not only heterosexual male and same-sex IPV victims, as possible. Participants stressed that the information from the initial intake and assessment needs to provide as comprehensive a picture of a client's journey to their door as possible. Participant 2002 stated,

A biopsychosocial would be the primary way to gather that information up front. So, questions on it would include, you know, "Are you in a relationship where there's physical or verbal violence?" Or, "Have you ever been in a relationship where there was physical or verbal violence?" And, also looking at the relationship with the parents. "Did you grow up in a household where there was physical or verbal violence between your parents?"

In answer to Interview Question 4 concerning how the intake and assessment assist in addressing roadblocks and challenges during treatment, Participant 2002 reinforced the earlier statement, "You have to go back to the first relationships where they felt like they

had to be abused to be loved.” Participant 3003 stated their experience with this first aspect of case conceptualization was as follows:

The intake and assessment is really just kind of looking at their whole life, all their symptoms, trying to get as much information as possible. So, I don’t necessarily hone in on this intimate partner violence per se, but it will come up as like a response in their history, or in their, that’s mostly been my experience, like it’s, you know, “Oh, my, you know, my girlfriend beat me up when I was in high school, and that was traumatic for me.”

Obtaining the client’s history and journey to the therapist’s door can include determining the level of threat from the abusive partner, as pointed out by Participant 5005:

The initial, yeah, consultation call, and really asking if it’s currently going on, if it’s something that had gone on, if it’s physical, if they’re safe, creating safety plans ... And also just education, giving them resources if there needs to be help for children or things like that to get them out of the situation. ... Men, the males I’ve worked with who are in that position, it tends to be, like, the idea of thinking about telling anyone that this is something they’re dealing with, there seems to be a lot of shame around it ... it’s really hard to have them willing to have anyone else involved.

The third piece of this theme includes traumatic experiences beyond childhood or through relationships, as pointed out by Participant 110011:

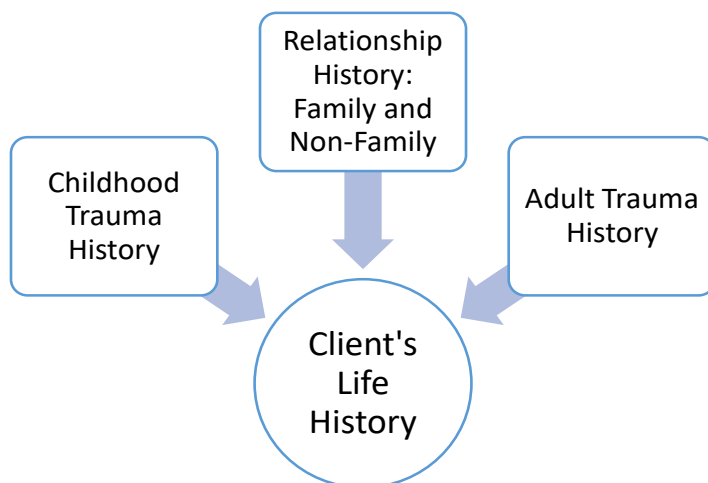
I want to also assess not only in their family life or relational life, but what might have happened in military experience or in a school experience, ... I want to make

sure that I can assess for safety when they return from this assessment. What is the home like, and the conditions of their own safety?

As these three participants indicated, along with the other participants, a client's life history includes not only their childhood experiences involving personal trauma and a traumatic household, if there was one, but also any trauma experienced as an adult and all relationship violence or trauma experienced before the current IPV relationship. These components, childhood trauma history, relationship history, and adult trauma history, as revealed in the interviews, combine to provide the client's life history (see Figure 1).

Figure 1

Client Life History Components



Theme 2: Strong Therapeutic Alliance

The second theme that became apparent was that all participants perceived that success for heterosexual male and same-sex IPV victims hinged on a strong therapeutic alliance. While each participant had a unique approach to building the therapeutic alliance with their clients, it became clear that no matter the initial approach, the burden

was on the therapist to build rapport, encourage client buy-in through collaborative goal setting, and addressing challenges and roadblocks during therapy with compassion, flexibility, and honoring the client's autonomy and agency. As Participant 4004 stated,

They're moving forward. They're working through everything that they've been through, and then the ex calls them up and is like, "Hey, let's hang out. Let's get back together." And then, they tell you that, and you have to kind of figure out, "Oh, no, this is a big roadblock. And, now what do we do?" And you have to give them that autonomy to, you know, "I can't tell you to, that was not a good decision," or "Just leave that person behind," you know, but giving them that autonomy.

Participant 6006 noted that a client's culture and socialization must be part of the case conceptualization process and developing a strong therapeutic alliance.

I also heavily, heavily assess and continue to talk about cultural factors. ... The male clients, we have to consider their societal factors because some of them will be like, "Oh, well, you just stay with someone or you just respect them." For my African-American client that struggles with ... and safety dynamics, there's a lot of underreporting about physical violence, for instance, on males. And a lot of times that goes underreported ... a lot of male clients won't report, especially if they are also gay. They won't report it because people will have this stigma of like, "Oh, well, no, that didn't happen to you." Or, "Oh, maybe you were just being sensitive and not manning up." And those are, unfortunately, and culturally sometimes, factors that deter my clients from even talking about issues within

their relationships. So, thankfully, they do feel comfortable, and we do address those factors.

Goal setting, whether client-led or in partnership with the clinician, was one of the primary ways all of the participants established the therapeutic alliance. Five of the participants mentioned letting the client take the lead in setting the goals for therapy. The other four participants were mindful of their clients' needs, but took either a fully collaborative stance, as with Participant 110011, or a more authoritative role in goal setting, keeping clients' stated purpose for seeking therapy in mind. At times, this flexibility could result in putting the issue of IPV aside for more pressing issues. As Participant 8008 said,

But if they come and they say, having IVP, you know, "I've experienced IPV, but I'm safe now, but my drug addiction is really intense, and I can't get out of bed to apply for a job," as long as they're physically safe and they're not still engaging with that partner, I may work on IPV later.

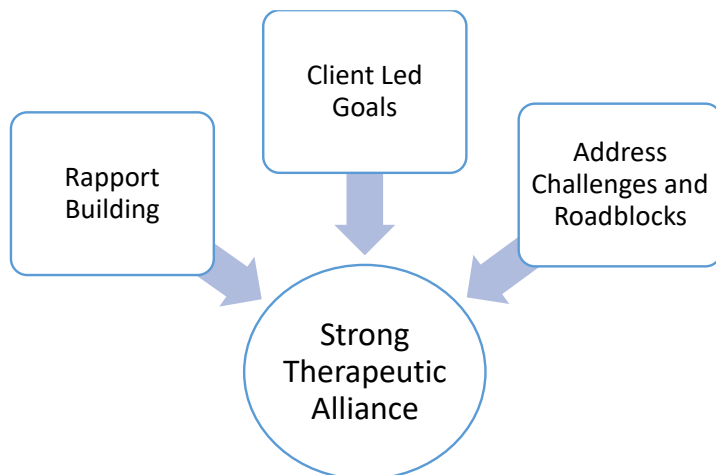
Participant 110011 reinforced the need for partnership between client and therapist to create a successful therapeutic alliance:

I'm looking for the intensity of what's being shared, what that individual may address as important issues, and what I may see of clinical significance by demarcation of a note that I might want to come back and evaluate whether, in a sense, these are going to be front-burner issues to address in treatment, in early-stage interventions, or whether they're back-burner, meaning, is this something that if I don't address immediately from a clinical perspective, they're going to be

in harm's way. ... So, this is done in partnership, and at the end of a session, I'll do a complete summary of what I hear and understand. I'll share my demarcations, so to speak, about what I'm recommending and seeing if that's a match for them, and it's something that they're willing to focus on, and that begins my early-stage treatment.

The three factors or subthemes of the second theme of strong therapeutic alliance include building rapport, client-led goal-setting, and addressing challenges and roadblocks with flexibility and compassion (see Figure 2). These factors are familiar to many clinicians. However, for heterosexual male and same-sex IPV victims, trusting others can be difficult. As Participant 6006 stated,

And, so, the client had to make sure to look for resources, but there's not enough resources for men. And it's a stigma or if they even call too, they might get a female person on the end of the line that might not believe them. So, that's, that's another thing that is a huge systematic (sic), you know, thing of like, "Oh, it's just more for women and men don't go through this."

