2019

# Intimate Partner Violence (IPV) and Help-Seeking: The Experiences of African American Male Survivors

Marjorie Yvonne Campbell-Hawkins
*Walden University*

# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Marjorie Y. Campbell-Hawkins

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. Sharon Xuereb, Committee Chairperson, Psychology Faculty
Dr. Elizabeth Clark, Committee Member, Psychology Faculty
Dr. David Rentler, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2019

Abstract

Intimate Partner Violence (IPV) and Help-Seeking: The Experiences of African

American Male Survivors

by

Marjorie Y. Campbell-Hawkins

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

December 2019

Abstract

Intimate partner violence (IPV) is a serious worldwide problem and a deliberate violation of human rights. Men from all ethnicities are physically, psychologically, and mentally affected by IPV. In the Unites States, approximately 835,000 men are abused by an intimate partner. Although there are higher incidences of IPV in the African American community and lower rates of help-seeking especially among males, there is a scarcity of studies addressing the help-seeking behavior of African American male IPV survivors. The purpose of this phenomenological study was to explore the lived experiences of African American male survivors of IPV and their help-seeking behaviors. The sample for this study consisted of six African American men who are survivors of female perpetrated IPV. Social learning theory, which explains how behavior including help-seeking behavior is learned, guided this study.  Participants were interviewed face to face and via Skype using semi structured interviews. The data from the interviews were analyzed and coded using interpretative phenomenological analysis. The findings revealed that African American male survivors of IPV face numerous barriers that dehumanized them; however, they recognized the importance of getting help. The findings provide a better understanding of African American men's experiences and help-seeking behaviors. Thus, programs that are specific to their needs can be implemented. Furthermore, the results could prompt law enforcement administration to provide better training of patrol officers who first respond to family disputes.

Intimate Partner Violence (IPV) and Help-Seeking: The Experiences of African

American Male Survivors

by

Marjorie Y. Campbell-Hawkins


Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology



Walden University

December 2019

Dedication

I dedicate this dissertation first to the world greatest mother, Jennifer Watson. Although you never graduated high school because you had me, you instilled in your four children the importance of education, the value of hard work, sacrifices, and determination. For all the sacrifices that you have made to send me to school, the many days that I went to school hungry, with holes in my shoes, this is the ultimate reward. Thank you for your love and sacrifices.

I dedicate this dissertation secondly to my cousin Maurice Oliphant who lost his battle with IPV 15 years ago and recently my beloved friend Dahemia (Damion) Gayle whose 20-year long battle with IPV came to a heartbreaking end in April 2018. I also dedicate this dissertation to all survivors who despite struggles and challenges were able to overcome abuse.

Acknowledgements

I would like to extend my heartfelt gratitude to the members of my committee, my family, friends, and all the individuals who participated in this dissertation.

To my amazing chair, Dr. Sharon Xuereb: thank you for your guidance, support, and undivided attention. Your prompt feedback, and kind words of encouragement motivated me endure to the end.

To Dr. Elizabeth Clark, your attention to detail forced me to work harder and not to settle for mediocrity. I appreciate all your feedback and all that you have done to guide me along this important journey.

To my wonderful family, thank you for putting up with my crying when things were not going well. For helping with my child so I could focus on my dissertation. I love you guys. To all my friends and well-wishers who cheered me on "you go girl", sometimes that was the nudge that I needed.

This dissertation could not have been completed without the input of the courageous men who shared their experiences. I am eternally grateful for your participation.

Last but by no means least, to my adorable son Ayden who once asked, "mommy when are you going to get done with your silly work, so you can play with me?" When this is all over, we will take a vacation.

Table of Contents

iv

List of Tables

Chapter 1: Introduction to the Study

**Introduction**

Intimate partner violence (IPV) is one of the oldest and most common type of violence in the family (Al'Uqdah, Hill, & Maxwell, 2016; Fleming, McCleary-Sills, Morton, Levtov, Heilman, & Barker, 2015). The World Health Organization (WHO, 2016) described IPV as a serious social and public health challenge. IPV is a grave worldwide social phenomenon affecting millions of people of all ages, socioeconomic statuses, and genders (Tsui, 2014; WHO, 2016). In the United States, there are more female survivors of IPV than males (WHO, 2016); however, men are also survivors. It is estimated that one in every four men will experience IPV in their lifetime (Carlson, Fripp, Cook, & Kelchner, 2015; The National Coalition Against Domestic Violence [NCADV], 2015). Although there is vast difference between the number of males and female survivors, over 16 million men in the United States will experience IPV during their lifetime (Breiding, 2014). According to The National Intimate Partner and Sexual Violence Survey (NIPSVS, 2017) 35% of abused men will experience post-traumatic stress disorder (PTSD).

There is a steady increase in the number of studies on men who have been affected by IPV; however, these studies looked at European American men or men from other ethnicities. While there are recent studies that focused on African American female survivors of IPV, to date based on my literature searches, there were no recent empirical studies found that focused on African American male survivors. Cho and Kim (2012) suggested that, overall, there are limited studies addressing IPV among racial minority

groups. Despite extensive searches, I did not find more current literature relating to my topic; therefore, I referred to some older literature for the current study.

In this study, I explored the lived experiences of African American male survivors of IPV and their experiences in seeking help. Positive social change may result from this study as it could increase public awareness of African American male survivors' perspectives. Furthermore, it could provide a basis for the development of programs that are specific to the needs of African American male IPV survivors. In addition, the results may encourage the need to educate social support systems such as the police and healthcare professionals so they can offer better services to male survivors and ultimately improve the effectiveness of services provided.

In this chapter, I presented a synopsis of the current study as well as the reason this study was important. The chapter covered the following topics: background, problem statement, the purpose of the current study, theoretical framework, research questions, nature of the study, definition of key terms, assumptions, scope and delimitations, limitations, and significance of the study. The chapter concludes with a summary.

**Background**

IPV was once a private problem that was kept behind closed doors rather than being a social issue (Pittaro, 2014). In the 1970s, feminist groups lobbied for IPV to become a recognized social problem (Stiles, Ortiz, & Keene, 2017). Over the past four decades, compassion has been shown to female survivors of IPV, but the same compassion has not been shown to male survivors. In fact, researchers have mainly taken a victimology approach when exploring females' role in IPV, and a criminology

approach for males' involvement. Recently there has been a shift, with researchers also focusing on male survivors of IPV (Bernardino et al., 2016; Douglas & Hines, 2011). Straus and Gozjolko (2014) said that within one year, women were more likely than men to have committed violence against an intimate partner.

Bernardino et al. (2016) revealed that men in Brazil were more likely than women to be abused in their homes with a weapon, be slapped, pushed, and punched. Men received physical bodily injuries, facial bone fractures, and other maxillofacial injuries from their abusive partners. Silva et al. (2014) posited that facial injuries damage one's self-esteem and can have lasting social and emotional effects. Machado, Matos, and Hines (2016) conducted an exploratory study in Portugal to determine the prevalence of male victimization and help-seeking in that country. Eighty-nine men who admitted that they were abused by a current or former partner participated in that study. That study showed that male survivors encountered psychological aggression, as well as sexual and physical abuse (Machado et al., 2016). Although survivors were physically and psychologically abused, they did not seek help because they did not consider themselves victims. Additionally, they expressed having no faith in the justice system to adequately assist them (Machado et al., 2016).

Choi et al. (2015) found that male IPV survivors in Hong Kong were more likely than female survivors to receive injuries such as human bites, abrasions, and lacerations. However, male survivors were less likely to seek the assistance of hospital social workers. Tsang (2015) said that male survivors were less likely than their female counterparts to seek assistance for their abuse. Tsang (2015) identified psychological

factors such as shame and guilt and lack of social services to meet the needs of abused men as barriers. Machado et al. (2016) said that if men do seek help, it is often from informal sources such as a friend.

Male survivors who sought help for their abuse reportedly had negative experiences, difficulty finding resources, and were often refused from accessing certain programs (Douglas & Hines, 2011). Douglas and Hines (2011) said that when men sought assistance and it was not forthcoming, it severely affected their mental health. In fact, they suggested that male survivors of IPV who sought help are at risk of developing depression, anxiety, and PTSD.

Male survivors of IPV face multiple challenges both internally and externally. Wallace (2014) alluded to external challenges relating to the lack of funding geared toward programs for male survivors, and a lack of understanding of their needs. Morgan and Wells (2015) revealed that abused men were reluctant to seek help due to gender role expectations because they feared being viewed as weak. Nayback-Beebe and Yoder (2012) said that male survivors experienced physical and psychological abuse from their female intimate partners, but they lied about the abuse to protect their ego. Men in abusive relationships face both health and social challenges which over time may have deadly consequences (Carlyle, Scarduzio, & Slater, 2014). However, healthcare professionals, the police, and society on a whole are less accepting of male survivors of IPV, so they feel overlooked (Hoff, 2012). Arnocky and Vaillancourt (2015) said that the overall attitude toward male survivors of IPV is negative.

While the existing literature has proven beneficial in recognizing and finding themes relating to male survivors of IPV, there is a knowledge gap. Perryman and Appleton (2016) said that female-perpetrated abuse against males has increased, but the issue is understudied and the effect on male survivors misunderstood. Specifically, there were no studies found that examined the experiences and help-seeking behaviors of African American male survivors of IPV. This is a gap that was addressed in the current study.

## Problem Statement

IPV is a crime committed by a present or a former partner. It is a worldwide social problem that affects the affluent, poor, children, adults, females, and males from all ethnicities (Machado et al., 2016). While numerous studies have addressed the issue of IPV, the emphasis has been placed on children and females being the survivors. Recently, researchers have studied females not only as survivors but also perpetrators of IPV. However, culture and history have usually conceptualized men as the aggressors while women are viewed as meek and less violent (Machado et al., 2016). Male survivors of IPV experience both physical and psychological abuse from their intimate partners (Baker, Buick, Kim, Moniz, & Nava, 2013). Morgan and Wells (2015) said females exercised excessive control in ways such as withholding sex or threatening they would keep the children away from men. They also made false reports of men abusing them or the children.

There have been recent studies focusing on males being survivors of IPV, although there are no studies on the help-seeking behaviors of African American male

survivors of IPV. African American men have been the focus of previous studies as perpetrators of abuse but not as survivors. The stereotypical view of African American men is that they are violent (Al'Uqdah et al., 2016). Furthermore, societal norms have dictated that men are stronger and more domineering gender (Dutton & White, 2013; Powell, Adams, Cole-Lewis, Agyemang, & Upton, 2016), and they should not allow women to control or abuse them. These stereotypical views complicate the issue for African American male survivors of IPV, who may not freely disclose abuse and seek help (Berger, Addis, Green, Mackowiak, & Goldberg, 2013; Powell et al., 2016). This study was framed to explore the lived experiences and help-seeking behaviors of African American male survivors of IPV. Although studies have been conducted regarding help-seeking behaviors of men in other countries and different ethnicities, no study has been done on African American male survivors. This is the gap that the findings of the current study filled.

## Purpose of the Study

African Americans in general are reluctant to seek help for personal problems (Wendt & Shafer, 2015). When male survivors of IPV seek help for abuse and they are dismissed, denied services, not taken seriously, or they are treated unprofessionally by social service providers or law enforcement officers these experiences lead to humiliation, frustration, stress, and further victimization (Corrigan, Druss, & Perlick, 2014;Crowe & Murray, 2015). These challenges along with the stigma associated with male help-seeking could minimize further help-seeking and undermine the recovery process for male survivors of IPV (Crowe & Murray, 2015).

In this interpretative phenomenological study, I explored the lived experiences and help-seeking behaviors of African American male survivors of IPV to obtain a more detailed and richer understanding of IPV from their perspective. This study provided an understanding of their decisions to seek help and how these decisions have affected them. In addition, the information obtained may inform policymakers to implement IPV services and programs that are more specific to African American male survivors. This study was guided by Albert Bandura's social learning theory (SLT). Data were obtained by conducting semi-structured interviews with African American male survivors of IPV.

## Research Questions

The purpose of the current study was to obtain an in-depth understanding of the experiences of African American male survivors of IPV and their help-seeking behaviors. Based on the problem identified and purpose, the research questions were as follows:

*RQ1:* What are the lived experiences of African American male survivors of IPV who seek help?

*RQ2:* How do these male survivors of IPV talk about their meaning-making processes of getting help?

## Theoretical Framework

Different psychological theories have been used to understand and explain IPV. For this study, SLT by Albert Bandura was the focus. SLT is built on the premise that individuals learn from each other by observing their behavior through imitation and by modeling the actions of others (Bandura, 1963; 1997). Through social and familial interactions and experiences an individual's behavior is shaped from an early age

(Bandura, 1977). SLT has been used in studies to explain the transmission of intergenerational violent behavior. For instance, it is believed that children who witnessed violence in their home as an appropriate way to solve a conflict might grow into adults believing that violence is acceptable in an intimate relationship. Those individuals who witnessed IPV as children may later model the behavior as perpetrators or survivors and become more tolerant of abuse (McRae et al., 2017).

African Americans learn from cultural and historical experiences to be loyal to and bond with their own race (Valandra, Murphy-Erby, Higgins, & Brown, 2016). Therefore, the SLT could also be used to explain how help-seeking among African American is learned. Society associates men with aggression and toughness, and views them as the dominant sex, having power and control over women (Dutton & White, 2013; Powell et al., 2016). So, when African American boys are socialized from very early to be tough and not cry or give in to emotions or they will be viewed as weak, they will associate being sad with abuse or reporting abuse with weakness. Furthermore, in the African American community, children in general and especially boys are socialized in terms of self-concealment, which essentially is keep personal business or problem to private or within the family (Lindinger-Sternart, 2015).

**Nature of the Study**

In this qualitative study, I explored the experiences of African American male survivors of IPV and their help-seeking behaviors. The purpose of a qualitative study is to provide an in-depth understanding of the experiences of an individual or group of individuals regarding a phenomenon (Marshall & Rossman, 2014). The qualitative

approach was appropriate for this study because methodological principles such as

gathering in-depth data aligned with the purpose of this study. In this study, I used

interpretative phenomenological analysis (IPA) to provide an understanding of the lived

experiences of African American male survivors of IPV. The fundamental pillars of IPA

are phenomenology, idiography, and hermeneutics (Pietkiewicz & Smith, 2014). The

various facets of IPA influenced the research questions and data collection process and

how data were interpreted and analyzed. IPA was appropriate for this study because it

focused on the painful and delicate experiences of participants' personal account and

perception of the experience being studied. The fact that IPA is idiographic means that it

focuses on the cognitive, affective, linguistic, and physical abilities of each participant.