Figure 2*Strong Therapeutic Alliance Components***Theme 3: Future IPV Prevention**

Sperry and Sperry (2020) described case conceptualization as comprised of five distinct phases or aspects, beginning with the initial intake and assessment phase to gather information about the client's history, through treatment, and ending in preparing for the client's leaving therapy. The third theme that emerged from the interviews was the prevention of future reoccurrences of IPV for the client. The theme hinged on three aspects, or subthemes, that participants identified. These three subthemes and their relation to the theme of future IPV prevention are presented in Figure 3.

The first subtheme was that the client met the goals they set at the beginning of the therapeutic process. Here, eight of the nine participants focused on the changes they wanted to see in clients concerning their goals and the reason for coming into therapy. Participant 3003 acknowledged that sometimes clients do leave for reasons other than

having met their goals, including weariness of addressing the topic, and financial difficulties:

They tell me when they're done. I mean, and sometimes it's, you know, it's
Sometimes it's because it's not necessarily always because, yeah, the work has
been completed. ... There are times when, like, there is a termination because
maybe they just need a break from this ... And I, in some ways, I still think that's
somewhat successful because we still did work, ... you know there's so many
reasons why someone might not stay in therapy forever, like financially, or like,
again, maybe they just need a break.

Eight of the participants identified specific changes in client behavior, attitudes, and achievement of goals as precursors to successful termination and the prevention of the future occurrence of IPV. From Participant 4004 was this statement:

So, I'd say that's like a big, that'd be a big predictor of termination, is how much realization they have about the situation and, um, you know, yeah. And their self-esteem, you know, growing back their self-esteem and their self-worth, and self-concept and their depiction of what is a healthy relationship and knowing that they can find that ... you know, and we always say that not anytime soon, but, you know, you can find a healthy relationship, you know.

Participant 5005 echoes this idea here:

I think especially males seem more goal-oriented. ... Sometimes what's hard is that they might not be comfortable telling me there's violence. ... And we don't get to the extent of it until later. And that actually informs a lot when there's that

much shame around it to start. ... So, termination will look like them being safe, then feeling empowered and feeling like they have the tools they need to not be in that situation anymore, to stay out of that situation, and to spot things that are unhealthy in the future. Because, a lot of times, there's patterns, so they don't return to those things.

The other piece of the prevention of future IPV identified by four of the participants was ensuring the client had adequate resources outside the therapeutic relationship. Participant 2002 stated,

I don't care what the community is, but no one is ever going to leave an intimate partner violence relationship if they feel like that's their only resource. I mean, that would be foolish. It would be foolish to leave your only resource for living ever. ... So that's how I would use the biopsychosocial to develop a treatment plan that could sustain them after their therapeutic services. They're never going to be able to get away or change their life without outside resources.

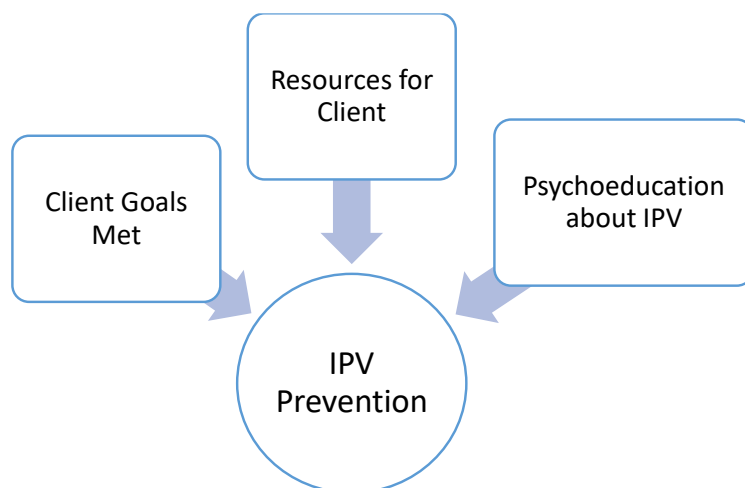
Indicating that assessing and evaluating does not end with the first step in case conceptualization, and informs how therapy concludes, Participant 110011 said,

Later in therapy, I want to begin to look at some forms of relapse prevention ... and that's something that would come in late stage therapy, as I look at moving towards termination, is what education they have about available community resources, about potential group participation. ... What literature am I familiar with and become more familiar with that I can encourage them to read or look at

so they can become more insightful about their experience, about how they got there, and how to avoid those situations in the future.

Figure 3

IPV Prevention Components



Summary

The research question for this study focused on how working clinicians, licensed clinical social workers, marriage and family therapists, licensed psychologists, and licensed professional counselors perceived case conceptualization when working with heterosexual male and same-sex IPV victims. What came through during the interviews and subsequent analysis of those interviews was that most therapists do case conceptualization with the aspects Sperry and Sperry (2020) identified throughout the time they are working with clients who are heterosexual males and same-sex IPV victims. Three themes were identified representing commonalities among the interviews. These themes were Client Life History, Strong Therapeutic Alliance, and Future IPV Prevention.

Chapter 5 discusses and interprets the results of the data analysis through the lens of Bem's Gender Schema Theory and as it relates to other IPV research. This interpretation draws on the key findings from the data analysis to discuss whether the research question is answered and what impact that has on the knowledge base of psychology. Chapter 5 also outlines the limitations of this study, provides recommendations for future research, and discusses the implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to understand how clinicians perceived their approach to case conceptualization and the treatment process when providing therapy to heterosexual male and same-sex IPV victims. The study was phenomenological in nature. Phenomenological studies are interested in participants' lived experiences and their perceptions and interpretations of those experiences (Castillo, 2018). This study was conducted because in the current literature surrounding IPV, the focus is most often on finding new therapeutic modalities, identifying victims' needs, and explaining the causes of IPV. Looking at IPV in light of what victims and survivors experience and need does not necessarily explain how therapists see IPV and interpret the needs of victims and survivors. This study looked at therapists and how they treat heterosexual male and same-sex IPV victims, beginning with therapists' perception of case conceptualization when used with this population.

Three themes were identified from the analysis of the data, indicating that the client's history and the establishment of a solid therapeutic alliance are crucial for creating a successful treatment plan. The third theme identified was specific to treating heterosexual male and same-sex victims of IPV. This theme was the prevention of future IPV occurrences in victims' lives.

Interpretation of the Findings

The findings of this study add to the literature reviewed in Chapter 2, particularly those studies addressing the issue of heterosexual male victims. This study found that

while some participants acknowledged societal barriers for these victims and cultural norms that minimized their experiences, many others viewed these clients as people, not the label of their sexual orientation or gender. When looking at the findings through the lens of Bem's gender schema theory, it was anticipated that a therapist's gender schema would impact their case conceptualization and subsequent treatment of heterosexual male and same-sex clients. The findings indicate otherwise.

Theme 1: Client Life History

This first finding emerged from the text of the interviews. Through careful and close reading of the text, the theme of "client life history" was identified. Participants throughout their interviews referenced the importance of obtaining as much information as possible about IPV victims' backgrounds. This finding is in line with Sperry and Sperry's (2020) first characteristic of case conceptualization as stated in their definition.

The client life history theme was comprised of three subthemes: childhood trauma history, relationship history (encompassing both family and non-family relationships), and adult trauma history. These three subthemes indicated the depth of background about their clients that these therapists felt was required, again in line with how Sperry and Sperry (2020) defined the case conceptualization process. The subthemes also echoed current research into adverse childhood events and other trauma as they related to IPV victimization (Zhu et al., 2024)

Bem's gender schema theory posited that we all organize our knowledge of the world in terms of masculine and feminine, attributing qualities to these labels that shape our interactions with the world. A person's gender schema identifies the acceptable

behavior of people of either sex in line with their gender. For example, males are to show no emotion, not be victims, and otherwise “man up,” as one participant phrased it when talking about the pressures of the victim’s culture and society.

However, the findings in this study indicated that personal gender schemas were not reported as part of the case conceptualization process. Some therapists did look at how cultural and societal norms played a role in a client’s life history, evidenced by one therapist noting that a heterosexual male victim is in a “flipped script,” and another stating that, in their experience, it had been rare to see heterosexual male IPV victims, but that did not suggest the therapist was not aware there were more instances occurring than their personal experience might have indicated. These statements further strengthened the discovery that the participants’ gender schemas were not present during the case conceptualization process.

Theme 2: Strong Therapeutic Alliance

A strong therapeutic alliance was the second theme that came from the data analysis. A close reading of the text of the transcribed interviews, verified through reviewing the video documentation of the interviews, led to the identification of the theme “strong therapeutic alliance.” The aspects of a strong therapeutic alliance, including rapport building, client-led goals, and addressing challenges and roadblocks, were reported by the participants to depend on the therapist’s ability to establish trust with clients. What was discovered is that a strong therapeutic alliance is crucial to successfully facilitating a client’s achievement of their stated goals.

Participants stressed throughout the interviews that obtaining a client's trust was the first step in addressing issues of IPV. For male IPV victims, both heterosexual and homosexual, the barriers to developing trust with their therapist lay in the societal and cultural norms of the communities they lived in. Some participants stated that clients of different ethnic and racial backgrounds from the therapist were further inhibited from trusting the therapist, especially if they were male. Hogan (2022) noted that with same-sex couples, therapists need to be aware of the differences in these relationships, including using the threat of outing a partner against their will. Additionally, Hogan (2022) stated that this awareness of the challenges and differences in same-sex couples where IPV is present, along with utilizing therapeutic modalities that are person-centered, help establish the strong therapeutic alliance needed for successful treatment.

Additionally, as the data in the current study showed, Hogan (2022, p. 204) maintained that for a strong therapeutic alliance to be developed, the concept of "unconditional positive regard," as one participant stated, is paramount. Hogan et al. (2024) also found that societal and cultural norms of masculinity played a dominant role when heterosexual male IPV victims sought help. Simon et al. (2024) found a similar circumstance with Israeli men who were victims of IPV at the hands of their female partners. In Simon et al.'s study, the dissonance between being a victim and feeling pressure to live up to societal expectations of what is considered traditionally "male" impacted these victims' self-concept.

Analyzing these statements through the lens of Bem's gender schema theory revealed no indications that the therapists interviewed were influenced by their gender

schemas. This finding is consistent with the first theme, where personal gender schema was not present during the therapists' collection of client histories. It was not evident in this theme that the therapists' gender schemas interfered with the development of a strong therapeutic alliance with their clients.

Theme 3: Future IPV Prevention

The theme of IPV prevention was evident in the responses to the final interview question concerning the relationship between case conceptualization and terminating therapy with clients. The third theme of future IPV prevention was representative of three subthemes: resources for the client post-therapy, meeting the client's goals, and psychoeducation about IPV. Participant 8008 stated that for male victims, both heterosexual and homosexual, letting go of the paradigm that IPV is less important when the victim is a male is crucial for them to accomplish their goals and leave therapy with the tools to avoid relationships prone to IPV in the future.

The prevention of IPV for victims in the future rests not only on the psychoeducation provided by therapists to clients but also on the resources available to IPV victims outside the therapist's office. Participant 2002 stated that they found the most important resource to be the victim's community, as IPV thrives on isolation. Isolation of the victim by the abuser has long been understood as one of the barriers for victims seeking help. Victims often feel that no one will believe they are being abused by their partner. This belief leads to victims feeling isolated from family and friends, as well as agencies and organizations that assist victims of IPV. This isolation barrier is seen

with male victims of all sexual orientations (Santonniccolo et al., 2021; Taylor et al., 2022).

Resources for male IPV victims of any sexual orientation are seen as scarce by counselors and therapists (Hogan, 2022). Participant 2002 stated that the most important resource for male IPV victims is their community because IPV flourishes in isolation. However, as Hogan (2022) noted, therapists working with male IPV victims fear that outside sources may be skeptical of a male claiming victimhood. Hogan (2022) went on to quote a participant from Hogan et al. (2012) who stated that in some cases, male victims are seen by shelters and other organizations focused on domestic violence and IPV as abusers in denial.

As with the other two emergent themes, the therapist's gender schema was not reported to play a role in this aspect of case conceptualization. The therapists in the current study indicated during interviews that they focused on using the initial stage of case conceptualization to guide and inform the course of therapy from the beginning to the end. What was most important to the therapists interviewed was ensuring that clients leaving therapy were able to access resources outside of therapy and knew they could come back to therapy if they felt the need to.

Summary of the Findings

The current study explored how clinicians perceived case conceptualization and the treatment process when providing services to heterosexual male and same-sex IPV victims. During this study, three primary themes emerged from the data. These themes included client life history, strong therapeutic alliance, and future IPV prevention.

This study indicated that, unlike the definition of case conceptualization by Sperry and Sperry (2020), with its five aspects seemingly occurring before a therapist begins working with a client, it is only the intake and assessment aspect that precedes the start of therapy and helps create the treatment plan. The client's history, from that first aspect, helps the therapist outline the treatment plan and take that plan to the client for collaboration on the goals of therapy. The other parts of Sperry and Sperry's definition of case conceptualization, including the client's situation and maladaptive behaviors, roadblocks and challenges to therapy, and termination of therapy, are woven throughout the therapeutic process. The client's history may be touched on as well to assist the therapist in determining whether to ask the client if they need to change course or continue with the goals the client had at first.

When the question of how the case conceptualization process was experienced and perceived by clinicians in construction of this research, previous research literature reviewed indicated that male heterosexual and same-sex IPV victims did not often seek therapy due to the assumed attitudes of therapists, shelter workers, medical professionals, law enforcement, and the judicial system (Dim & Lysova, 2022; Taylor et al., 2022). It was questioned whether these attitudes arose from individuals' gender schemas as outlined in Bem's gender schema theory. However, none of the participants' responses indicated, through either implicit or explicit statements, that Bem's gender schema theory was part of the case conceptualization process in a discernible or clear way, in terms of the therapist's approach to working with heterosexual male and same-sex IPV victims. Thus, the findings of this study do not support the idea that Bem's gender schema theory

impacts or prevents therapists from providing ethical, compassionate, and supportive therapy to heterosexual male and same-sex IPV victims. Analysis of the interview responses from every participant did not find mention, either implicit or explicit, of the participants' gender schemas playing a role in the process of case conceptualization.

Limitations of the Study

Number of Participants

The first limitation of this study was the number of participants. One of the drawbacks of qualitative studies like this one is the smaller number of participants. In qualitative research, the numbers are often smaller than the number of participants in quantitative studies. This smaller number, by its very nature, does not provide as comprehensive a picture as a larger number might. A larger pool of participants in future research projects may afford researchers a more complete understanding of the case conceptualization process for therapists working with heterosexual men and same-sex IPV victims.

Anticipated Relevance of Gender Schema

The data in this study were analyzed using Bem's gender schema theory as the theoretical lens for interpreting the data. It was anticipated that therapists' gender schemas would influence their approach to working with heterosexual male and same-sex IPV victims. While Kim et al. (2024) found that gender-biased perspectives about domestic violence were one of the key barriers to heterosexual men seeking formal help, in this study, gender bias, as evidenced by an individual's schema concerning gender and gendered behavior, was not evident.

A limitation surrounding this finding derives from the interview questions being composed without specific questions about gender schema. The interview questions were designed to align with Sperry and Sperry's (2020) definition of case conceptualization. It was anticipated that if gender schema were influencing a therapist's case conceptualization process, that influence would emerge during the interview. The results of the data analysis indicated that this approach failed to elicit any anticipated role of gender schema in case conceptualization when working with heterosexual male and same-sex IPV victims.

Recommendations

This study focused on case conceptualization as perceived by therapists who work with heterosexual male and same-sex IPV victims. Bem's gender schema theory served as the theoretical framework through which the data were analyzed. The results were that the participants in this study were aware of the shame and stigma that many male victims of IPV feel when seeking therapy about this issue. However, none of the participants indicated that they held beliefs or schemas that supported the often-studied IPV paradigm of heterosexual male perpetrator and female victim. Two of the participants (Participants 100010 and 3003) mentioned that heterosexual male and same-sex IPV victims are not often encountered in their experiences. However, these participants also indicated that the rarity of encountering heterosexual male and same-sex IPV victims should not prevent these victims from receiving therapy. It is suggested that future research in this area include specific questions about gender schemas to more specifically identify their role in

a therapist's case conceptualization and future treatment of heterosexual male and same-sex IPV victims.