Being a hermeneutic approach means that it considers the context and words of the

interviewees' narratives and the interviewer's interpretation instead of giving an

explanation (Pietkiewicz & Smith, 2014). IPA does not use pre-prepared constructs,

rather, as themes emerged from the interview transcripts, they were analyzed. All familiar

themes were grouped to form master themes which were further analyzed and confirmed.

## Definition of Key Terms

It is important in research to define key terms so that readers can get maximum

understanding of what they are reading. The following key terms used in this study were

defined.

*Intimate Partner Violence (IPV):* The Centers for Disease Control and Prevention

(CDC, 2014) defined IPV as any physical, sexual, or psychological harm by a current or

former partner or spouse. The U.S. Department of Justice (2014) described it as isolating

or controlling behavior by one partner over the other. The violence could be between homosexual or heterosexual couples who are dating or in a relationship, or who have been in a relationship (CDC, 2014).

*African American:* The term African American refers to diverse groups of Black people whose ancestors originate from Africa. These include but are not limited to individuals who identify as Afro-Caribbean, Black, or African American according to the United States Census Bureau (CDC, 2010).

*Help-seeking*: The process of reaching out and getting support from others or resources to cope with a problem (Chan, 2013).

*Lived Experience:* Lived experience refers to the subjective narratives of an individual or a group regarding a complex phenomenon (Manen, 2014).

*Masculinity:* Masculinity in this context refers to cultural behaviors and practices that are associated with males (Itulua-Abumere, 2013).

*Partner:* A partner is a heterosexual or homosexual person in a marital or dating relationship (Drijber et al., 2013).

*Survivor*: One who has permanently separated oneself from an abusive relationship (Murray & Graves, 2012).

## Assumptions

There are certain assumptions that are required in order to conduct a study. In this study, I assumed that the criteria for inclusion would yield participants who had experiences in line with the phenomena being studied. Secondly, I assumed that the participants were open and honest answering questions during the interviews. I assured

the participants that their information would be kept in the strictest of confidence and I would use pseudonyms to ensure anonymity. I further informed them that they would be free to withdraw from the study at any time without penalties. Thirdly, it was assumed that as the researcher, I was objective at all times throughout the research process, aware of my own biases, and able to manage them. The last assumption was that there were adequate participants for this study in order to have sufficient data to identify necessary themes.

## Scope and Delimitations

The participants who were chosen for this study were African American male survivors of IPV over the age of 21 only due to homogenous sampling. A homogenous sample was necessary for this study because the research problem was specific to the characteristics of this particular group. In this study, there were several delimitations. The first delimitation was gender of the participants. Since the focus of this study was male survivors of IPV, female survivors of IPV were excluded. Additionally, ethnicity was a delimitation, so men who were of other ethnicities but also survivors of IPV were excluded. These men were excluded from the study because they were not the focus of the study, which was African American male survivors.

## Limitations

Every study has certain limitations relating to the weaknesses of the methodology or study design which are out of the researcher's control. One limitation of this study was the small sample size of six participants, which was fewer than what is normally required for a quantitative study. The geographical parameter for this study was also a limitation

since participants were from the United States, specifically the state of Georgia. The sample size for this study was determined based on the number of participants it took to gather all relevant information. I ceased all data collection once saturation was reached. This study was narrowed to African American male survivors of IPV residing in the United States. Male survivors of IPV outside the boundaries of the United States were not recruited for this study. In this study, like any other qualitative study, the generalizability of the findings to other populations and settings were limited. To address this limitation, I used bracketing and journaling to keep detailed notes and records. I gave special attention to reflexivity during the bracketing process.

## Significance

Male survivors of IPV deal with physical and psychological trauma. However, there are few studies that specifically explored the experiences of African American male survivors. This study contributed to an emergent field of study on male survivors of IPV with a focus on African American male survivors. The results of this study will address the lack of research and knowledge on IPV from the perspectives of African American male survivors, especially in terms of their help-seeking experiences. As the reporting of female- perpetrated IPV increases, the police, nurses, and other healthcare practitioners must understand, appreciate, and be sensitive to male IPV survivors' experiences as they try to deal with their abuse. Specifically, through this study, I hope that there will be an increase in knowledge about African American male survivors so that social workers, the police, and other healthcare professionals can be more supportive and show them more

empathy. Additionally, stakeholders and policymakers can implement programs that are more specific to the needs of African American male survivors.

Positive social change may result from this study, since it will increase public awareness of African American male survivors' perspectives. Professionals may also develop a framework to enhance social service practitioners' ability to offer better services to male survivors and ultimately improve the effectiveness of services provided to them.

<div align="center">**Summary**</div>

There is an abundance of information on male perpetration of IPV, but a lack of information on male victimization. To date there were no literature found that discussed IPV from the African American male survivors' perspective. This study, which focused on African American male survivors of IPV, was divided into five chapters. In Chapter 1, I laid the foundation by introducing the study. I discussed the background of the study and presented existing literature. I highlighted the gap in the literature, problem statement, and purpose of this study. I also provided and described the nature of this study and the process through which I collected data to answer the research questions. Additionally, I provided an overview of the SLT, which was the theoretical framework for this study. I included definitions for key concepts used as well as the assumptions, scope, delimitations, limitations, and significance of my study.

In chapter 2, I will provide an overview of the literature search strategies, gap in literature, framework, and a literature review. I will conclude the chapter with a summary and conclusion.

Chapter 2: Literature Review

**Introduction**

IPV has only in the last four decades been considered a serious crime (Pittaro, 2014). Over the past 40 years, IPV studies have focused on women being at greater risk of abuse than men. Moreover, there have been laws, advocacy programs, and reforms such as the Violence Against Women Act (VAWA) designed to assist women and girls. Even with the passing of laws, the perpetration of violence against men has been overlooked, underreported, or kept as a complete secret. McCarrick, Davis-McCabe, and Hirst-Winthrop (2016) said that both men and women are capable of being perpetrators of IPV.

Recently, there has been a steady increase in empirical studies exploring the experiences of males not only as perpetrators but also as survivors of IPV. IPV is a pervasive violation of human rights, it demeans survivors, and can contribute to a lifetime of physical and psychological problems (Estrellado & Loh, 2016; Rodriguez, 2015). Specifically, male survivors of IPV may experience anxiety, depression, PTSD, and other mental health issues that may cause them to seek help (McLean & Gonzalez-Bocinski, 2017). The purpose of this study was to obtain a more detailed and richer understanding of IPV from the perspectives of African American male survivors. This study also identified barriers that they faced which could likely minimize their help-seeking.

In this literature review, I built on the background provided in Chapter 1 by examining the relevant literature pertaining to IPV. Specifically, I examined the literature relating to African American male survivors of IPV and highlighted the barriers to help-

seeking that they faced. I began the review with an overview of the literature search strategy and then a discussion of the theoretical framework. I next discussed stigmatization and bias and how that could prevent African American male survivors from seeking help. Finally, I summarized relevant literature and concluded with a discussion of how this present study addressed the gap in literature.

## Literature Search Strategy

There is a plethora of literature examining IPV and how it affects women and children. However, there is limited quantitative and qualitative studies regarding the experiences of male survivors of IPV. Furthermore, I could not find any empirical studies that explored the experiences and help-seeking behaviors of African American male survivors of IPV. Consequently, I have included in this review a few older studies that fall outside the required 5-year parameter. I have also included studies regarding the general help-seeking behavior of men.

To gather peer-reviewed journals and articles pertaining to the experiences of African American male survivors of IPV, Walden's Thoreau 360 database search was used for initial searches. I applied a comprehensive search of the Walden University databases was across numerous disciplines. The databases that I searched were PsycINFO, PsycNET, PubMed, EBSCOHost, PsycARTICLES, Educational Resource Information Center (ERIC), SAGE full text collection, MEDLINE, and SocINDEX. In keeping with the 5 years restriction requirement for references, I set the date parameter between 2014 and 2018.

I also searched and retrieved literature from Google Scholar, and federal agencies such as the CDC, and the NCADV, as well as the WHO. Additional strategies that I used were to set alerts with ResearchGate and the Walden University library so when new articles relating to my topic were released, I would be notified. I perused dissertations and articles that were published within the last 5 years and related to my topic. These dissertations and articles were retrieved from the Walden University Center for Research Quality. The keywords or phrases that I used were: *intimate partner violence*, *domestic violence*, *partner abuse*, *female perpetrators of abuse*, *male survivors of partner abuse*, *victims of intimate partner violence*, *African American men help-seeking behavior*, *stigma*, and *African American perception of intimate partner violence*.

Ideally, when writing a literature review for a dissertation, Simon (2016) suggested using 80 peer-reviewed studies. For my literature review, I used about 50 studies and at least 90% of those studies were peer-reviewed. One limitation that I faced conducting this literature review was finding relevant literature relating to African American male survivors of IPV. Consequently, in this review, I have not provided any discussion regarding African American male survivors of IPV.

## Theoretical Framework

The SLT, as posited by Albert Bandura guides this study. This theory provides a lens through which I explored how behaviors associated with IPV help-seeking are learned and can be passed down through generations. Per Bandura's SLT, the behavior of individuals is shaped in terms of continuous reciprocal interactions that they have with their environment. Essentially, individuals learn vicariously by observing others, through

direct interaction, and from symbolic functioning and self-direction. Human beings tend to learn more through vicarious modeling, or observing the behaviors, attitudes, and outcomes of the behaviors of others (Bandura, 1977). Familial culture and language as well as religious and political beliefs can be learned through modeling. Likewise, help-seeking attitudes and behaviors can be learned through modeling.

The concept of modeling has four subprocesses: attention, retention, reproduction, and motivation (Bandura, 1977). It involves a far more complex process of paying close attention to the behavior being modeled and the ability to retain and reproduce the behavior as well as the outcome of the behavior (Bandura, 1977). According to the concept of modeling, after individuals are exposed to a behavior they will first commit it to memory and then ruminate on it. Sometime in the future, if it becomes necessary, they will reproduce the behavior that was retained. Parents are influential models who play a vital role in the socialization of their children (Bandura, 1977; Foshee et al., 2013). Foshee et al. (2013) said that it is more likely that children will imitate their parents than any other individual since parents are influential models.

The SLT has been used in studies to explain how violent behaviors are passed down through generations. It has also been used to explain how aggression and aggressive behaviors can be learned through modeling. SLT is concerned with learning that occur in certain context (Bandura, 1977). Since SLT has been used to explain how violence and aggression are learned it can also be used to explain how help-seeking is a learned behavior. Parents can reinforce a behavior in their children or behavior can be reinforced vicariously. Consequently, children are more likely to model the behavior of

their parents. So, a child who witnessed IPV in the home and never saw police being called or the abused parent seeking medical assistance may view the behavior as normal and acceptable in an intimate relationship. Therefore, individuals who witnessed IPV as children could likely retain and reproduce the behavior either as a perpetrator or survivor who tolerates abuse (McRae et al., 2017).

There are reportedly higher occurrences of IPV in the African American community (Valandra, Murphy-Erby, Higgins, and Brown, 2016), particularly among individuals residing in rural areas. Frustration from poverty and higher unemployment rates are two stressors combine that could contribute to higher incidences of IPV in the African American community (Valandra et al., 2016). Valandra et al. (2016) sought to obtain the perspectives and experiences of African Americans victims residing in rural Arkansas. The purpose of this study was to increase public awareness of IPV in the rural African American community, and ultimately develop interventions that were culturally appropriate. Additionally, through this study the researchers hoped that programs would be implemented with strategies to boost the help-seeking behavior of African Americans.

Valandra et al. (2016) shed light on the role that traditions, culture, and historical experiences play in shaping African Americans' view of IPV and their subsequent help-seeking behavior. For instance, the researchers alluded to oppression, discrimination, and racial injustices as contributing to lack of help-seeking among African Americans. When it comes to help-seeking, African American have a distrust of psychological services as well as anyone who is not of their race. They are more likely to disclose abuse and seek assistance from their pastors, family members, or someone else in the African American

community. This is in keeping with the African American belief articulated by the participants in the study that personal matters should remain private and never be discussed outside of the family or the African American community (Valandra et al., 2016). The participants in this study agreed that male victims/survivors of IPV do need to seek more professional help for abuse (Valandra et al., 2016). However, the researchers concluded that effective interventions for the African American community should consider their familial values and any history of oppression.

Male reluctance to seek help is consistent across all ethnicities, because men in general are socialized not to show emotions, weakness or seek help (Wendt & Shafer, 2015). In fact, society associate characteristics such as stoic, domineering, tough, aggressive and exercising control over their women with maleness (Dutton & White, 2013; Powell et al., 2016). Moreover, men are socialized into traditional masculine gender roles like self-reliance, independence and not to show emotions. So, when it has been reinforced in African American men from very early that they are not to cry but be tough, domineering, and be in control of their emotion, they will association help-seeking with weakness. Additionally, historical and cultural experiences within the African American community is transmitted and reinforced through generations, making African Americans less likely to seek assistance from law enforcement, counselors, and other professionals (Valandra et al., 2016).

**Prevalence of IPV**

IPV is an epidemic that continues to impact millions of adult victims and survivors, as well as children who witnessed partner abuse. This social issue cost over 5.6

billion dollars annually for loss of production time, mental health services and medical care to victims and survivors (Andresen & Linning, 2014). The Bureau of Justice Statistics (BJS, 2013) revealed that 50% of American women and 44% of American men were survivors of IPV. Additionally, data from WHO (2013) revealed that internationally 70% of women have experiences intimate partner abuse in their lifetime. Immigrants and same-sex couples are also greatly affected by IPV (Stiles-Shields & Carroll, 2014). IPV is so pervasive that it is likely everyone knows someone who is being abused or has survived abuse (Warshaw et al., 2013).