Implications

Positive Social Change

The present study provides an increased awareness to mental health professionals, medical professionals, law enforcement, shelter workers, and the judiciary about the diversity of victims who experience IPV. It is clear from this study, as stated by the participants, that there are not enough resources available for heterosexual male, homosexual male, and lesbian victims of IPV. Increased availability of resources for victims is identified in this study as a key component of preventing IPV in the future. These observations by the participants of this study are in line with research conducted over the last five years. Hine et al. (2020a) found that for male victims of IPV, better services begin with the recognition that men are victims of IPV, no matter their sexual orientation. This recognition is necessary for those providing formal and informal services to this population. These resources include healthcare, all aspects of the criminal justice system, and the family and friends of victims. Hine et al. (2020) also found that resources for male victims of IPV need to be developed for their unique needs.

Another aspect of positive social change addressed by this study could be how the field of psychology presents the issue of IPV to the general public. Historically, the field of psychology has studied and pushed for services for battered women to be supported and assisted by the public. It is now time for the field to make a point that no matter what someone's sex or gender, they can potentially be a victim of IPV.

Recent research supports this change in how IPV is studied and discussed. Krahé et al. (2025) found in their study of IPV among men in Germany that gender stereotypes and gender self-concepts play a significant role in victims' willingness to report their abusers. It was also found that the prevalence rates for IPV perpetrated against men were at a level that more than justified greater recognition of these victims.

Roebuck et al. (2024) conducted a study in Canada comparing the experiences of female and male survivors of IPV. They found that both male and female victims of IPV were disappointed in the response from the criminal justice system. They further discovered that both female and male IPV victims experienced gender bias within the criminal justice system. Deficiencies in other resources were also noted in this study. It was discovered that while women were turned away from resources such as shelters that were unable to take additional victims due to no vacancies available, male victims were reporting difficulty in finding resources that fit their unique needs.

As with other studies conducted in the United States (Allen & Bradley, 2018; Al'Uqdah et al., 2016; Campbell-Hawkins, 2019; Freeland et al., 2018; McLeod et al., 2024) and internationally (Dim & Lysova, 2022; Hine et al., 2020a; Hogan et al., 2024; Karystianis et al., 2024; Kim et al., 2024), this study has served to emphasize that victims of IPV are not of one gender, and the long-held paradigm of male perpetrator and female victim needs to be set aside. All victims of IPV need to have their needs met when they seek help. The findings of the present study can help bring forth the reality that IPV not only crosses socioeconomic, ethnic, and racial lines but also sexual orientation and identified gender boundaries.

Conclusion

What became clear from this study is that good therapists tend to be more concerned with their clients than with themselves. Throughout the interviews conducted for this study, the therapists provided answers from the perspective of how the client was impacted rather than their perception of their actions. The interviews also revealed that for these therapists, the assumption that IPV is confined to male perpetrators and female victims was not present, indicating a departure from the historic stereotypical perspectives. This phenomenon is important in that it demonstrates that those therapists who are successful are invested not in success for themselves, but for their clients.

In the case of heterosexual male and same-sex IPV victims seeking therapy, the therapists who participated in this study and serve this population support the provision of more inclusive services and resources for their clients from their communities and the agencies in those communities, including law enforcement, crisis workers, the medical community, and the general public. Changing the way shelters, healthcare workers, therapists, and the criminal justice system understand IPV is the first step toward developing resources and services that address the needs of all IPV victims. IPV knows no boundaries or restrictions to gender-based paradigms. Roebuck et al. (2024) said it best, “we resist a gender-based lens that essentializes IPV to the narrow construct of men’s violence against women” (p. 218). As discovered in this study, IPV transcends the traditions, ideas, and perceptions about what is masculine and feminine. It is now the task of those in mental health professions, no matter whether they are licensed professional

counselors, marriage and family therapists, psychologists, or clinical social workers, to reshape the rhetoric and discussion around IPV to include all potential victims.

References

- Allen, E., & Bradley, M. S. (2018). Perceptions of harm, criminality, and law enforcement response: Comparing violence by men against women and violence by women against men. *Victims & Offenders, 13*(3), 373-389.
<https://doi.org/10.1080/15564886.2017.1340383>
- Al'Uqdah, S. N., Maxwell, C., & Hill, N. (2016). Intimate partner violence in the African-American community: Risk, theory, and intervention. *Journal of Family Violence, 31*, 877-884. <https://doi.org/10.1077/s10896-016-9819x>
- American Psychological Association. (n.d.). *Therapy*.
<https://www.apa.org/topics/psychotherapy>
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2003 amended effective June 1, 2010 and January 1, 2017).
<https://www.apa.org/ethics/code/>
- Anderson, K., & van Ee, E. (2018, September 7). Mothers and children exposed to intimate partner violence: A review of treatment interventions. *International Journal of Environmental Research and Public Health, 15*, Article 1955.
<https://doi.org/10.3390/ijerph15091955>
- Anwar, N. (2018, October 13). *Thematic analysis: A helpful method for literary research*. The Aspiring Professionals Hub.
<https://aspiringprofessionalshub.com/2018/10/13/thematic-analysis-a-helpful-tool-for-literary-research/>
- Ayaba-Apawu, A. T. (2016). *Intimate partner violence (IPV) counselor education*:

Exploring opinions, knowledge and perceived preparedness to counsel IPV clients (1427) [Doctoral dissertation, Wayne State University]. Wayne State University Dissertations. https://digitalcommons.wayne.edu/oa_dissertations/1427

Arvidsson, M., & Caman, S. (2024). Treatment experiences among intimate partner violence perpetrators: A qualitative analysis. *International Journal of Offender Therapy and Comparative Criminology*, 68(8), 749-766.
<https://doi.org/10.1177/0306624X221102846>

Bailey, B. (2018). Women's psychological aggression toward an intimate male partner: Between the impulsive and instrumental. *Journal of Interpersonal Violence*, 36(11–12). <https://doi.org/10.1177/0886260518815138>

Barnett, M. D., Hale, T. M., & Sligar, K. B. (2017). Masculinity, femininity, sexual dysfunctional beliefs, and rape myth acceptance among heterosexual college men and women. *Sexuality & Culture*, 21(3), 741–753. <https://doi.org/10.1007/s12119-017-9420-3>

Bartholomew, K., Cobb, R. J., & Dutton, D. G. (2015). Established and emerging perspectives on violence in intimate relationships. In M. Mikulincer & P.R. Shaver (Eds.). *APA handbook of personality and social psychology: Vol. 3. Interpersonal relations* (pp.605-630). American Psychological Association.
<https://doi.org/10.1037/14344-022>

Bates, E. A. (2019a, March 14). “No one would ever believe me”: An exploration of the impact of intimate partner violence victimization on men. *Psychology of Men & Masculinities*. Advance online publication. <https://doi.org/10.1037/men0000206>

- Bates, E. A. (2019b, April 8). "Walking on eggshells": A qualitative examination of men's experiences of intimate partner violence. *Psychology of Men and Masculinities*. Advance online publication. <https://doi.org/10.1037/men0000203>
- Bates, E. A., Kaye, L. K., Pennington, C. R., & Hamlin, I. (2019). What about the male victims? Exploring the impact of gender stereotyping on implicit attitudes and behavioural intentions associated with intimate partner violence. *Sex Roles, 81*, 1-15. <https://doi.org/10.1007/s11199-018-0949-x>
- Bates, E. A., & Weare, S. (2020). Sexual violence as a form of abuse in men's experiences of female-perpetrated intimate partner violence. *Journal of Contemporary Criminal Justice, 36*(4), 582-595. <https://doi.org/10.1177/1043986220936115>
- Beckerman, N. L. (2018, December 30). Domestic violence shelter counselors: Implications for clinical supervision. *Journal of Anxiety and Depression, 1*(2). Article 110.
- Bem, S. L. (1981). Gender schema theory: A cognitive account of sex typing. *Psychological Review, 88*(4), 354-364. <https://doi.org/10.1037//0033-295x.88.4.354>
- Bernardi, D. A., & Steyn, F. (2019). A model for female-perpetrated domestic violence. *Victims & Offenders, 14*(4), 441-461. <https://doi.org/10.1080/15564886.2019.1602573>
- Birdsall, N., Kirby, S., McManus, M. (2017). Police-victim engagement in building a victim empowerment approach to intimate partner violence cases. *Police Practice*

and Research, 18(1), 75-86. <https://doi.org/10.1080/15614263.2016.1230>

Bleiker, J., Morgan-Trimmer, S., Knapp, K., & Hopkins, S. (2019). Navigating the maze:

Qualitative research methodologies and their philosophical foundations.