NCADV (2015) revealed that one in every four men will fall victim to IPV in his lifetime. Furthermore, one in seven men will receive physical injuries from an intimate partner, one in ten men will be stalked, raped, expressed fear of an intimate partner, and have a diagnosis of PTSD. One in every six men will be affected by intimate partner violence in his lifetime. The statistics further revealed that 1.7 million men reportedly experienced intimate partner abuse beginning at 16 years old. Between 2012/2013, 29% of men compared to 23% of women were severely physically abused by an intimate partner. The physical injuries sustained included broken bones and broken teeth, (2% men and 1% women), bleeding, and bruises (6% men and 4% women), and 30% of the male victims reportedly had emotional and mental health problems. Interestingly, even though men were severely physically and psychologically abused, only 27% of men compared to 73% of women sought medical assistance. Indeed, the impact of IPV on victims and survivors varies, however suicide and homicide are the most severe consequences (CDC, 2014).

Over the last 40 years, African Americans have reported higher IPV victimization and perpetration than other ethnicities (Lacey, West, Matusko, & Jackson, 2016). Report from the National Intimate Partner and Sexual Violence Survey (NISVS) showed that 40.9% of African American women were physically abused by an intimate partner (Black et al., 2011). Moreover, African American women between 18 and 24 years and African American women who reside in certain states or reside in poverty have reported more abuse and incidences of femicide (Black et al., 2011; Violence Policy Center, 2013). Statistics relating to African American male victims or survivors would be very helpful for this study, however after careful searches no statistics were found.

## Review of Research and Methodological Literature

After conducting a thorough search of literature about the help-seeking behavior of African American male survivors of IPV, I discovered that there was a shortage of studies. There were studies found though that focused on African American female victims and survivors of IPV (Sullivan, Weiss, Price, Hansen & Pugh, 2018), IPV among African American college students and African American adolescents (Landor et al., 2017), teen dating violence and African American male help-seeking behavior (Cole-Lewis, Agyemang & Upton, 2016). While there were no studies found that were specific to African American male survivors of IPV, other studies addressing stigma and help-seeking were found. The referenced studies can provide useful general information, but the fact that they are not specific to the topic they should be interpreted with caution. Key concepts and variables such as stigma and help-seeking, and biases were discussed in this literature review section.

**Stigma**

Stigma is a sign of shame relating to an individual's condition or uniqueness. It has a history dating back to the time of ancient Greeks when slaves and criminals were labelled and stigmatized because of who they were (Jones & Corrigan, 2014). In modern times stigma is related to how individuals with certain conditions or differences are perceived and possibly ostracized (Pryor & Bos, 2015).

In their stigmatization model, Link and Phelan (2001) identified five elements of stigma: labeling, stereotype, loss of status, discrimination, and the need for power. Labeling is the first step in the stigmatization model and it focuses on noticeable human differences which society deems to be worthy of labeling. Some examples of labels that are assigned to humans are homosexuals, lesbians, victims, and survivors. Once these labels have been assigned to individuals, the second step is connecting them with certain stereotypes. The third step differentiates the negatively labeled individual or groups from the rest of society. The fourth step in this stigmatization model is discrimination. Once the individual or group has been labeled, stereotyped, discriminated against, and ostracized they will experience loss of status, and even loss of income. The final step in the model sums up how the disadvantaged, labeled individuals will ultimately lose political, social, and economic power (Link & Phelan, 2001).

The first step in the model suggest that society recognize human differences and label them. Society's portrayal of men in general is that of power and control, macho, and strong (Dutton & White, 2013; Powell et al., 2016). Specifically, African American men are stereotyped as aggressive (Al'Uqdah et al., 2016). Since it is not the norm for males

to be victims or survivors of IPV when they disclose abuse, they are assigned certain labels like weak. The second step in the model is associating stereotype to the individual or groups identified to be different (Link & Phelan, 2001). This element of the model has a direct bearing on African American male survivors of IPV who would be further labeled by the dominant culture with negative stereotypes.

Stigma has been examined in terms of HIV/AIDS (Mitzel, Vanable & Corey, 2018), hepatitis viruses (Treloar, Rance, & Backmund, 2013), and mental illness (Corrigan & Al-Khouja, 2017). Sigma has also been studied as it relates to survivors of IPV (Crowe & Murray, 2015; Murray, Crowe, & Akers, 2016; Murray, Crowe, & Brinkley, 2015; Overstreet & Quinn, 2013). In a recent qualitative study, Stutterheim et al. (2016) investigated HIV-related stigma among substance users. The participants were asked to relate their disclosure and concealment experiences. Those who disclosed their status were met with discrimination, rejection and isolation from even their family members. Those who chose to conceal their HIV status did so out of fear of negative reaction not only for themselves but also for their family members. Consistent with the finding of Stutterheim et al. (2016), Evangeli and Wroe's (2017) systematic review highlighted stigma as a key factor that have prevented people living with HIV/AIDS (PLWHA) from disclosing their HIV status and sticking consistently to their treatment of antiretroviral therapies (ART).

Lowther, Selman, Harding, and Higginson (2014) found that PLWHA internalized feelings of worthlessness and discrimination to the extent that it affects their mental health. In line with the findings from these systematic reviews. Mitzel et al.

(2018) said that there is an association between stigma and depressive symptoms such as hopelessness, low self-esteem, worthlessness, and lack of motivation.

In a similar way, survivors of IPV experience stigma which might prevent them from disclosing abuse and seek help (Murray, Crowe, & Overstreet, 2018). In fact, Overstreet and Quinn (2013) developed an IPV Stigmatization Model which outlined three stigma related barriers to help-seeking. Cultural stigma was the first to be articulated, and it refers to how one's experiences of IPV is perceived and delegitimized by society (Overstreet & Quinn, 2013). The most common cultural stigmas that male survivors of IPV faces are victim-blaming, judgmental attitudes, and disbelief from both informal sources (peers and family) and formal sources (healthcare professionals) (Overstreet & Quinn, 2013). Although it has been over four decades since IPV has been removed from behind closed doors and is viewed as a societal problem, the idea that it is a personal problem still remains. This conceptualization coupled with cultural stigmas could minimized the help-seeking behavior of African American male survivors of IPV.

The second element is internalized stigma which refers to the survivor's belief that the negative attitudes from others are indeed correct (Overstreet & Quinn, 2013). This kind of stigma can increase psychological distress in male survivors of IPV and reduce their self-efficacy or ability to seek help (Overstreet & Quinn, 2013). Thus, if male survivors of IPV sought help for abuse and they are met with judgement such as 'you must have done something wrong' or 'it must have been in self-defense' they might believe in themselves that they do deserve abuse. Additionally, they might construct in

their minds that they are weak, helpless and help-seeking is shameful for a man (Overstreet & Quinn, 2013).

Anticipated stigma is the final element in this stigmatization model. This is the belief that disclosure of IPV will be met with negative feedbacks like prejudice or discrimination. Overstreet and Quinn (2013) highlighted ten studies between 1998 and 2011 to show how anticipated stigma works as a barrier to help-seeking from both formal and informal sources. In one of the studies barriers to help-seeking from informal sources were examined. The participants in that study expressed that if they disclosed abuse to their friends and family members, they feared they would not get their support (Beaulaurier, Seff, & Newman, 2008). Douglas and Hines (2011) noted in their study that when men sought help from formal sources, and they meet upon obstacles it greatly affected them psychologically. Therefore, the conclusion can be drawn that anticipated stigma is an internal, psychological barrier to help-seeking.

This Stigmatization Model proposed by Overstreet and Quinn (2013) built on prior stigmatization models like Link and Phelan (2001), but emphasizes how cultural, internalized, and anticipated stigmas work together to and create barriers for survivors of IPV. For one thing, these three elements of stigma together diminish victims and survivors' self-worth and self-efficacy (Link & Phelan, 2001). Stigma therefore is a plausible barrier that could prevent African American male survivors of IPV from seeking help.

**Male Help-Seeking Behavior**

Male help-seeking behavior is a social issue that is understudied (Tsui, 2014). Although American men have low life expectancy and high mortality rates (Powell et al., 2016), and men in general have higher suicide rates (National Institute of Mental Health, 2013) as well as higher deaths from cancer (International Agency for Research on Cancer, 2017), when it comes to help-seeking they usually delay. The fear that men have of help-seeking is not due to anything innate, but rather relates to traditional masculinity and cultural norms that they learn (Powell et al., 2016). Moreover, men feel like they are capable of caring for themselves, so they will not seek counseling or psychological help.

In a recent cross-sectional study, DeBate, Gatto, and Rafal (2018) used the Information-Motivation-Behavioral Skills (IMB) model to examine how knowledge, attitudes, and norms about mental health impacts help-seeking. A sample of *n = 1242* male university students located in the southern parts of the United States was used. The IMB model determines causal relationship among information, motivation and behavioral skills (DeBate et al., 2018). The researchers of this study found that male help seeking behavior was low, supporting the findings of prior studies (Rickwood, Mazzer, & Telford, 2015; Thomas, Caputi, & Wilson, 2014).

Another cross-sectional study by Kaskeala, Sillanmäki, and Sourander (2015) examined the help-seeking behavior among a sample of *n = 4309* Finnish adolescent males who were being assessed for mandatory military duties. The researchers were particularly interesting in factors associated to help-seeking behavior. In addition, information pertaining to services used as well as reasons for not using services were

obtained (Kaskeala et al., 2015). Participants answered questions about their mental

health and if they ever sought treatment. Although 23.6% of the participants indicated

that they had mental health issues, only 3.2% sought assistance and 2.3% considered

help-seeking (Kaskeala et al., 2015). This study is consistent with the findings of DeBate

et al. (2018) which showed that university male students had low mental help-seeking

behavior.

There is a link between help-seeking and suicide in men. Rasmussen, Hjelmeland,

and Dieserud (2018) explored the help-seeking behavior of men between 18 and 30 years

old prior to their suicide. Parents, ex-partners, and other relatives of 10 male suicide

victims were interviewed to get feedback about their deceased loved ones help-seeking

behavior before they committed suicide. The common barriers articulated and emerged

from the interviews with the participants were fear of being viewed as mentally ill, fear of

being viewed a failure, and fear of being considered weak (Rasmussen et al., 2018). This

study in conjunction with a previous study by Rasmussen, Haavind, Dieserud, and

Dyregrov (2014) examined the vulnerability of men who committed suicide. The

researchers concluded that men who cannot control their emotions such as anger or

shame were more likely to carry out suicide. So, men would rather suffer in silence than

to disclose weakness and seek help (Rasmussen et al., 2018).

Bass, Muniz, Gordon, Maurer, and Patterson (2016) said that gender role

stereotype and tenets of masculine were barriers to men help-seeking. Australia, Issacs,

Maybery, and Gruis (2013) found that participants' refusal to seek help was based on

masculinity and the stigma associated with mental illness. Additionally, participants did

not want to be viewed as weak or labelled as mentally ill.  Bass et al. (2016) further noted that participants refused to seek help because they have no faith in healthcare professionals and viewed help-seeking as a sign of weakness.

It is not only pertaining to mental health issues that men delay help-seeking, but also for medical issues such as cancer (Medina-Perucha, Yousaf, Hunter, & Grunfeld, 2017; Fish, Prichard, Grunfeld, Ettridge, & Wilson, 2018). When male help-seeking is compared to women, men are less likely to practice help-seeking (Yousaf, Grunfeld & Hunter, 2013; Yousaf, Popat & Hunter, 2014). In fact, Powell et al. (2016) found that women from all ethnicities were more likely than African American men to seek preventative care and follow-up on their treatment. Therefore, irrespective of ethnicity and age the help-seeking behavior among men differs from that of women.

Scholars have concluded that African American men face stigma related to their race, culture (Powell et al., 2016), gender (Bass et al., 2016), and IPV. One postulation is that help-seeking behavior is entrenched in gender roles which are reinforced by one's culture, family, friends, and the media (Powell et al., 2016). As discussed by Larson, Chastain, Hoyt, and Ayzenberg (2015), in the African American community people practice self-concealment, which is the view and practice of not disclosing personal distressing matters especially to strangers. Additionally, in the African American culture individuals are extremely committed to family and other members of the African American community such as pastors but will find it difficult to open up to strangers about their problems. To add to the issue of self-concealment, experiences of perceived discrimination and oppression against African Americans have contributed to distrust of

the healthcare system (Kennedy, Mathis, & Woods, 2007), psychologist, and law enforcement. Like other African American men, African American male survivors of IPV can model behaviors such as distrust and self-concealment which are practiced throughout the African American community. These behaviors can be barriers which ultimately impede their help-seeking behaviors.

**Help-seeking Behavior of Male Survivors**

From the review of the literature, the picture painted of male victims and survivors of IPV is that they have a tendency like the general population of men not to seek professional help. If they do seek help it was from informal sources such as internet, peers, pastors, or family members (Tsui, 2014). Young, Pruett, and Colvin (2016) used a retrospective content analysis to compare the help-seeking behavior of male ($n = 58$) and female ($n = 58$) sexual assault victims who contacted an abuse hotline. Male assault victims/survivors were less likely to seek assistance from local services and felt more comfortable to speak anonymously on the hotline.

When compared with their female counterparts, males were less likely to express their feelings and more likely to convey distrust of both formal services (professionals) and informal services (peers, family members). Additionally, males articulated fear of being judged because they identify themselves as being abused, on the other hand females' fear was more about being believed (Young et al., 2016). Extant literature point to females being sexual assault victims and their help-seeking, however there is a paucity of studies discussing the help-seeking behavior of male sexual assault victims (Stemple & Meyer, 2014). Furthermore, prior to the 1980's male sexual assault victims were viewed

in less than favorable ways. For instance, laws on rape discredited men as victims of rape based on the specified definition of rape (Young et al., 2016).

Incidence of IPV in the media usually give rise to multiple gender stereotypes. In a study exploring gender stereotype about female and male perpetrators of IPV, (Scarduzio, Carlyle, Harris, & Savage 2016) presented a hypothetical news story on IPV with both male and female perpetrators. Participants (*n = 296*) were undergraduate communication college students from a Southwestern university in the United States. The sample was mixed and consisted of 62.4% females, 94.3% European Americans, 2.5% African Americans, and 2.5% Asians (Scarduzio et al., 2016). The fictitious news story was presented to the participants as a real story without any sensationalism. After the participants read the story, they were asked a series of open-ended questions. The answers from the questions were to help the participants determine the differences in perception of male versus female perpetrators. Four gender stereotypes: aggression, emotional, power and control, and acceptability of violence were identified by the participants. Male-perpetrated violence was viewed by the participants as normal for men because it was in their nature to be violent. On the other hand, female-perpetrated violence was considered self-defense. In fact, Scarduzio et al. (2016) highlighted how individuals may laugh at a man who was hit in the face by his female partner. They might even justify the aggression by implying that the man must have done her wrong or it was in self-defense. This victim blaming could prevent men from seeking help to minimize being revictimized.

**Help-Seeking Behavior of African Americans**

The lack of help-seeking behavior of African Americans is predicated on racism, historical experiences, and cultural norms (Garcia & Sharif, 2015; Powell et al., 2016). The effects of years of racial profiling/police brutality (Chaney & Robertson, 2013), racial segregation, and historical events still have a modern-day impact on African American men (Garcia & Sharif, 2015). For instance, the Tuskegee Syphilis study conducted between 1932 and 1972 has laid a foundation of distrust between African American males and healthcare providers (King & Redwood, 2016; Williams & Wyatt, 2015). In the Tuskegee Syphilis study, over 400 African American men were denied medical treatment for syphilis even though treatment was available.

Alsan and Wanamaker (2018) used the difference-in-differences model to compare older African American male medical help-seeking to the medical help-seeking of men from other ethnic groups before and after the Tuskegee study. The difference-in-differences model is a non-experimental design used by researchers to make comparison about a treatment group. Alsan & Wanamaker (2018) found that the revelation of the Tuskegee Syphilis study in 1972 correlated with increased mistrust and decreased help-seeking among older African American men. According to these researchers, many African Americans particularly men, consider the Tuskegee Syphilis study a classic example of racism against them which to this day has fostered distrust and minimizes help-seeking among African American men

Dempster, Davis, Jones, Keating, and Wildman (2015) examined the help-seeking behavior of 101 African American parents or legal guardians of children 3 to 8 years old

who visited their pediatrician for a well check. Although 20% of the children had been diagnosed with a mental health problem only 5% of the parents or guardians sought mental health help for their children (Dempster et al., 2015). This finding is consistent with the findings of Ward, Wiltshire, Detry and Brown (2013) which suggested that due to perceived stigma African American adults do not seek help for their own mental health problem. The researchers concluded that the barriers to help-seeking for African Americans are different than in other ethnicities. Addressing the issue of stigma, Cheng, Kwan, and Sevig (2013) indicated that African Americans have greater fear of labeling, fear of bad treatment, mistrust of mental health and medical practitioners, and fear of discrimination. Powell et al. (2016) also found that African American men's reluctance to seek help surrounds race-related discrimination.

Race-related discrimination involves economic disempowerment and political oppression (Chegeni & Chegeni, 2013; Garcia & Sharif, 2015). Scholars have highlighted the Tuskegee Syphilis study discussed herein (Alsan & Wanamaker, 2018) and a history of police brutality including the Rodney King beating (Chaney & Robertson, 2013) to substantiate claims of racism toward African American men. In fact, unarmed African American men are 21 times more likely than unarmed European American men to be shot by the police (Garcia & Sharif, 2015; Hitchens, 2017). Presently the climate of alleged racial profiling and police abuse of unarmed African American men have reinforced fear and distrust in them. These race-related discriminatory practices can increase the likelihood of psychological stress and mental illnesses among African Americans men and decrease their help-seeking behavior (Chaney & Robertson, 2013).

Lindinger-Sternart (2014) suggested that African American men often pretend as if they are not easily bothered by racism and other incidences of injustice when in fact they are deeply troubled. They tend to pretend instead of admitting so they can avoid discussing painful events and showing emotions. This could be one possible factor that contributes to increase rates of suicide among African American men (Lindinger-Sternart, 2015). Even among American college students, Mosley (2014) revealed that their help-seeking behavior is comparable to that of African American parents (Dempster et al., 2015) and African American men (Lindinger-Sternart, 2015).

Interactions between humans are mainly learned through modeling, that is observing the behavior of others and forming one's own ideas about such behaviors if possible that behavior will later be reproduced (Bandura, 1977). Indeed, behaviors like self-concealment and help-seeking are shaped, modeled and transmitted to children by parents and other influential models within the African American community. Specifically, African American male survivors of IPV have learned through socialization adherence to African American values as it relates to distrust and self-concealment (Mendoza, Tully, Goodnight, Gray, & Masuda, 2018), and ultimately their help-seeking behavior.

Garcia and Sharif (2015) as well as Powell et al. (2016) have examined barriers to the help-seeking behavior of African American men. The most noticeable barriers identified by Yousaf et al. (2013, 2014) were embarrassment, the need to control emotions, fear, and viewing problem as not a big issue. Tsang (2015) said that even though males are not abuse by their intimate partner at the same rate as females, they

deserve the same attention that is given to their female counterparts. For one thing, the services available for male survivors of IPV are minimal, and they are not treated with the same dignity as females. Indeed, males are usually portrayed as abusers and that could cloud the issue of male victimization and help-seeking (Tsang, 2015).

**IPV and Gender Bias**

McCarrick et al. (2016) explored the experiences of six male survivors of female perpetrated IPV who had contact with the criminal justice system (CJS). The researchers found that gender bias greatly affected how individuals, including the police, perceived the severity IPV. One participant expressed that the police failed to arrest his female abuser on the basis that he did not believe she was capable of abusing him (McCarrick et al., 2016). Another participant recounted how when he made a report to the police against his female abuser he instead was arrested under false charges. So, if IPV was perpetrated by men, it was deemed to be more psychologically and physically severe than if it was perpetrated by women (McCarrick et al., 2016).

The main theme identified by the researchers was guilty until proven innocent (McCarrick et al., 2016). Even the participants in this study expressed feelings of sadness and feeling further traumatized when they sought assistance from the CJS and they were dismissed, not believed or not taken seriously (McCarrick et al., 2016). It takes courage for men to disclose that they are being abused by their female intimate partner. After they muster all the courage it takes to seek help and they are dismissed or not treated favorably it could severely hurt their self-esteem and minimize further help-seeking.

Law enforcement have a critical role to play in the fight against IPV, so it behooves everyone when the police remain objective. In a recent study, Allen and Bradley (2018) used third party assessment to compare male violence against female to female violence against males. The researchers also examined criminal labeling of the two groups. The insight gained from this review is that the gender of the victim and the perpetrator help determine whether the act was labeled a criminal behavior. The study showed that third parties, including the police, were more likely to view women as victims and men as perpetrators.

Jurors are another third-party group within the criminal justice system who helps to determine the outcome of IPV cases. In a quantitative study, Hodell, Wasarhaley, Lynch and Golding (2014) used a sample of 189 undergraduate college students as mock jurors to investigate the role of gender in intimate partner homicide. Just like other studies (Allen & Bradley, 2018; McCarrick et al., 2016), gender played a role in the decision-making process of the mock jurors. The mock jurors were more likely to find a female not guilty of killing her abusive male partner. On the other hand, they would convict a man for the murder of his abusive female partner. Additionally, they were more sympathetic to female perpetrators who killed their husbands than to male perpetrators who killed their wives. The researchers concluded that jurors' gender biases pertaining to size of men compared to the size of women was a mitigating factor in determining self-defense (Hodell et al., 2014). When it comes to help-seeking, findings such as this highlight the difficulties that men in general and specifically the African American male survivors of IPV face.

This kind of gender bias against men is observed by several scholars (Dutton & White, 2013; Entilli & Cipolletta, 2016; McCarrick, 2016). An understanding of the role that stigma, stereotype, and gender biases play in the perception of IPV against male survivors can help boost their help-seeking behavior. To that end Allen and Bradley (2018) highlighted the need for policy makers, law enforcement and healthcare providers to endorse male victimization and move away from cultural biases. Moreover, they called for IPV training that is gender-neutral instead of being gender-specific.

**Review of Research Methodology**

For this study, the methodology that I used was phenomenology. This approach is widely used across numerous academic disciples including the social sciences (Relph, 2014). Unlike other methodologies, phenomenology focuses on meaning and is used to gain a more profound understanding of the subjective experiences of individuals or groups (Connelly, 2015; Patton, 2015). In fact, phenomenology helps researchers to get the real meaning of the lived experiences of participants without any judgement or preconceived ideas about their experiences (Wilson, 2015). In their discussion of the use of phenomenology, Johnston, Wallis, Oprescu, and Gray (2017) stated that subjective experiences is unique to each individual. To understanding the experiences of African American male survivors of IPV, it is necessary to obtain it through their subjective experiences.

In qualitative inquiries, the researchers enters the world of the study participants in order to get firsthand their experiences of the phenomena under investigation (Yilmaz, 2013). While there were no studies found pertaining to African American male survivors

of IPV that used interpretive phenomenological analysis, this methodology has been used in IPV studies involving women and men from other ethnicities. For example, Flasch, Murray and Crowe (2015) used qualitative phenomenological approach to obtain a better understanding of the lived experiences of $n = 123$ male and female IPV survivors who recovered from abuse. The researchers revealed that participants who sought help and had social support as well as those who used their personal experiences to help others were more likely to recover from abuse. Moreover, participants admitted that getting rid of labels and stereotypes and regaining control of their lives helped them to overcome abuse and promote recovery (Flasch et al., 2015).

In another study that used qualitative phenomenological methods, Nayback-Beeke and Yoder (2012) explored the lived experience of a male IPV survivor. The participant alluded to numerous confrontations he had and beatings that he received from his abuser. He admitted that he constantly felt like there was a knot in his stomach. By means of phenomenology, the researchers were able to highlight the silence voice of the male survivor of IPV. Thus, the findings of this study were obtained from the participant's perspective. Hou, Ko, & Shu (2013) used phenomenological study design to describe the recovery experience of eight Taiwanese female IPV victims. Participants described how they were isolated with no social support. Even when they received injuries that required visits to the emergency room, they expressed that they felt ashamed to disclosed to healthcare workers that they were abused. Participants articulated how difficult it was for them after they left their abusers, but they found strength in their potential and will to

survive (Hou et al., 2013). The researchers use of phenomenological design helped the participants to tell their stories without fear of being criticized or judged.

## Summary and Conclusion

Initially, IPV was viewed as violence against women perpetrated by men (Khanna & Sachdeva, 2015). Researchers in prior literature have mainly focused on female survivors of IPV (Davidson & Gervais, 2015; Johnson, Giordano, Manning, & Longmore; 2015), but that perspective has changed. IPV can affect anyone irrespective of age, gender, socioeconomic status, and ethnicity. From the perusal of literature for this literature review, there were no studies found that relates directly to African American male survivors of IPV and their help-seeking behavior. Few studies were found on the help-seeking behavior of African American females and African American men in general. One postulation is that males tend to conceal their emotions and are less likely to disclose abuse and seek help (Tsui, 2014).

The existing literature have highlighted the psychological impact that IPV have on male survivors of IPV. For instance, male survivors like their female counterparts have low self-esteem, experience anxiety, depression, and PTSD (Cantor & McPhail, 2016; McLean & Gonzalez-Bocinski, 2017). Moreover, there are certain stigmas that are associated with males being a victim or survivors of IPV (Cantor & McPhail, 2016). A few of those stigmas relate to societal norms and expectations of men (Tsang 2015) and are clear barriers to the help-seeking behavior of men. While the existing literature provided useful themes on stigmatization, biases, and help-seeking, there were limitations in terms of a lack of literature on African American male survivors of IPV. This present

study helped fill that gap in literature by providing the lived experiences of this

population. In the next chapter I described the method used for this study, the sample,

instrumentation, and analysis that were used to conduct the study.

Chapter 3: Methodology

**Introduction**

IPV affects both men and women of all ethnicities. In the United States, more than 50% of women and 44% of men will be affected by IPV in their lifetime, and worldwide more than 70% of women will be victims or survivors of IPV in their lifetime (WHO, 2014). There have been no studies focusing on African American male survivors.

The purpose of this qualitative study was to explore the lived experiences of African American male survivors of IPV and their help-seeking behaviors. This study was guided by Bandura's SLT and it used IPA as a methodology. In this chapter, I discussed the research design and rationale for its appropriate usage. This chapter also included the role of the researcher, selection of participants, issues of trustworthiness, data collection, and ethical considerations. The chapter concludes with a summary.

**Research Design and Rationale**

The central phenomenon in this study was African American male survivors of IPV and their help-seeing behavior. My purpose in this study was to gain a deeper understanding of the lived experiences of African American male survivors of IPV and bring their experiences to life. In this study, I used African American as an umbrella term for any group of Black men who are of African descent residing in the United States. These may include Black, African American, or Afro-Caribbean men who at the time of the assault resided in the United States, have survived female-perpetrated IPV, and sought help for their abuse. For this study help-seeking involves formal sources such as

the police or healthcare professionals and informal sources such as family members or peers.

In this qualitative study, I specifically used IPA. Phenomenology provides an understanding of the experiences of others and contributes to the analysis of complex experiences (Ravitch & Carl, 2016). By using IPA, I explored, understood, and garnered multiple meanings from the descriptions the participants provided as well as how they make meaning of their lived experiences. In other words, in an IPA study, the participants do not simply describe the phenomena; rather, they are actively involved in the interpretation of the people and events that occurred in their lives (Pietkiewicz & Smith, 2014). Furthermore, IPA requires that the researcher understands participants in order to understand, interpret, and translate their experiences. In essence, interpretation is a dual process which occurs as the researcher tries to make sense of the participants trying to make sense of their world (Pietkiewicz & Smith, 2014).

Based on the problem identified and the purpose of this study, the following were the research questions:

*RQ1:* What are the lived experiences of African American male survivors of IPV who seek help?

*RQ2:* How do these male survivors of IPV talk about their meaning-making processes of getting help?