Radiology, 25, S4-S8. <https://doi.org/10.1016/j.radi.2019.06.008>

Boeckel, M. G., Wagner, A., & Grassi-Oliviera, R. (2017). The effects of intimate partner

violence exposure on the maternal bond and PTSD symptoms in children. *Journal of Interpersonal Violence*, 32(7), 1127-1142.

<https://doi.org/10.1177/0886260515587667>

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2018). Thematic analysis. In P.

Liamputtong (Ed.), *Handbook of research methods in health social sciences*.

Springer. https://doi.org/10.1007/978-981-10-2779-6_103-1

Breiding, M. J., Chen, J., & Black, M. C. (2014). *Intimate partner violence in the United*

States – 2010. National Center for Injury Prevention and Control, Centers for

Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/21961>

Brown, R. P., Baughman, K., & Carvallo, M. (2018). Culture, masculine honor, and

violence toward women. *Personality and Social Psychology Bulletin*, 44(4), 538-

549. <https://doi.org/10.1177/0146167217744195>

Burns, S. C., Kogan, C. S., Heyman, R. E., Foran, H. M., Smith Slep, A. M., Dominguez-

Martinez, T., Grenier, J., Matsumoto, C., & Reed, G. M. (2020). Exploring mental

health professionals' experiences of intimate partner violence-related training:

Results from a global survey. *Journal of Interpersonal Violence*, 37(1–2), 124-

150. <https://doi.org/10.1177/0886260520908020>

- Campbell, E. (2016). Racializing intimate partner violence among Black, Native American, Asian American and Latina women. *International Journal of Progressive Education*, 12(2), 64-77.
- Campbell-Hawkins, M. Y. (2019). *Intimate partner violence (IPV) and help-seeking: The experiences of African American male survivors* [Doctoral dissertation, Walden University]. Walden University Scholarworks.
<https://scholarworks.waldenu.edu/dissertations>
- Canadian Institute of Health Research. (2020, April 28). *What is gender? What is sex?*
<https://cihr-irsc.gc.ca/e/48642.html>
- Cannon, C., Lauve-Moon, K., & Buttell, F. (2015). Re-theorizing intimate partner Violence through post-structural feminism, queer theory, and the sociology of gender. *Social Sciences*, 4, 668-687. <https://doi.org/10.3390/socsci4030668>
- Capaldi, D. M., Low, S., Tiberio, S. S., & Shortt, J. W. (2019). Intimate partner violence across the lifespan: Dyadic theory and risk and protective factors. In R. Geffner, J. W. White, L. K. Hamberger, A. Rosenbaum, V. Vaughn-Eden, & V. I. Vieth (Eds.), *Handbook of interpersonal violence across the lifespan*. Springer, Cham.
https://doi.org/10.1007/978-3-319-62122-7_151-1
- Castillo, G. A. (2018). Qualitative methodologies: Which is the best approach for your dissertation topic? *International Journal of Novel Research in Education and Learning*, 5(2), 83-90.
- Chester, D. S., & DeWall, C. N. (2018). The roots of intimate partner violence. *Current Opinion in Psychology*, 19, 55-59. <https://doi.org/10.1016/j.copsyc.2017.04.009>

- Clarke, V., & Braun, V. (2018, June). Using thematic analysis in counselling and psychotherapy research: A critical reflection. *Counselling and Psychotherapy Research, 18*(2), 107-110. <https://doi.org/10.1002/capr.12165>
- Craven, L. C., Fields, A. M., Carlson, R. G., Combs, E. M., & Howe, E. S. (2023). Counseling interventions for victims of intimate partner violence: A systematic review. *Journal of Counseling & Development, 101*, 346-358. <https://doi.org/10.1002/jcad.12478>
- Creswell, J.W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage.
- De Puy, J., Abt, M., & Romain-Glassey, N. (2017). Coping with multiple adversities: Men who sought medico-legal care because of physical violence from a partner or ex-partner. *Psychology of Violence, 7*(3), 428-439. <https://doi.org/10.1037/vio0000101>
- Desbiens, F., Brassard, A., Godbout, N., Savard, C., Daspe, M.-E., Lafontaine, M.-F., & Dugal, C. (2025). Therapeutic alliance with perpetrators of intimate partner violence: The roles of childhood interpersonal trauma and attachment insecurity. *Journal of Aggression, Maltreatment & Trauma, 34*(4), 467-487. <https://doi.org/10.1080/10926771.2025.2474606>
- Diena, Y. (2025, February 25). *Therapist statistics and facts: How many are there? Ambitions*. <https://www.ambitionsaba.com/resources/therapist-statistics>
- Dim, E. E., & Elabor-Idemudia, P. (2018). Prevalence and predictors of psychological violence against male victims in intimate relationships in Canada. *Journal of*

Aggression, Maltreatment & Trauma, 27(8), 846-866.

<https://doi.org/10.1080/10926771.2017.1382638>

Dim, E. E., & Lysova, A. (2022). Male victims' experiences with and perceptions of the criminal justice response to intimate partner violence. *Journal of Interpersonal Violence*, 37(15-16), NP13067-NP13091.

<https://doi.org/10.1177/08862605211001476>

Douglass, M. D., D'Aguanno, S., & Jones, S. (2020). Women as active agents: Female perpetrators of sexual harassment and domestic abuse. *Evolutionary Behavioral Sciences*, 14(1), 32-49. <https://doi.org/10.1037/ebs0000171>

Dowd, L. & Lambo, L. (2020). Female perpetrators of intimate partner violence. In R. Geffner, J. W. White, L. K. Hamberger, A. Rosenbaum, V. Vaughn-Eden, & V. I. Vieth (Eds.), *Handbook of interpersonal violence across the lifespan*. Springer, Cham. https://link.springer.com/content/pdf/10.1007%2F978-3-319-62122-7_160-1.pdf

Eckhardt, C. I., & Massa, A. A. (2020). Psychological theories of intimate partner violence. In R. Geffner, J. W. White, L. K. Hamberger, A. Rosenbaum, V. Vaughn-Eden, & V. I. Vieth (Eds.), *Handbook of interpersonal violence across the lifespan*. Springer, Cham. https://doi.org/10.1007/978-3-319-62122-7_137-1

Egan, G. (2014). *The skilled helper: A problem-management and opportunity-development approach to helping*. Brooks/Cole.

Eisikovits, Z., & Bailey, B. (2016). The social construction of roles in intimate partner violence: Is the victim/perpetrator model the only viable one? *Journal of Family*

Violence, 31, 995-998. <https://doi.org/10.1007/s10896-016-9879-y>

Fauvelle, L. (2020, October 26). *Qualitative research: 3 types of interview*.

IntoTheMinds. <https://www.intotheminds.com/blog/en/qualitative-research-3-types-of-interview>

Freeland, R., Goldenberg, T., & Stephenson, R. (2018). Perceptions of informal and formal coping strategies for intimate partner violence among gay and bisexual men. *American Journal of Men's Health*, 12(2), 302-312.

<http://doi.org/10.1177/1557988316631965>

Friesma, A. (2016). *Domestic violence counselors' supervision experiences: A qualitative inquiry* (Publication No. 10158974) [Doctoral dissertation, Northern Illinois University]. ProQuest Dissertation Publishing.