**Qualitative Research Traditions**

Creswell (2013) described five main types of qualitative research: narrative, phenomenology, grounded theory, ethnography, and case study. I did not choose

narrative, grounded theory, ethnography, or case study because they would not align with the purpose of this study and therefore would not have been appropriate. Grounded theory focuses on generating theories (Charmaz, 2014; Lawrence & Tar, 2013) which was not the purpose of this study. Additionally, the grounded theory method would be too time-consuming for this study because more participants are required (Lawrence & Tar, 2013).

The case study method involves comprehensive analysis and in-depth description of an individual or group's experiences (Hott, Limberg, Ohrt, & Schmit, 2015; Yin, 2014). I could have chosen to use the case study method for this research; however, it would not capture the underlying meaning or essence of lived experiences of African American male survivors of IPV and their help-seeking behavior as IPA would.

Like the phenomenological method, narrative gives meaning to the stories told by the participants; however, narrative would not have been suitable for this study due to its focus on what happened instead of the depth of the experiences. Lastly, ethnography would not fit in with this study because it is concerned with describing interactions, behaviors, and perceptions of a cultural system or social group (Constantine, 2013; Hammersley, 2013) and this study aimed to explore the lived experiences of the participants instead of describing them.

For this study, I chose IPA which focuses on the meaning, structure, and essence of the subjective experiences of an individual or a group of individuals. Since the shared phenomenon being explored was the lived experiences of African American male survivors of IPV and their help-seeking behavior, this approach was suitable to examine

the phenomenon from their perspective. Moreover, IPA was appropriate for this study to explore and understand experiences involving IPV through the eyes of the study participants.

It is important for a researcher using the phenomenological approach to be aware of his or her own biases and address them so that they have no adverse influence on the study. Therefore, in phenomenological analysis, the researcher tries to understand the meaning of the phenomenon being described by the study participants and accurately articulate them without judgement. In order to fully achieve accuracy of information, I used member checking. I sent the transcripts back to participants upon request for them to review if what was said was appropriately captured. This not only ensured accuracy but helped explain participants' subjective experiences and their interpretation of these experiences.

The specific use of IPA for this study helped bring deeper meaning and understanding to human experiences as they were understood from the individual's perspective. In order to get comprehensive understanding of the subjective experiences of individuals, standardized instruments with pre-prepared responses or close-ended questions would not suffice (Ravitch & Carl, 2016). The language used, data collection mode, and analysis should present the experiences of the participants from their perspective. The purpose of this study was to explore the lived experiences of African American male survivors of IPV and their help-seeking behaviors. My rationale for using IPA matched the purpose of this study since IPA aims to explore how participants make sense of their subjective experiences.

**Role of the Researcher**

In phenomenological research, the researcher is the main data collection instrument (Patton, 2015; Pietkiewicz & Smith, 2014). As the sole researcher in this study, it was my responsibility to recruit participants, conduct in-depth semi-structured interviews using open-ended questions that elicited detailed answers, and ensure credibility and trustworthiness. It was also my duty to safeguard participants from harm or injury as a result of this study. I was fully aware that there would have been preconceived notions and biases such as confirmation bias and cultural bias in any research that was undertaken. These biases can affect how data were collected and interpreted. While it was impossible to put away my biases for this study, I kept them in check. To achieve this, I used journaling to record how and where my biases surfaced, and during the data gathering process, I used bracketing to avoid influencing the participants with my experiences. Bracketing was essentially making honest notes regarding my feelings and thoughts while I was interviewing and recording participants as well as analyzing data.

It was important for me to pay attention to positionality, which essentially was the awareness and position of the researcher in relations to others (Bourke, 2014). It was my responsibility as the researcher to disclose to readers any experiences or relationship that I have with the research topic. With that said, I had never worked specifically with African American male survivors of IPV, and I had no personal affiliation or relationship with the study participants. However, I previously worked as a police officer and dealt with numerous reports where males were both the victims and the perpetrators of IPV. I

had also worked with a Domestic Violence Crisis Center as a Victims' Advocate.

Working in these two roles opened my eyes to the disparity in treatment of males

compared to their female counterparts. I was left with a burning desire to learn more

about the help-seeking behavior of male survivors of IPV, specifically African American

males. As an African American I am aware that self-concealment of personal problems is

important in this community. Consequently, I was intrigued by the stories of African

American male survivors of IPV and their help-seeking behaviors.

     I began this research being fully aware of the biases that could impact these

individuals especially their help-seeking behavior. I also acknowledged my own biases,

such as gender and cultural biases. I am a female and an ex-police officer who in the past

had skepticism when men reported that they were abused by their female intimate

partners. Growing up in Jamaica I was raised to accept and respect the man as the head of

the family, but I was taught to stand up for myself and throw the first punch before

allowing a man to abuse me. I had the preconceived belief that when men were abused by

their female partners it was in self-defense. I also viewed men who were abused by their

female partners as weak and effeminate.  My challenge as the researcher was to reject any

inclination to assume or arrive at conclusions based on my prior beliefs, and instead

curiously learn everything there was to learn about the participants' lived experiences.

     I had started journaling my assumptions, preconceived notions, and biases that I

had or that might surfaced during interviews with the participants. In fact, throughout this

entire study I have been bracketing any prejudices that I may have held prior to starting

this research process. As the researcher this enabled me to objectively enter the world of

each African American male survivor of IPV to get a more in-depth understanding of their lived experiences and help-seeking behavior.

To facilitate the researcher-participant interaction, it was important for me to build rapport, to be real, and be transparent so the participants could feel comfortable to share their most painful inner thoughts (Rubin & Rubin, 2012). Instead of interrogation, I gently probed with questioning to elicit empowering responses. Positive interaction during the data gathering process gave me the opportunity to observe the participants' reactions as they relived their experiences and I try to understand their narratives (Bevan, 2014). I assured the participants that I was not merely a researcher, but I was a researcher who was interested in bringing their lived experiences to life.

## Methodology

### Participant Selection Logic

In a phenomenological study, there are certain criteria for the selection of participants. For one thing the participants must share a common phenomenon, they must consent to be interviewed either face-to-face or electronically, and consent to be tape recorded. Also, they have to give permission for the study to be published. Additionally, participants should have a desire to tell their stories without any reservation (Creswell, 2013). An additional criterion for participation includes male survivors who are presently not in counseling. To be eligible for participation in this study a male survivor had to be out of counseling for at least one year. Meeting this criterion was important to minimize the risk of revictimization. Besides, the probing from in-depth interviews could cause

distress or anxiety to the participants. As an ethical researcher it was my responsibility to ensure that I did not cause harm to any participant during this study.

Participants in this study did not have to be married to their abusers but needed to have cohabited for at least six months. In addition, male survivors should be residing in the United States to participate in this study. Men who had survived female perpetrated IPV but were of other ethnicities and were residing outside of the United States were excluded from participating in this study. Also, African American female survivors, and African American male survivors of same-sex IPV were excluded from this study because they did not meet the study criteria.

For this study, a homogenous sample of six to eight African American men who were at least 21 years old and had survived female perpetrated IPV were sought. I have chosen the minimum age of 21 based on the National Intimate Partner Sexual Violence Survey (2017) which revealed that age 18 to 24 is the most common age for abuse in males. Pertaining to the number of participants, Smith, Flowers and Larkin (2012) postulated that three to five participants are adequate for an interpretive phenomenological analysis. In order to assure saturation in my study at least eight participants was the target, however the final number of participants interviewed were six. I also used snowball sampling to reach prospective participants (Goodman, 2011). Snowball sampling involves asking current participants to refer other eligible individuals for participation in the study. I asked each prospective participant if he would be willing to share the recruitment flyer with other African American male survivors they believed might be interested as a prospective participant, so I could screen them. I screened all

individuals who were referred to ensure that they met the eligibility criteria for participation.

I used a criterion-based purposive sampling strategy to reach the targeted sample of six to eight participants. Purposive sampling technique is non-random and allowed me to include participants in the sample if they met certain criteria and would contribute positively to the study (Gentles, Charles, Ploeg, & McGibbon, 2015; Ravitch & Carl, 2016). Purposive sampling is used in qualitative studies to obtain detailed information from a specific population (Ravitch & Carl, 2016). A purposive sampling technique was appropriate to be used to identify and recruit participants for this phenomenological study (Ravitch & Carl, 2016).

I was aware that participants for this study might be hard to find, so I contacted the Georgia Coalition Against Domestic Violence to obtain a list of domestic violence organizations in the state of Georgia that catered to the needs of male IPV victims and survivors. After securing IRB approval to conduct this study, I sought the assistance of these organizations to post flyers outlining the details of the study and my contact information in their building. When potential participants contacted me, I provided them with the details of the study. I reassured them that the study was strictly for academic purposes, their identity would be concealed, and their information kept confidential. I also informed them that participation in the study was optional.

As articulated before, there was no set requirement for the sample size of a qualitative research, however Smith et al. (2012) suggested that three to five participants are adequate for an interpretive phenomenological analysis. In fact, Thackeray and

Eatough (2016) conducted a phenomenological study on the lived experiences of fathers caring for their adult children with intellectual disabilities. In that study there were five participants. In another phenomenological study, Sullivan, Bowden, McKenzie, and Quayle (2016) used 10 participants to explore the experiences of people with intellectual disabilities and how they perceive close relationships. Gentles et al. (2015) suggested that smaller sample sizes are more suitable and practical for gaining an in-depth understanding into the substantive experiences of the study participants. Samples that are too large can be time-consuming and costly, yet not providing any new themes. On the other hand, samples that are too small may not have sufficient developing patterns.

Data saturation is an indicator that the qualitative sample size has been met (Marshall, Cardon, Poddar, & Fontenot, 2013). Saturation is unique to each qualitative study and is equally important. It occurs when information emerging from interviews with study participants starts to become repetitive and no new themes are imminent (Fusch & Ness, 2015; Marshall et al., 2013). Also, saturation can happen when the research questions have been adequately answered.

**Instrumentation**

In phenomenological studies the researcher is the instrument that is used to gather data (Marshall & Rossman, 2015; Seidman, 2013). Semi-structured interviews are better at eliciting free and open responses thereby generating richer data (Smith et al., 2012). To that end, the success of a phenomenological study lies with the researcher and the quality of the interview questions (Heinonen, 2015). The questions should be open-ended and clearly structured (Smith et al., 2012). To address the quality of the interview questions, I

worded the questions with the population in mind. In other words, I used vocabulary in the interview protocol that was used and comprehensible in the African American community. By doing this I not only mirrored the worldview of the participants but also improved the quality of the data (Patton, 2015). As the researcher, it was imperative for me to maximize communication skills by being attentive, and effectively pause, probe and prompt (Van Manen, 2014). Interpersonal skills were also necessary to build rapport and trust with the participants.

I used an interview protocol (see Appendix A), and audiotape-recordings in this study. I used the participant screening questionnaire during the screening process to screen out and screen in eligible participants for this study. By using the screening questionnaire, I ensured that the participants whom I have recruited met all the eligibility criteria. I began the interviews with demographic questions aimed at building rapport. (see Appendix A).

## Procedures for Recruitment, Participation, and Data Collection

As the sole researcher in this study, I was responsible to recruit participants and collect all the data in study. To reach the population for this study, I contacted the Georgia Coalition Against Domestic Violence and I obtained a list of agencies that provided services to male IPV victims and survivors. Before I recruited any participant, I obtained IRB approval from Walden University. After the approval was granted, I contacted the directors or managers of the domestic violence agencies from the list provided by the Georgia Coalition Against Domestic Violence. I asked if it is possible for

them to post flyers on their websites or in their building. The criteria for participation along with my contact information was included in the flyer.

I screened each individual who contacted me to participate in this study to ensure that they met all the inclusion criteria for the study before I recruited them. I asked questions such as their age, ethnicity, and how long they were out of counseling if they sought counseling. Each participant had their unique identifier, for instance participant #1. I recorded this information in a notebook that I kept securely locked away in a filing cabinet in my office.

The recruitment of participants followed Walden University's Institutional Review Board (IRB) protocol. As mentioned before, participants were screened to ensure that they met all the inclusion criteria for the study. All qualifying participants signed and returned the informed consent forms that they were provided. The informed consent included the purpose of the study, issues relating to confidentiality and anonymity, and the assurance that participation is totally voluntary, so they could withdraw at any time without penalty. Included in the informed consent was the permission for them to be audio taped. The participants received a copy of the signed consent forms and I retained the other copy. My copy is locked away in a filing cabinet in my home office. I am the only person with a key to that filing cabinet.

For this study, I used semi-structured interviews to collect data (see Appendix A). I interviewed participants face-to-face or via the internet-based communication service Skype. Interview sessions lasted between 30 to 45 minutes although they were originally scheduled to last around 60 minutes long. To prepare for the interviews I first practiced

interviewing with two males to ensure that I was comfortable with the interview process. Additionally, they gave me feedback on how I appeared to them as a female with law enforcement background, asking personal questions of men.

Participants chose a convenient time and location where they felt comfortable and safe. Even though participants had the option to choose their location for their interview, I asked them to choose a location such as a library which was quiet and private. This setting allowed participants to talk freely without undue interruption. Importantly, participants' privacy was not compromised. I used my private home office where I was alone behind closed doors. Conducting the interviews in a private and quiet setting did not compromise the quality and integrity of the audio recordings and ensured privacy and confidentiality.

Prior to the interviews, I briefed participants about the nature of the study. I reviewed the confidentiality form and reminded them of the purpose of the study, and that the interview sessions would be audio recorded. Concerning confidentiality, I informed the participants that I would only breach confidentiality if they indicated that they were going to hurt themselves or hurt someone else. I explained to them that I had an ethical obligation to make a report to the relevant authority. I also informed the participants that the assigned transcriptionist would have access to the recordings and my committee members or Walden University's IRB could request access to the data. I assured them that the transcriptionist would not be given their names or contact details. I informed them that the assigned transcriptionist read and signed a confidentiality agreement (see Appendix B).

Before I began the interview sessions, I tested the tape-recorder to ensure it is working properly. Taping the sessions would give me the chance to the capture the participants' responses verbatim and this would help to ensure accuracy of information (Maxwell, 2013). Besides, note-taking could be distracting, would minimize eye contact, and I could miss important nuances. For each interview session I had a debriefing to answer any questions that the participants may have. I also informed the participants that they would be contacted once again via email for member-checking, in order to increase the credibility of the study. I will keep the audio tape recordings for five years and destroy them thereafter in keeping with the IRB requirement.