Furman, E., Barata, P., Wilson, C., & Fante-Coleman, T. (2017). "It's a gap in awareness": Exploring service provision for LGBTQ2S survivors of intimate partner violence in Ontario, Canada. *Journal of Gay & Lesbian Social Services*, 29(4), 362-377. <https://doi.org/10.1080/10538720.2017.1365672>

Gaman, A., McAfee, S., Homel, P., & Jacob, T. (2017). Understanding patterns of intimate partner abuse in male-male, male-female, and female-female couples. *Psychiatric Quarterly*, 88, 335-347. <https://doi.org/10.1007/s11126-016-94502>

Gawronski, B., & Bodenhausen, G. V. (2017). Beyond persons and situations: An Interactionist approach to understanding implicit bias. *Psychological Inquiry*, 28(4), 268-272. <https://doi.org/10.1080/1047840X.2017.1373546>

Gerstenberger, C., Stansfield, R., & Williams, K. R. (2019, November). Intimate partner

violence in same-sex relationships: An analysis of risk and rearrest. *Criminal Justice and Behavior*, 46(11), 1515-1527.

<https://doi.org/10.1177/0093854819871984>

Gjellstad, L. M. (n.d.). *Consent form template with instructions in comments*. Walden University. https://academicguides.waldenu.edu/ld.php?content_id=56321293

Good Therapy. (2015, August 7). *What is therapy?* <https://www.goodtherapy.org/what-is-therapy.html>

Gonçalves, M., Martinho, G., & Ghafoori, B. (2025). Trauma-focused treatments for victims of interpersonal violence: A comparison of treatment interventions and outcomes. *Psychotherapy Research*, 35(6), 918-931.

<https://doi.org/10.1080/10503307.2024.2353890>

Gram, L., Blevins, J., Miedema, S., Hoang, A. T., & Yount, K. M. (2024). Intimate partner violence in lesbian, gay, bisexual, transgender, queer, and intersex relationships: A call for research-to-action partnerships in higher education settings. *BMC Global and Public Health*, 2, Article 53.

<https://doi.org/10.1186/s44263-024-00085-y>

Grossoehme, D. H. (2015, October 18). Research methodology overview of qualitative research. [Author Manuscript]. *Journal of Health Care Chaplain*, 1-12.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4609437/>

Hackett, S., McWhirter, P. T., & Leshner, S. (2016). The therapeutic efficacy of domestic violence victim interventions. *Trauma, Violence, and Abuse*, 17(2), 123-132.

<https://doi.org/10.1177/1524838014566720>

- Hayes, S., & Jeffries, S. (2016). Romantic terrorism? An auto-ethnographic analysis of gendered psychological and emotional tactics in domestic violence. *Journal of Research in Gender Studies*, 6(2), 38-61.
- Hine, B., Bates, E. A., & Wallace, S. (2020a). "I have guys call me and say 'I can't be the victim of domestic abuse'": Exploring the experiences of telephone support providers for male victims of domestic violence and abuse. *Journal of Interpersonal Violence*, 1-32. <https://doi.org/10.1177/0886260520944551>
- Hine, B., Noku, L., Bates, E. A., & Jayes, K. (2020b). But, who is the victim here? Exploring judgments toward hypothetical bidirectional domestic violence Scenarios. *Journal of Interpersonal Violence*, 37(7-8), NP5495-NP5516. <https://doi.org/10.1177/0886260520917508>
- Hogan, K.F. (2022). Working with male victims in therapeutic settings. In E. A. Bates & J. C. Taylor (Eds.), *Domestic violence against men and boys: Experiences of male Victims of intimate partner violence* (pp. 195-210). Routledge, Taylor & Francis Group. <https://researchonline.gcu.ac.uk/en/publications/working-with-male-victims-in-therapeutic-settings>
- Hogan, K. F., Clarke, V., & Ward, T. (2024). The impact of masculine ideologies on heterosexual men's experiences of intimate partner violence: A qualitative exploration. *Journal of Aggression, Maltreatment & Trauma*, 33(1), 123-142. <https://doi.org/10.1080/10926771.2022.2061881>
- Howard, S., & Arbaugh, D. K. (2019). Counseling survivors of domestic violence: Theoretically integrated approaches. *Social Work in Mental Health*, 17(6), 703-

722. <https://doi.org/10.1080/15332985.2019.1666078>

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 Open*, 9, Article e021960. <https://doi.org/10.1136/bmjopen-2018-021960>

Jalbert, S. (2017). Inside the clinician's mind: Understanding the counseling process

when working with survivors of domestic violence. *Counseling and Wellness: A Professional Counseling Journal*, 6.

<https://openknowledge.nau.edu/id/eprint/3004>

John, S., & Segal, D. L. (2015, January). Case conceptualization. In R. L. Cautin & S. O.

Lilienfeld (Eds.), *The encyclopedia of clinical psychology* (1st ed., pp. 1-4). John Wiley & Sons. <https://doi.org/10.1002/9781118625392.wbecp106>

Johnson, J. L., Adkins, D., & Chauvin, S. (2020). Qualitative research in pharmacy

education: A review of the quality indicators of rigor in qualitative research.

American Journal of Pharmaceutical Education, 84(1), 138-146. Article 7120.

<https://doi.org/10.5688/ajpe7120>

Karystianis, G., Kita, S., Lerigo, F., Sheridan, L., & Butler, T. (2024). Characteristics of

adult male victims in intimate heterosexual relationships from domestic violence

police narratives. *Crime Science*, 13(28). [https://doi.org/10.1186/s40163-024-](https://doi.org/10.1186/s40163-024-00228-4)

[00228-4](https://doi.org/10.1186/s40163-024-00228-4)

Katafiasz, H. (2020). A systemic conceptualization of intimate partner violence:

Attachment and differentiation. *The Family Journal: Counseling and Therapy for*

Couples and Families, 28(3), 306-312.

<https://doi.org/10.1177/1066480720929697>

Kim, E. Y. Y., Nelson, L. E., Pereira, T. L.-B., & Shorey, S. (2024). Barriers to and Facilitators of help-seeking among men who are victims of domestic violence: A mixed-studies systematic review. *Trauma, Violence, & Abuse*, 25(3), 2189-2203.

<https://doi.org/10.1177/15248380231209435>

Krahé, B., & Berger, A. (2025). Men as victims of intimate partner violence in heterosexual relationships: Evidence from Germany. *European Psychologist*, 30(2), 116-124. <https://doi.org/10.1027/1016-9040/a000553>

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124. <https://doi.org/10.1080/13814788.2017.1375092>

Lantz, B. (2020). Victim, police, and prosecutorial responses to same-sex intimate partner violence: A comparative approach. *Journal of Contemporary Criminal Justice*, 36(2), 206-277. <https://doi.org/10.1177/1043986219894429>

LaSala, M. C., & Fedor, J. P. (2020, November 17). "A victim is a victim": LGBT blindness among victim assistance workers. *Journal of Qualitative Criminal Justice & Criminology*. <https://doi.org/10.21428/88de04a1.76224421>

Laskey, P., Bates, E. A., & Taylor, J. C. (2019). A systematic literature review of intimate partner violence victimization: An inclusive review across gender and sexuality. *Journal of Aggression and Violence Behavior*, 47, 1-11.

<https://doi.org/10.1016/j.avb.2019.02.014>

- Leemis, R. W., Friar, N., Khatiwada, S., Chen, M. S., Kresnow, M., Smith, S. G., Caslin, S., & Basile, K. C. (2022, October). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2016/2017 Report on intimate partner violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/124646>
- Lester, S. (1999). An introduction to phenomenological research. *Stan Lester Developments*. <http://www.sld.demon.co.uk/resmethy.pdf>
- Liben, L. S., & Bigler, R. S. (2017). Understanding and undermining the development of gender dichotomies: The legacy of Sandra Lipsitz Bem. *Sex Roles*, 76, 544-555. <https://doi.org/10.1007/s1119-015-0519-4>
- Lila, M., & Gilchrist, G. (2023). Treatment resistant perpetrators of intimate partner violence: Research advances. *Psychosocial Intervention*, 32(2), 55-58. <https://doi.org/10.5093/pi2023a10>
- Lincoln, Y.S. & Guba, E. G. (1982, March 19-23). *Establishing dependability and confirmability* (ED216019). ERIC. <https://files.eric.ed.gov/fulltext/ED216019.pdf>
- Maguire, M. A. (2018, December). *Evidenced-based psychotherapeutic treatment for victims of intimate partner violence: An investigation of the relationship between patient presenting characteristics and treatment* (Publication No. 10975323) [Master's thesis, California State University, Long Beach]. ProQuest.