During the interviews, participants could have said things that if revealed may cause them to feel humiliated. To protect their identity from the public and ensure confidentiality I used participant numbers. Essentially, throughout this study I did not use the participants' correct names or disclose their location. Additionally, during the interviews and audio recordings I ensured that doors to the interview room were locked to minimize interruptions and made sure no one saw the participants or could hear the interviews. If a participant had concerns about his safety or became distressed, I would have postponed the interview for that day and reschedule for another place, day, and time that was convenient to the participant. I had a list of free counseling services (Appendix C) for the participants should they became distressed during the interviews and wished to talk to someone. Immediately after the interviews, I sent the tapes to the assigned transcriptionist for transcription.

**Data Analysis Plan**

Data analysis is a vital process in a qualitative inquiry. The process involves transforming the raw data obtained from interviews with the participants into themes. This is a six-step methodological process that began with diligently reading and rereading multiple times verbatim each interview transcripts (Smith et al., 2013). Qualitative data analysis is an iterative process, so I read the transcripts numerous times to note the emerging thoughts and ideas arising from the readings. I generated codes based on words, phrases, and statements obtained from each African American male survivor's subjective experiences (Smith et al., 2013).

I used both emotional and structural coding to code transcripts. These specific types of coding are particularly important when lived experiences are being explored (Saldana, 2016). I kept a codebook in which I noted all emergent themes. I categorized the themes that were recurring from each male survivor and then hand coded them. I looked for similarities in the notes and developed themes that I cross checked with my notes. I grouped emerging themes under each research question. Following that, I grouped themes under sub-groups. I discarded those themes that were not relevant to my study data, condense themes that had the same meaning into one theme, and divided single theme into multiple themes. I continued to do this process and review the data numerous times until no new themes emerged and I was satisfied that my themes together capture the essence of the lived experiences of African American male survivors of IPV. Finally, I expressed in narrative themes generated from the study data along with

verbatim quotes from the participants to be included in this study. I did not use any software for data analysis just traditional post-it, multi-colored pens, and note pads.

## Issues of Trustworthiness

Researchers conducting a phenomenological qualitative study have a responsibility to ensure the trustworthiness of the research findings. Miles, Huberman, and Saldaña (2014) suggested that the trustworthiness of findings is based on the quality of data. As posited by Lincoln and Guba (1985) credibility, transferability, dependability, and confirmability are four criteria that will help to ensure trustworthiness. In this study, I used prolonged engagement, triangulation, member checks, reflexive journaling, and thick description to verify trustworthiness.

### Credibility

Credibility is fundamental in the process of establishing trustworthiness (Lincoln & Guba, 1985). Credibility refers to the consistency and accuracy of the research findings being the subjective experiences of the study participants (Haughton, Casey, Shaw, & Murphy, 2013; Morse, 2015). To ensure and enhance credibility I utilized member checking after interviews (Creswell, 2013), prolonged engagement, and reflexivity strategies (Loh, 2013). Member checks included having each participant check a summarized version of their interviews, to ensure that my interpretation reflected their experience. They subsequently provided feedback on the accuracy of the summarized data. This process certainly enhanced the credibility of the results. As it relates to prolonged engagement, I made certain that I spent adequate amount of time with the participants to learn about them, built rapport, and trust (Lincoln & Guba, 1985). I took

notes during the interviews with the study participants. I also made field notes and kept a journal to document my thoughts. My dissertation committee members served as my mentors throughout this entire dissertation process. I made note of constructive feedback received from them and use this feedback as my peer debriefing

**Transferability**

Transferability is the extent to which results of one study can be transferred to other situations, time, and settings (Merriam & Tisdell, 2015). Transferability is not synonymous to generalizability, in phenomenological study findings are confined to the study participants and not generalized to the wider population (Waters, 2015). Readers of a study should however be able to associate elements of the study to their context and experiences (Lincoln & Guba, 1985). Transferability is enhanced by thick description (Lincoln & Guba, 1985), that is sufficient description of the study phenomena. In this study, I addressed transferability by providing detailed accounts of the lived experiences of African American male survivors of IPV and their help-seeking behavior. The participants lived the experiences and as an IPA researcher I got to the essence of their lived experiences. My purpose was to take the reader to the study setting by means of rich discussions and thick description, thereby enabling them to make their own determinations.

**Dependability**

Dependability refers to consistency and stability that the research process will achieve its intended purpose (Haughton et al., 2013). Additionally, the researcher should be careful not to make mistakes, be objective, and refrain from opinions and viewpoints,

and instead make true representation of the participants lived experiences (Polit & Beck, 2016). Another aspect of dependability is that other researchers should be able to replicate this study (Haughton et al., 2013). I employed numerous strategies and procedures in order to ensure the dependability of my study. To achieve dependability in this study I made field notes during each of the interviews conducted with the participants. I used a good quality audio recorder to record each interview. The audio recordings were transcribed by a professional transcriptionist. I maintained an audit trail of the interview transcripts and personal field in order to provide transparency from the start to the end of the research process (Haughton et al., 2013). I was assisted by my doctoral committee to ensure that my coding, data analysis, and essentially my entire study met the dependability criteria.

**Confirmability**

Confirmability is the degree to which the results of the study can be checked and confirmed by others as being true (Lincoln & Guba, 1985). The researcher should take the necessary steps to ensure that the findings of the study are the participants' experiences and not the researcher's (Anney, 2014). To that end, I used audit trails and the process of reflexivity which are considered to be two reliable strategies to enhance confirmability (Lincoln & Guba, 1985; Thomas & Magilvy, 2011). As previously discussed, I made field notes when I conducted interviews with the participants, and I had transcripts of the audio recording of the in-depth interviews with the participants. These procedural records of my study was the audit trail of raw data obtained during the study that can be traced to the study participants.

Reflexivity is the other strategy that I used to enhance confirmability. Reflexivity occurs when the researcher acknowledges his or her own biases and personal experiences without allowing them to have an impact on the study outcome (Walker, Read, & Priest, 2013). Throughout this study I used bracketing as a preventive step to minimize biases and to remain objective (Creswell, 2013). I used a reflexive journal to record my thoughts, feelings, and my biases. After each interview I logged my thoughts and how I could have influenced the result of that interview. Reflexivity helped to enrich this entire study since I would have firsthand record of my prejudices and preconceptions that could negatively affect the findings of this study.

## Ethical Procedures

All studies involving human subjects must have the approval of the IRB. Therefore, prior to the data collection process I obtained an approval from Walden University IRB, # 01-03-19-0618663. Walden University is mandated to ensure that all studies follow ethical standards and federal regulations. The IRB also want to ensure that no undue harm will come upon study participants. In this study exploring the lived experiences of African American male survivors of IPV, and their help-seeking behavior, I focused more on the help-seeking behavior of the participants, rather than the actual abusive relationship. However, if participants became psychologically distressed, I would have immediately stopped the interview so that I did not unduly cause harm to any participant. Additionally, I gave the participants a list of free local and national services that they could access if they felt distressed (see Appendix C).

I was mindful that when conducting a qualitative study on a sensitive topic involving the subjective experiences of participants, transference could occur between the interviewee and the interviewer. Transference is the psychoanalytic concept that refers to the unconscious transmission or redirection of emotions for one person unto another person (Freud, 1912). The fact that the participants in this study were abused by a woman and I am a woman, that could provoke unconscious troubling thoughts, anxieties, fear, and prejudices in the participants. Perhaps, as a female researcher in a position of authority I could remind the participants of their abusers. This could impact how the participants function during the interview sessions such as becoming evasive when they were asked questions.

As mentioned earlier, participants with whom I had a personal relationship were not included in this study. Consequently, family member, friends, and co-workers were not recruited to be a part of this study. This was done to minimize inadvertent coercion. All participants in this study had a participant number to protect their identity. I was the only person who knew the identity of the participants. The tape-recorded interviews did not have the names of the participants, rather they were only identified by their participant number. The audio-recorded interviews and transcripts will be kept locked in a filing cabinet in my home office for a period of at least five years as per Walden University IRB policy. After the five years stipulated by the IRB, I will destroy the tapes and USB drives containing the interviews and all information relating to the study. The keys for the filing cabinet are kept secured in a safe and no one except for me have access to it. I coded all data to further protect the identity of the participants. In addition,

all other information relating to participants that could reveal their identity were coded and kept confidentially. My computer and all electronic files were password protected. I have kept a back-up of the study on USB flash drives as recommended (Lewis, 2015). My computer and USB drives are also be in my home office in the safe which will always be kept locked and I am the only person who has access.

**Summary**

This study appropriately used phenomenological analysis to explore the lived experiences of African American male survivors of IPV and their help-seeking behavior. The intent of this study was to obtain a more detailed and richer understanding of IPV from the perspective of African American male survivors. Purposive sampling techniques were used to recruit participants. The inclusion criteria were heterosexual African American males over the age of 18 years old who have survived female perpetrated IPV. The chapter opened with an introduction to the methodology, followed by the research design and rationale, the role of the researcher, and outline of the methodology. Next were issues relating to trustworthiness, and the chapter closed by addressing ethical considerations.

Chapter 4: Results

**Introduction**

IPV places women in the role of victims or survivors and men as the perpetrators. Recently, IPV studies are now examining risk factors, behaviors, and motivation of female perpetrators (see Cannon & Buttell, 2015; Dutton & White, 2013; Mackay, Bowen, Walker, & O'Doherty, 2018). West (2016) said that IPV is higher in the African American community than among other ethnicities. Cannon (2017) highlighted statistics which showed that African American females are greater perpetrators of IPV than males; nonetheless, there were no studies found focusing on African American male victims or survivors.

The purpose of this IPA was to understand the essence of the lived experiences of African American male survivors of IPV and their help-seeking behaviors. This study was guided by Albert Bandura's SLT. Two research questions were addressed in this study:

*RQ1:* What are the lived experiences of African American male survivors of IPV who seek help?

*RQ2:* How do these male survivors of IPV talk about their meaning-making processes of getting help?

I used a qualitative phenomenological research design to collect data through semi-structured open-ended questions. The questions were aimed at evoking conversation, providing explanations, and stimulating dialogue about the participants' feelings and meanings as they recall their experiences of the phenomenon.

In chapter 4, I will discuss the settings, participants' demographics, data collection, and analysis procedures. Additionally, I will provide and discuss the evidence of trustworthiness, and results. I will conclude with a succinct review of the information presented in the chapter.

## Setting

The geographic setting for this study was the state of Georgia. Data were obtained through in-depth semi-structured interviews using snowball sampling. The interview questions were the same for each participant. Six African American male survivors of female perpetrated IPV participated in this study. When the participants responded to the recruitment flyer, we mutually agreed to meet on a scheduled day, date, and time at the local library. Two interviews occurred via the Internet using the software application Skype and a webcam, with me in my private home office wearing headphones to enhance privacy. The participants also indicated that they were alone in their home in front of their laptop computer and using headphones for privacy. The other four interviews were conducted face to face with the participants. Participants were interviewed in a safe and private room at the local library. The door to the room was kept closed throughout the interviews to ensure privacy and confidentiality. There were no unnecessary personal or organizational conditions that could have influenced or affected the participants during either the web-based or face-to-face interviews.

## Demographics

This study consisted of six African American males ($N = 6$) who self-identified as survivors of female perpetrated IPV. These men met all the inclusion criteria for the

study and agreed and signed the informed consent form. I obtained demographic

information from each participant and had them verify the information. The sample of

this study represented a diverse group of African American men who have experienced

female perpetrated IPV and sought help.

The participants all resided in the state of Georgia when they were interviewed.

Participants were between the ages of 28 and 57. Their educational level varied; two

participants had college degrees, one dropped out of school in the $10^{th}$ grade, and the

other three participants had high school diplomas or GEDs. All participants were

gainfully employed in occupations such as engineering, mechanics, and construction. In

order to maintain complete confidentiality, only a number was used to identify each

participant.

**Data Collection**

I began data collection for this study after receiving approval from Walden

University's IRB (# 01-03-19-618663) on January 2, 2019. Recruitment flyers were sent

via email to organizations in the state of Georgia. These organizations had previously

agreed to post my recruitment flyer in their buildings. Potential participants contacted me

via telephone after responding to the flyer outlining the study. I assessed each participant

to ensure that they met all the inclusion criteria of being an African American male

survivor of female perpetrated IPV, over the age of 21, presently residing in the United

States, and out of counseling for at least 1 year. After each participant signed and

returned the informed consent form, I scheduled dates and times for the interviews. I also

used snowball sampling, so at the end of each interview I asked participants to share my

contact information with other African American males they thought might meet the criteria for the study. The snowball technique was used as a viable method to recruit participants due to the difficulty of finding participants. Prior to commencing the interviews, I emailed each participant a list of contact number for state and national counseling services (see Appendix C). I commenced interviews on January 13, 2019 and continued interviewing until March 5, 2019.

I interviewed a total of six African American male IPV survivors for this study. Originally the target was eight; however, I appeared to have reached data saturation with the fifth participant. To confirm that I had in fact attained saturation, I completed a sixth interview. After I had interviewed the sixth participant, I realized that there were no new data emerging, which would likely mean no new themes. Additionally, the data obtained were sufficient to answer the two research questions guiding this study. Consequently, I concluded that data saturation was reached. Data saturation is not about the number of participants in a study; rather, it is about the depth and richness of the data obtained (Saunders et al., 2018).

Each of the six participants were interviewed and responded to open-ended semi structured questions and follow-up questions based on participants' responses (see Appendix A). Although each interview was scheduled for 60 minutes, they were generally completed between 30 to 45 minutes, contingent on the length of the participants' responses. Before each interview began, I reviewed the informed consent form with each participant. Prior to being asked the core interview questions, the participants were asked rapport-building questions to help them feel more at ease.

Although I observed nervousness in the participants, they each appeared to be willing and honest, telling their story without reservations.