- Martin, A. E., & Slepian, M. L. (2020). The primacy of gender: Gendered cognition underlies the big two dimensions of social cognition. *Perspectives on Psychological Science, 16*(6), 1143-1158.
<https://doi.org/10.1177/1745691620904961>
- McLaughlin, K. D. (2017). Ethical considerations for clinicians treating victims and perpetrators of intimate partner violence. *Ethics and Behavior, 27*(1), 43-52.
<https://doi.org/10.1080/10508422.2016.1185012>
- McLeod, D. A., Ozturk, B., Butler-King, R. L., & Peek, H. (2024). Male survivors of domestic violence, challenges in cultural response, and impact on identity and help-seeking behaviors: A systematic review. *Trauma, Violence, & Abuse, 25*(2), 1397-1410. <https://doi.org/10.1177/15248380231177318>
- Milligan, M. J. (2019). *The response of law enforcement in regards to intimate partner violence on male victims within heterosexual relationships* (Publication No. 13812912) [Master's thesis, University of West Georgia]. ProQuest.
- Morgan, W., & Wells, M. (2016). "It's deemed unmanly": Men's experiences of intimate partner violence. *Journal of Forensic Psychiatry & Psychology, 27*(3), 404-418.
<http://dx.doi.org/10.1080/14789949.2015.1127986>
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education, 8*, 90-97. <https://doi.org/10.1007/s40037-019-0509-2>
- Newman, T. (2021, May 11). *Sex and gender: What is the difference*. MedicalNewsToday. <https://www.medicalnewstoday.com/articles/232363>

- Nicholson, S. B., & Lutz, D. J. (2017). The importance of cognitive dissonance in understanding and treating victims of intimate partner violence. *Journal of Aggression, Maltreatment & Trauma*, 26(5), 475-492.
<https://doi.org/10.1080/10926771.2017.1314989>
- Nybergh, L., Enander, V., & Krantz, G. (2016). Theoretical considerations on men's experiences of intimate partner violence: An interview-based study. *Journal of Family Violence*, 31, 191-202. <https://doi.org/10.1007/s10896-015-9785-8>
- O'Campo, P., Zhang, Y. J., Omand, M., Velonis, A., Yonas, M., Minh, A., Cyriac, A., Ahmad, F., & Smylie, J. (2017). Conceptualization of intimate partner violence: Exploring gender differences using concept mapping. *Journey of Family Violence*, 32, 367-382. <https://doi.org/10.1007/s10896-016-9830-2>
- Office on Women's Health. (2018, June 7). *Domestic or intimate partner violence*.
<https://www.womenshealth.gov/relationships-and-safety/domestic-violence>
- Ogbe, E., Harmon, S., Van den Bergh, R., & Degomme, O. (2020). A systematic review of intimate partner violence interventions focused on improving social support and mental health outcomes of survivors. *PLoS ONE*, 15(6), Article e0235177.
<https://doi.org/10.1371/journal.pone.0235177>
- Olsson, M., & Martiny, S. E. (2018). Does exposure to counterstereotypical role models influence girls' and women's gender stereotypes and career choices? A review of social psychological research. *Frontiers in Psychology*, 9, Article 2264.
<https://doi.org/10.3389/fpsyg.2018.02264>

- Pache, S. (2020). A history of interpersonal violence: Raising public concern. In R. Geffner, J. W. White, L. K. Hamberger, A. Rosenbaum, V. Vaughn-Eden, & V. I. Vieth (Eds.), *Handbook of interpersonal violence across the lifespan*. Springer, Cham. https://link.springer.com/pdf/10.1007%2F978-3-319-62122-7_284.pdf
- Park, C. J. (2016). Intimate partner violence: An application of attachment theory. *Journal of Human Behavior in the Social Environment*, 26(5), 488-497. <https://doi.org/10.1080/10911359.2015.1087924>
- Petit, W. E., Knee, C. R., Hadden, B. W., & Rodriguez, L. M. (2017). Self-determination theory and intimate partner violence: An APIM model of need fulfillment and IPV. *Motivation Science*, 3(2), 119-132. <https://doi.org/10.1037/mot0000054>
- Philippot, P., Bouvard, M., Baeyens, C., & Dethier, V. (2018, October 1). Case conceptualization from a process-based and modular perspective: Rationale and application to mood and anxiety disorders. *Clinical Psychology & Psychotherapy*, 1-16. <https://doi.org/10.1002/cpp.2340>
- Pinto e Silva, T., Cunha, O., & Caridade, S. (2023). Motivational interview techniques and the effectiveness of intervention programs with perpetrators of intimate partner violence: A systematic review. *Trauma, Violence, & Abuse*, 24(4), 2691-2710. <https://doi.org/10.1177/15248380221111472>
- Roddy, J.K., & Gabriel, L. (2019). A competency framework for domestic violence counselling. *British Journal of Guidance and Counselling*, 47(6), 669-681. <https://doi.org/10.1080/03069885.2019.1599322>

- Roebuck, B. S., McGlinchey, D., Lysova, A. V., Hastie, K., & Taylor, M. (2024). Similar but different: Intimate partner violence experienced by women and men. *Journal of Family Violence, 39*, 409-420. <https://doi.org/10.1007/s10896-023-00497-8>
- Rollè, L., Giardina, G., Caldarera, A. M., Gerino, E., & Brustia, P. (2018, August 21). when intimate partner violence meets same sex couples: A review of same sex intimate partner violence. *Frontiers in Psychology, 9*, Article 1506. <https://doi.org/10.3389/fpsyg.2018.01506>
- Rose, J., & Johnson, C. W. (2020). Contextualizing reliability and validity in qualitative research: Toward more rigorous and trustworthy qualitative social science in leisure research. *Journal of Leisure Research, 1-20*. <https://doi.org/10.1080/0022.2216.2020.1722042>
- Saadoldin, S. N., Baharshahi, S., Esmaily, H., & Pour, N. A. (2017). Comparison of gender schemas of couples in women with and without spouse abuse referred to health care centers in Mashhad in 2015. *The Iranian Journal of Obstetrics, Gynecology and Infertility, 20*(2), 21-30. <https://doi.org/10.22038/ijogi.2017.8711>
- Sadker, M., & Sadker, D. (1986, March). Sexism in the classroom: From grade school to graduate school. *The Phi Delta Kappan, 67*(7), 512-515. <http://www.jstor.org/stable/20403143>
- Santoniccolo, F., Trombetta, T., & Rollè, L. (2021). The help-seeking process in same-sex intimate partner violence: A systematic review. *Sexuality Research and Social Policy, 20*, 391-411. <https://doi.org/10.1007/s13178-021-00629-z>

Scarduzio, J. A., Carlyle, K. E., Harris, K. L., & Savage, M. W. (2017). "Maybe she was provoked": Exploring gender stereotypes about male and female perpetrators of intimate partner violence. *Violence Against Women, 23*(1), 89-113.

<https://doi.org/10.1177/077801216636240>

Schokkenbroek, J. M., Ponnet, K., & Hardyns, W. (2022, March 24). Men's (online) Intimate partner violence experiences and mental health: Polyvictimization, polyperpetration, and victim-perpetrator overlap. *Journal of Aggression, Maltreatment, & Trauma*.

<https://doi.org/10.1080/10926771.2022.2055513>

Scott-Storey, K., O'Donnell, S., Ford-Gilboe, M., Varcoe, N. W., Malcolm, J., & Vincent, C. (2023). What about men? A critical review of men's experiences of Intimate partner violence. *Trauma, Violence, & Abuse, 24*(2), 858-872.

<https://doi.org/10.1177/152483802110043827>

Seahorn, N. (2020). *Lived experiences of gay men and barriers to reporting intimate partner violence* [Doctoral dissertation, Walden University]. Walden Dissertations and Doctoral Studies.

<https://scholarworks.waldenu.edu/dissertations>

Sereno, M., Catagnus, R., Griffith, A., & Eilers, H. (2024). A systematic review of empirical studies measuring training effects on biases evidenced by professionals toward intimate partner violence. *Trauma, Violence, & Abuse, 25*(2), 1053-1072.