The participants all agreed to be audio recorded. I audio recorded all participants' interviews using an Olympus Digital Voice Recorder. Immediately after each interview was concluded, I uploaded it to my password-protected computer and then sent it via Dropbox to a professional third-party transcriptionist for transcribing. This professional transcriptionist had previously signed a confidentiality agreement (see Appendix B). When I received the transcripts from the transcriptionist, I compared the original audio files against the transcripts for accuracy. I save the transcripts to a Phillips USB drive for further safe keeping. The USB drive, audio tapes, transcripts, and all relating documents are locked in the drawer of a filing cabinet in my home office and I am the only person with access to the keys.

After the data transcription process, I carried out member checks by emailing each participant a copy of their transcript for them to double check for accuracy and completeness, and essentially check if there were errors or a need for alteration. All participants responded indicated they were satisfied with the accuracy of transcripts. I used the process of member checking to help improve accuracy, credibility, and validate the research.

**Variations in Data Collection**

There were a few variations from the original data collection plan. Although the plan was to have eight African American male survivors participate in this study, data saturation was reached with six participants. This variation did not affect the integrity of

the data collected; besides, six participants are adequate for an IPA study based on its

idiographic nature (Smith et al., 2012; Thackeray & Eatough, 2016). Another variation

from the original plan was the duration of each participant interview. I had an expected

duration time of 60 minutes for each participant interview. However, interviews were

usually done between 30 – 45 minutes. As discussed by Widh and Linder (2014), male

IPV victims and survivors usually express an unwillingness to openly talk about being in

abusive relationships. In the current study this could explain the reluctance of the

participants to have lengthy discussions about their experiences and help-seeking

behaviors.

As it relates to using Skype for two of the participant interviews, that was due to

the geographical distances of participant 1 and participant 6. The nature of these two

participants' job took them outside the state of Georgia; hence they were not available for

a face-to-face interview. By using Skype, I was still able observe the facial expression

and body language of these two participants.

## Data Analysis

I commenced data analysis using IPA, which focuses on the participants' lived

experiences and how they make sense of those experiences (Pietkiewicz & Smith, 2014;

Smith et al., 2012). This data analysis produced three main themes and 12 sub-themes

(see Table 1). As an inexperienced researcher, I recognized that there was no single step

to conducting phenomenological data analysis. This process includes coding,

categorizing, and interpreting data obtained from each participant interview. Although it

is common for qualitative researchers to use data analysis software like NVivo, I opted to

take the traditional route of using multi-colored highlighters, post-it, 14 x 22 inches poster boards, multi-colored pens, and paper. This was beneficial because unlike the computer I could decipher any slang terms or phrases used by the participants. Besides, I have limited knowledge using software like NVivo. While this process was more time consuming, it was more cost effective.

Each of the six participant interview transcripts were printed and posted on a 14 x 22 inches hanging poster board. I began by immersing myself into the data, reading and re-reading multiple times each participant transcript as well as listening and re-listening to the audios (Ravitch & Carl, 2016). Listening to each audio interview multiple times helped me to note reluctance, modulation, or long pauses when participants responded to certain questions. This helped me to get a better understanding of the language used and response style of each participant. Having the transcripts in front of me on a poster board allow me to make notes of phrases and words used by the participants to describe their help-seeking behaviors.

Following the initial listening and readings to familiarize myself with the data, I had a more focused reading and preliminary noting of descriptive and linguistic comments on each printed copy of the transcripts (Smith et al., 2012). I also noted my observation of participants' body movement such as knees and hands shaking, sweating, the use of repetition, and metaphors. I made notes using orange, green and red ink pens. I used green ink pen to represent descriptive codes and red ink for linguistic code. This step was long and arduous but proved to be rewarding since I was able to examine individual and collective language and meaning via semantic coding. Before I proceeded

to the next step I transferred the data to an electronic spreadsheet, in that way I was better able to manage the data. At that point I began to identify emergent themes that were related to the lived experiences and help-seeking behaviors of the participants.

The next IPA step posited by Smith et al. (2012) was to move away from what was unique to each participant and focused on what participants had in common. To achieve this, I used abstraction and contextualization. Using the tools mentioned, I color coded data, developed themes, organized themes into cluster, established connection between themes, labeled and reported data so that they captured the essence of the participants' lived experiences (Creswell, 2013; Smith et al., 2012).

Table 1

*Themes and Subthemes*

| Hopelessness | Barriers to African American Male Help-Seeking | Seeking Help |
|---|---|---|
| Negative sense of self | Embarrassment | Reaching the decision to seek help |
| Facing challenges | Gender masculine role | Understanding that they can be helped |
| Anticipated skepticism | Lack of resources for African American male survivors of IPV | Formal Support |
| Fear of being viewed as weak | | Informal Support |

Treatment by the police
_____

At the end of the data analysis process, the participants' responses evoked

common themes, namely hopelessness, barriers to African American male help-seeking,

and seeking help. From these three main themes, 12 sub-themes corresponding to the

lived experiences and help-seeking behaviors of the participants were developed (see

Table 1). For example, the themes of hopelessness, barriers to African American help-

seeking, and getting help emerged when participants expressed feelings such as

alienation, stressed, fear, rejection, frustration, and embarrassment when they sought help

for IPV. Participant 1 stated, "I felt very terrible, it's like you need help from the

community and there is nowhere to go. It makes me feel like there's no hope for males

and domestic violence." Participant 2 said, "I was emotionally drained." Reflecting on his

experience Participant 4 expressed, "it was rough and frustrating running back and forth

trying to find help and there is no program." Participant 6 explained how it made him feel

as an African American man seeking help for abuse. He said, "it just make me feel

different, like I am weak going to a specialist for help."

**Discrepant Cases**

Discrepant cases relate to any deviation of information or data that is found in one

interview but not found in others and does not relate to the phenomena under

investigation (Glaser & Laudel, 2013). There were no contradictory results or discrepant

cases found in this study.

**Evidence of Trustworthiness**

**Credibility**

As the researcher, I was instrumental in all aspects of this investigation, planning the research, screening participants for eligibility, interviewing participants, analyzing data, and reporting the findings. The accuracy of findings was critical to this interpretative phenomenological analysis. Throughout the course of this investigation I endeavored to establish credibility which is pivotal to trustworthiness. Member checking, prolonged engagement and reflexivity strategies.

I used member checking so the participants could have and input and evaluate if my interpretation accurately captured their experiences. Consequently, after each participant interview was transcribed, I emailed a copy of the transcript to the participants for them to check if I had accurately captured the essence of their lived experiences. In term of prolonged engagement, I ensured that I took the time to express warmth and build rapport with the participants. To accomplished this, I asked rapport building questions prior to the start of each participant interview.  I used reflexive journaling to help manage my biases. I reflected on my previous insensitivity when I was a police officer and I showed skepticism toward male victims of IPV.

I am aware that it was impossible to devoid myself of my past biases and preconceptions which could have negatively affected the outcome of this study. Therefore, I used journaling to note my biases whenever they surfaced. During my interaction with the participants I showed genuine empathy. I observed that participants were nervous, I asked them if they were feeling alright and wanted to continue or if they wanted to stop.

**Transferability**

Qualitative studies do not generalize to wider context, instead transferability is the process used in qualitative studies (Merriam & Tisdell, 2015). Although the findings of this study relate to the lived experiences and help-seeking behaviors of African American male survivors of IPV, another researcher should be able to replicate it using similar participants and settings (Cope, 2014).

According to Lincoln and Guba (1985), the use of rich thick description is one way to enhance transferability. Rich, thick description in this study was in the form of direct quotes from the participants. The richness of the discussion and thick description provided through the direct quotes further provided verification of the data collected and enable readers to make their own connection and application.

**Dependability**

Dependability relates to the truthfulness, consistency, and stability of a qualitative study (Haughton et al., 2013). In order to achieve dependability, the researcher should refrain from opinion, strive for correctness and be objective (Haughton et al., 2013). To ensure dependability in this study, I used a functional audio recorder to capture the experiences of the participants verbatim. In that way I was able to reference the transcripts throughout the data analysis process and discuss the participants' experiences without injecting my opinion. Additionally, I kept field notes as well as an audit trail of the interview transcripts in order to further enhance dependability (Smith et al., 2012). Throughout this dissertation journey, I was assisted by my research committee. My committee consisted of a committee chair and an expert research methodologist. I

communicated with both expert throughout this study and they provided feedback, guidance, and support. Finally, this study is both ethical and legal since it got the approval of Walden University IRB.

**Confirmability**

According to Cope (2014), confirmability is accomplished if the researcher interprets the participants experiences and base the findings on that interpretation without injecting his/her personal feelings or opinions. I took all steps necessary to ensure that the expressions in this study were the participants lived experiences as articulated by them and not my thoughts or opinions. I used reflexivity and audit trails, two reliable strategies to enhanced confirmability. The verbatim transcripts of the recorded participants' interview and my field notes were evidence of my audit trail. I will keep these, and all other documentations securely locked away in a cabinet in my home office and I am the only person with access to the keys for the cabinet where the data will be kept. I will keep all documentations and data for five years as per the Walden University requirement.

## Results

The purpose of this IPA was to explore the lived experiences and help-seeking behavior of African American male survivors of female-perpetrated IPV. Data were collected from six African American male survivors who were interviewed using semi-structured open questions. Two interviews were done via Skype and four were conducted face to face. Five main questions and 17 follow-up questions were asked of each participant (see Appendix A). Two research questions were addressed in this study:

*RQ1:* What are the lived experiences of African American male survivors of IPV who seek help?

*RQ2:* How do these male survivors of IPV talk about their meaning-making processes of getting help?

In the remaining section of this chapter I explain the three themes and 12 sub-themes that emerged to answer the research questions

**RQ1Theme 1: Hopelessness.** As participants discussed their lived experiences and help-seeking behavior, the theme of hopelessness emerged across all participants. The following five sub-themes were also identified: negative sense of self, facing challenges, anticipated skepticism, and treatment by the police. Participants in the current study felt as though they were rejected by the woman that they love and when they mustered the courage to seek help, they were met with disbelief another form of rejection. This left them feeling stressed, powerless and more vulnerable.

**Sub-theme 1.1: Negative Sense of self**

The six participants expressed that they were having negative feelings about themselves, feeling stressed, and frustrated prior to seeking help and throughout their help-seeking experience. P1 stated, "if you're facing… if you are male and you're facing domestic violence you tend to shut up about it and go on, that's how it makes me feel. They make me mute. They make me feel like there is no hope there…there is no hope for male and domestic violence. That make me feel like I'm… I'm mentally crazy, psychologically crazy**."** P2 stated that he was "tired of stressing" and that was the reason he sought help. P3 on the other hand was overwhelmed by his feelings. He stated, "well,

actually, it made me feel bad really from what I was going through, and I mean it made me feel bad.  It made me feel like I'm doing something wrong. I felt that if I didn't get some help or do something about it then it may cause a bigger problem on down the road."

P5 explained, *"*my daddy he helped me by keeping me occupied by keeping me around him working on cars to keep me from being stressed out and wanting to do something to somebody or to myself." P4 stated, "my experience it was rough." P6 expressed feeling disconnected with life. He stated, "it was mainly psychological, for a while I just kept to myself. I didn't talk to anybody not even my family."

**Sub-theme 1.2: Facing Challenges**

All participants in the current study faced challenges that affected them psychologically. In fact, African American male survivors of IPV perceived that their challenges are compounded by their race and gender. When speaking about their lived experiences and help-seeking challenges, P1 stated, "the experience and the challenges that I face for me is about, you know, have to live by every day thinking about it, and it affect me mentally and some time I go down in depression stage, and  it affects me in terms of my motor skills. It messed with me whenever I was out there working, and then I take a mental restrain and then I go into depression."

P4 detailed a cycle of unhappiness and frustration: "I got tired of going home every night crying myself to sleep, waking up the next morning crying, go to work aggravated, frustrated, taking it out on everybody else, going back into this abusive relationship." When I delved deeper into his help-seeking he explained, "it was hard, it

was tiresome, it was hurtful. The only persons who were willing, ready, and available to help me were my mother and the pastor at my church. If it was not for these people I probably would fight back and get into trouble." P5 also expressed his feelings of unhappiness: "I was stressed out, you know. I was really stressed out. I was at the point of wanting to, you know to retaliate, to fight back, you know, but I just… I just didn't want my kids to know that their daddy would beat up their momma, you know. And I was just hurting inside."

P6 explained, "I learned that I was dealing with more than one personality because she (referring to his abuser) was bipolar with manic depressive and all that kind of stuff… stuff that I was just learning about and it drained me down to a level. I was seeking… how to, you know, help her basically or even help myself because it was, you know, hard on me, you know." P2 articulated internal challenges that he faced. He stated, "I was emotionally drained, I just keep stuff to myself…I just keep stuff in. I guess just being shy and not wanting people in my business."

**Sub-theme 1.3: Anticipated Skepticism**

Anticipated skepticism was another sub-theme that arose in four of the six participants. P1 said the attitude from his friends and family members were that of disbelief or they did not seem to care. He stated, "some of the challenges that… some of the challenges other than finding resources, is you let them know what transpires in your household and they don't believe you because you are a male." When I probed to get more insight from P1 about who he referred to as 'them' he said, "I talked to… I talked to friends and I also talked to family, and their… they responded, you know, that they hope

I go seeking the help that I need." P3 also stated, I talked to my sister and she's hard to talk to."

Although participants wanted to seek help they feared how they would be perceived and that held them back and kept them pondering what they should do. According to P5, "I hated to talk to someone about it, but I had to do something cause I just couldn't keep going through the abuse." P4 explained what happened to him when he tried to seek help from a shelter. He stated, "I don't know, I have been to one and they're saying I mean I ask them about a shelter for battered men and I was turned away cause they say you're not a female."

**Sub-theme 1.4: Fear of being viewed as weak**

The fear of being viewed as weak was expressed by five participants. P1 explained, "telling my friends, some of them laughed and some of them, you know, make a mockery out of it." P6 articulated similar sentiments, "you know, it's kind of hard to see a black man, you know, walking up into one of these meetings and speaking with a specialist, that is awkward."

P3 admitted to seeking help but he withheld details of what he was encountering. He said, "I had spoken with my pastor, but I never bring that up what was really going on with me and her. It was, it seemed like it was at first really hard for me to be explaining myself what I was going through." P4 had a similar experience, he explained "it's hurtful when you have to go talk to another man or a woman because I was talking to both because they was family. To go up to them and tell them hey, I'm going through such and

such with this woman and you're giving her your all and she's taking it all from you and abusing you at the same time and you not getting nothing back."