<https://doi.org/10.1177/15248380231171186>

- Shulman, G. P. (2018). *The development of case conceptualization ability in clinical psychology graduate students* [Doctoral dissertation, University of Nebraska-Lincoln]. Theses, Dissertations, and Student Research: Department of Psychology. 105. <https://digitalcommons.unl.edu/psychodiss/105>
- Simon, R. B., Possick, C., & Aviad, Y. W. (2024). The fragmented experience of male “victims” of intimate partner violence in heterosexual relationships. *Studies In Clinical Social Work: Transforming Practice, Education and Research*, 94(2), 157-180. <https://doi.org/10.1080/28376811.2024.2328010>
- Slakoff, D. C., Aujla, W., & Penzey Moog, E. (2020). The role of service providers, technology, and mass media when home isn’t safe for intimate partner violence victims: Best practices and recommendations in the era of COVID-19 and beyond. *Archives of Sexual Behavior*, 49,2779-2788. <https://doi.org/10.1007/s10508-020-018210-w>
- Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 data brief – Updated release*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>
- Society of Clinical Psychology. (2017). *What is the difference between psychologists, psychiatrists and social workers?* American Psychological Association, Division 12. <https://www.apa.org/ptsd-guideline/patients-and-families/psychotherapy-professionals.pdf>

- Sommer, J., Iyican, S., & Babcock, J. (2019). The relation between contempt, anger, and intimate partner violence: A dyadic approach. *Journal of Interpersonal Violence*, 34(15), 3059-3079. <https://doi.org/10.1117/0886260516665107>
- Sperry, J., & Sperry, L. (2020, December 7). Case conceptualization: Key to highly effective counseling. *Counseling Today*, 63(6), 50-55. <https://ct.counseling.org/2020/12/case-conceptualization-key-to-highly-effective-counseling/>
- Storey, J. E., & Strand, S. (2017). The influence of victim vulnerability and gender on police officers' assessment of intimate partner violence risk. *Journal of Family Violence*, 32, 125-134. <https://doi.org/10.1007/s10896-016-9905-0>
- Sutton, A., Beech, H., Ozturk, B., & Nelson-Gardell, O. (2021). Preparing mental health professionals to work with survivors of intimate partner violence: A comprehensive systematic review of the literature. *Affilia: Journal of Women and Social Work*, 36(3), 426-440. <https://doi.org/10.1177/08866109920930827>
- Sylaska, K. M., & Walters, A. S. (2014). Testing the extent of the gender trap: College students' perceptions of and reactions to intimate partner violence. *Sex Roles*, 70, 134-145. <https://doi.org/s11199-014-0344-1>
- Tam, D. M. Y., Tutty, L. M., Zhuang, Z. H., & Paz, E. (2016). Racial minority women and criminal justice responses to domestic violence. *Journal of Family Violence*, 31, 527-538. <https://doi.org/10.1007/s10896-015-9794-7>

- Taylor, A. B., & Nepl, T. K. (2020). Intimate partner psychological violence among GLBTQ college students: The role of harsh parenting, interpersonal conflict, and microaggressions. *Journal of GLBT Family Studies, 16*(1), 47-65.
<https://doi.org/10.1080/1550428X.2019.1577200>
- Taylor, J. C., Bates, E. A., Colosi, A., & Creer, A. J. (2022). Barriers to men's help seeking for intimate partner violence. *Journal of Interpersonal Violence, 37* (19-20), NP18418-NP18444. <https://doi.org/10.1177/08862605211035870>
- Taylor, P. (2020). Hunting to feel human, the process of women's help-seeking for suicidality after intimate partner violence: A feminist grounded theory and photovoice study. *Global Qualitative Nursing Research, 7*, 1-14.
<https://doi.org/10.1177/23333936198900893>
- Tomaszewski, L. E., Zaretsky, J., & Gonzalez, E. (2020). Planning qualitative research: Design and decision making for new researchers. *International Journal of Qualitative Methods, 19*, 1-7. <https://doi.org/10.1177/1609406920967174>
- Trabold, N., Mittal, M., & McMahon, J. M. (2018, April). A systematic review of intimate partner violence interventions: State of the field and implications for practitioners. *Trauma, Violence, & Abuse, 1*-15.
<https://doi.org/10.1177/1524838018767934>
- Turchik, J. A., Hebenstreit, C. L., & Dracar, S. S. J. (2015, January). An examination of the gender inclusiveness of current theories of sexual violence in adulthood. Recognizing male victims, female perpetrators, and same sex violence. *Trauma, Violence, & Abuse, 17*(2), 133-148. <https://doi.org/10.1177/1524838014566721>

- van Oosten, J. M. F., Vandenbosch, L., & Peter, J. (2017). Gender roles on social networking sites: Investigating Dutch adolescents' hypermasculinity and hyperfemininity and sexy online self-presentations. *Journal of Children and Media, 11*(2), 147-166. <https://doi.org/10.1080/17482798.2017.1304970>
- van Polanen, M., Colonnese, C., Fukkink, R. G., & Tavecchio, L.W. C. (2017). Is caregiver gender important for boys and girls? Gender-specific child-caregiver interactions and attachment relationships. *Early Education and Development, 28*(5). <https://doi.org/10.1080/10409289>
- Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology, 18*, 148. <https://doi.org/10.1186/s12874-018-0594-7>
- Voith, L. A. (2017). Understanding the relationship between neighborhoods and intimate partner violence: An integrative review. *Trauma, Violence, & Abuse, 1*-13. <https://doi.org/10.1177/1524838017717744>
- Walker, J., Ashby, J., Gredecki, N., & Tarpey, E. (2017). Gender representations of female perpetrators of intimate partner violence. *Journalism of Aggression, Conflict and Peace Research, 10*(3), 170-180. <https://doi.org/10.1108/JACPR-02-2017-0273>

- Walters, M. L., Chen, J., & Breiding, M. J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf
- Whitfield, D. L., Coulter, R. W. S., Langenderfer-Magruder, L., & Jacobson, D. (2018). Experiences of intimate partner violence among lesbian, gay, bisexual, and transgender college students: The intersection of gender, race, and sexual orientation. *Journal of Interpersonal Violence*, 1-25.
<https://doi.org/10.1177/0886260518812071>
- Winstock, Z., Smadar-Dror, R., & Weinberg, M. (2018). Gender differences in Intimate-conflict initiation and escalation tendencies. *Aggressive Behaviors*, 44, 276-284.
<https://doi.org/10.1002/ab.21750>
- Woodyard, A. C. (2019). *The Lived Experiences of Male Victims of Intimate Partner Violence* (Publication No. 7523) [Doctoral Dissertation, Walden University]. Walden Dissertations and Doctoral Studies.
<https://scholarworks.waldenu.edu/dissertations/7523>
- World Health Organization. (2021). *Violence against women prevalence estimates: 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*.
<https://www.who.int/publications/i/item/9789240022256>

- Wright, C. (2016). The absent voice of male domestic abuse victims: The marginalization of men in a system originally designed for women. *Plymouth Law and Criminal Justice Review*, 8, 333-350. <http://pearl.plymouth.ac.uk/handle/10026.1/9037>
- Yanez, P. C. (2018, June 22). *A treatment model for male victims of domestic violence: A support group for men with abusive partners* [Unpublished doctoral dissertation]. The Chicago School of Professional Psychology.
- Zhu, J., Exner-Cortens, D., Dobson, K., Wells, L., Noel, M., & Madigan, S. (2024). Adverse childhood experiences and intimate partner violence: A meta-analysis. *Development and Psychopathology*, 36, 929-943. <https://doi.org/10.1017/S0954579423000196>

Appendix: Interview Questions

Question 1: What is your intake and assessment process in obtaining and organizing information about heterosexual male and same-sex IPV victims who are clients?

Question 2: What is your process for understanding and explaining heterosexual male and same-sex IPV victims' situations and maladaptive patterns?

Question 3: How do you use the information from the intake and assessment process and your understanding and explanation of situations and maladaptive patterns to guide and focus the treatment of heterosexual male and same-sex IPV victims?

Question 4: How does the information from the intake and assessment process, and your understanding and explanation of situations and maladaptive patterns, assist you in anticipating challenges and roadblocks when treating heterosexual male and same-sex IPV victims?

Question 5: How does the information from the intake and assessment process, and your understanding and explanation of situations and maladaptive patterns developed over the course of therapy, assist you in preparing for a successful termination of therapy when working with heterosexual male and same-sex IPV victims?