P5 also expressed his fear of being viewed as weak. He stated, "by me being a man I didn't wanna do it. I hated to have to let them know my business, you know… knowing that I was going through some stuff like that when especially when they thought everything was going good with us when it wasn't."

**Sub-theme 1.5: Treatment by the police**

All six participants indicated that during their help-seeking process they had interactions with the police. P1 explained, "now, you call the police and you explain to them look, I'm in an abusive situation and what can I do, where can I go?  Well, the answer to that is well, you can find some friend to stay with or you can find somewhere to go, or you can find a hotel to stay for the night and leave the other person at home…in other words, you call the police and they believe it's to your best interest if you leave the residence because for the night or for a couple days or whatever until it blows over. Knowing that this is the only residence you know and knowing that the bill that you're paying there, that's the only place that you stay.  Therefore, the police are going to either two things, they're either gonna haul you off to jail and make you spend the night there if you don't know where to go or you're gonna stay on the street. You call them for help and you're not getting any kind of help."

P6 described his experience with the police, "I went to work one day, and I came out and the car tires were flat.  And, you know, then I find out she did it. Then when I got my car fixed, she tore the license plate off of my car, threw sugar in the in the gasoline

tank. I called the cops, she called the cops and there was other protection against me, although I wasn't messing with her, you know, I was far away and she drove over there, tore my license plate off. I was terrorized by the police coming to the house saying I do stuff that I didn't do and, you know, that I had to leave and go stay with my friends. I lost the apartment because when I go to pay, she was there and the police was there, and they threatened me, so I had to just leave. So, I lost everything that time. I just got my clothes and stuff and that left me on the streets, you know, for some time."

When discussing his experience seeking help from the police P3 stated, "well, it was a lot of questions they was asking me, they were listening to her what she had to say. And that really annoyed me. It made me… made me kinda mad about that part right there because I was telling the truth. And it's hard you know for me to accept it… that I'm telling the truth and then you may think well, he's probably lying just to keep himself out of trouble, but it… it wasn't like that."

P5 described a tumultuous relationship, "she… she always wanted to hurt me but when the police come it be a different story, they… they jump right on the woman's side mostly." He further stated, "I was scared to call the police cause they always jumped right on the women's side. I didn't never really no, I never would have called the police cause we always… blacks… especially a black man. Police always was against them and that's the way it was. Well, not… it's not really that, I don't think. I think it's cause of the way the police were. They was always against black people… black African Americans. They was always against 'em. They always wanted to have us locked up. They don't wanna ever help us do anything."

Similarly, as it pertains to seeking help from the police P4 stated, "heck no. heck no. You're wasting your time. You're wasting your time. I done went to jail plenty of times behind foolishness behind foolishness, but as a Black man when you stuck in the white man's world what… what can you do? We're in Southeast Georgia. There's no… there… there was no hope, but when there's no one to help teach you and then lead you in that right direction to get it, what else was you supposed to do but make the best of it?"

P2 was the only participant who despite being reluctant to seek help from the police did not report any bad treatment by the police. When he had to call the police, he said he was very nervous, "I just… I called them and told them well, I just told them I didn't want them to take her to jail. I just wanted them to make her leave. She… she eventually left."

**RQ2**

**Theme 2: Barriers to African American male help-seeking**

The second theme emerged when the participants discussed their seeking help experience and the barriers that they faced. The barriers to African American male help-seeking were examined under the following four sub-themes in this study: embarrassment, gender masculine role, and lacking resources for African American male survivors of IPV.

**Sub-theme 2.1: Embarrassment**

The six participants sought some type of help, but they expressed feeling strange or ashamed doing so. P1 "my experience is frightening. Telling people about a Black male getting abused is not on your list, so it was a challenge in terms of telling them…

telling my friends." P3 and P4 express similar thoughts when relating to the sub-theme of embarrassment. P3 stated, "well, it… it really was kinda embarrassing to me. It was really embarrassing to me to be in that… in that position to be talking about it, but I… I just kept with… kept a level head and… and just kept thinking, you know, do the right thing because if you do the wrong thing ain't nothing right gonna come out of it.  So that's what I try to keep… kept in my mind… just try to do the right thing the best you can". P4 "shoot, that's embarrassing.  That's embarrassing.  That's hurtful.  That's… that's shameful. P5 said, "well, it was really strange.  It was like I shouldn't have been there you know. I felt embarrassed really having to talk to somebody like that." P6 stated, "as a Black man it was… it was awkward, but I… I knew what I had to do… the way I was feeling at the time."

**Sub-theme 2.2: Gender masculine role**

African American gender roles are built on traditional expectation of masculinity. P1 stated, "they think that Black males are supposed to be rough and tumble and don't have any feelings." Help-seeking is viewed as unmanly and against African American male norms, and essentially a factor that impact their help-seeking. According to P5, "I wanted to be a man… a man like my daddy was, but I had to talk to someone about it." P6 asserted,  "for an African American male…for a man to go and speak to, you know, people who, you know, like a lady about being abused it just seems like I'm weak or, you know, make me feel, you know, different so, you know, a lot of times you… you hold that back inside because you can't really express it because it makes you feel weak as a man to be saying how… you know, how these things affect you." P4 explained, "it was

shameful, it… it very was shameful for me as a man.  It was annoying, aggravating, but to yourself something on the inside of you telling you, you know… you know you deserve better."

**Sub-theme 2.3: Lack of resources for African American male survivors of IPV**

Participants expressed their feelings of frustration when they were not able to readily find resources. P1 was very vocal when expressing his frustration, "one of the challenges that I faced are you know, when you call up, they don't have any resource for male like me, they don't have any kind of help that they have for women in terms of housing, in terms of counseling, support or supplemental support. You know, it's so funny because a lot of men who face abusive situations don't get help pertaining to what they really need because there's no resources. It was a learning experience, it's an eye-opener meaning that there is no help.  You call someone, they tell you to call this person. You call this person they tell you to call the other person.  And when you call this person, they're not readily available or have any resources to offer you.  And so, it was just a learning experience for me, and it feels bad like I'm not really recognized. He continued, "there were no free counseling, if it wasn't for money, I would not get help."

P4 stated, "programs?  I haven't heard of no programs, I haven't heard of no councilwoman, no councilman, no city official, none that's willing to sit down and listen to any of the problems or the situations that's going on with the Black brother.  No, I haven't heard of none yet. I get a new phone book every year, and I'm always going through the phone book I haven't seen any crisis line for men in my area.  I haven't seen not one yet.  If it is, it ain't in the yellow pages that they send us." P4, "you got more

prisons being built than anything in America, just like they building all these motels and liquor stores, you're putting all this stuff to keep the black man down.  Why can't you put up a crisis center up for black men?  Why can't you put up a shelter for black men?  You can build all this other stuff to hold the blacks down.  Why can't put up something that will help build them up? I haven't seen nothing built yet."

P5 also asserted, "there wasn't no kind of resources if you're talking about help with… from the police or from anywhere. To be truthful about it, the police was always wanting to try to kill the Black man, beat him up, you know, or lock him up in jail There were no places where you could really go.  There was nobody.  The only person you could really talk to is your parents or maybe even the pastor, you know, or your friends. There still ain't none, as far as I know for a man like me." P2 explained that there were no resources readily available in his area, no counseling for males and he could not be bothered to search. He stated, "I could've called the hotline or whatever, but I couldn't be bothered I just keep stuff to myself."

**Theme 3: Seeking Help**

All six participants sought either formal or informal help. There were numerous challenges that the participants faced, but they believed that the seeking help was beneficial to their well-being. When the participants discussed their reasons for seeking help, reaching the decision to get help, understanding that they can be helped, formal support, informal support, and feeling better after seeking help were the sub-themes that emerged.

 **Sub-theme 3.1: Reaching the Decision to Get Help**

Five of the six participants articulated feelings that drove them to seeking help. P1 detailed, I've gotten so… you know, becoming really deterrent, you know, and decided to just go ahead and seek help to see if I can get…what my options out there are in my community such as what help I can get, what can I do, in other words, to… to remedy this… this kind of situation." P2, "I knew it wasn't healthy and I just felt like I'm too young to be doing stuff like that, just tired of stressing."

P3 stated, "I caught myself trying to handle it myself instead of…really going out to a professional to help, but I normally just get a little violence in me, and that violence will lead to other bad things, you know, and I… I just don't wanna… I just don't wanna go through that and end up in jail." Like P3, P4 was tired of the abuse but did not want to retaliate. He stated, "it was either seek help or to do what was on my mind and not my heart, I chose to get help instead of seeking revenge." The decision to seek help was difficult for the participants.  P5 summed it up this way, "not a Black man…I always tried to do stuff on my own. I hated to have to let people know my business. I wanted to try to handle my stuff… me being a man." However, he reached the decision to seek help because like P3 and P4 he did not want to retaliate. He stated "I was really stressed out.  I was… I was at the point of wanting to, you know… to retaliate, to fight back, you know know**."**

**Sub-theme 3.2:  Understanding that they can be helped**

Although the participants faced numerous challenges when they sought help, all six participants understood that they could be helped. When talking about his meaning-making process of seeking help P2 explained, "seeking help saved a lot of drama and

people being hurt. Keeping things to myself made it worse…that's when I had to talk to somebody." P3 asserted, "I had to talk to somebody.  And… and most of the time when I did that, you know, it… it made me feel better it… it made me feel better about it… about it for later on or the next day, the next week.  It really made me feel better, yes, it made me feel better." P1 spoke about his awareness of an abusive relationship when he stated, "I… I've become aware of what an abusive relationship or, you know, abusive person can become.  So now I have become… you know, I'm out of that situation." Similarly, P6 expressed, "Well, it helps to understand what I was dealing with and how to approach, you know, stuff like that in a society where it seems biased towards, you know, certain… you know, certain aspects of society about… between, you know, black, white, male, female." P4, "It made a big difference.  I learned to feel better about myself and the less I started feeling for her the better I started feeling for myself and the easier it was for me to move on." P5, "Yeah…Yeah, it made me feel better."

**Sub-theme 3.3: Formal Support**

Recognizing that there is help and they can be helped, participants made the decision to seek out formal or informal support. In this context, formal support refers to counselor, or specialist. P1 explained that at first, he was apprehensive about counseling. He stated, "I also sought some kind of counseling, which didn't work because the first thing the counselor wanted was money up front, there's no free counseling in my community." After deciding to go through with the counseling he expressed, "the counseling really helped me in terms of overcoming my psychological and mental and some of my depression."

P5 indicated that he was in counseling for almost two years and at first it did not feel right. He stated, "to be truthful, it hurt me to know that the person that you're with didn't really care about you.  You thought they did… they cared, but they didn't no they didn't care. I kept thinking about her and how I was hurting that the counseling wasn't even helping me. Eventually, I continued with the counseling and understood what I was experiencing and yes I got help."

P6 said, "I was basically offered help when I went to a hospital in Nashville the first time.  I didn't… you know, I didn't see it through all the way because of, you know, work and other obligations, but, you know, but it helps me to kind of understand how to deal with, you know, stuff like that going forward in a society that is bias toward men and how to recognize to not put myself into that position again."

**Sub-theme 3.4: Informal Support**

Informal support refers to pastors, family members, and friends. All six participants sought informal support in the form of pastor, family and friend. P3 expressed, "I talked to my sister and she's hard to talk to." However, after he got through talking to her he said, "she talked to me… she understood what I was saying and she talked to me about it, you know. And it really made me feel better… it made me feel better." He further stated, "I would always talk to my family members or a good friend of mine, somebody to try to understand, you know, how I was feeling and what I was going through."

P3 also sought the help of his pastor and admitted that it was difficult to approach that pastor and talk to him man to man about his problem. He expressed, "it seemed like

it was really hard for me to be explaining myself… what I was going through me being a man." After speaking with his pastor, he stated, "it just seemed like everything worked out pretty good. It made me feel good because he my pastor, he's a good friend of mine and I feel like if I could get a good understanding from anybody, I should be able to get it from him." For P4 going to church was also his solace and it helped him overtime to start feeling better about himself.

He stated, "nothing but the church home away from home. I learned to feel better about myself and the less I started feeling for her the better I started feeling for myself and the easier it was for me to move on."  P5, "I talked to the deacon first and then he talked to the… got me to talk to the pastor. He was a good help.  Yeah, he was a good pastor.  He really helped me.  Yeah, by him just talking to me made me feel a lot better." P2, P3, and P5 expressed that their mothers were their main source of informal support. P5, "my mom, you know she was always sweet, and she never did say anything bad.  So, she was mostly just listening and, you know, than telling me what to do.  You know, my daddy told me what to do, but my ma she just liked to listen and hear me… hear what I have to say and just go along with me. It made me feel better.  I got to feeling better." P6 stated that he spoke with a friend, "it was just like a brother to brother, you know.  It was helpful."

## Summary

The purpose of this study was to explore the lived experiences and help-seeking behaviors of African American male survivors of IPV. In this study, the only source of data collection was interviews with the participants. The experiences as described by the

six African American male participants were obtained by using semi-structured

interviews either face-to-face or via Skype. During the interview process three main

themes and 12 sub-themes emerged to answer the two research questions. African

American male survivors of IPV who sought help encountered numerous barriers that left

them feeling a sense of hopelessness. In Chapter 5, I will provide an interpretation of the

findings, the limitations of the study, recommendations going forward, and the

implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

**Introduction**

In this study, I used IPA to explore and understand the lived experiences and help-seeking behaviors of African American male survivors of IPV. Previous studies examining male survivors of IPV focused on European American men and men of other ethnicities. The aim of this phenomenological study was for me to gain a deep understanding of the lived experiences and help-seeking behaviors of African American male survivors of IPV. I used a phenomenological approach to understand and explicate the phenomena under consideration by extracting the essence of the participants' lived experiences.

From my analysis of the interview data, I identified three main themes and 12 sub-themes. The three emergent themes hopelessness, barriers to African American male help-seeking, and getting help encapsulate the essence of the participants' experience. Examining the help-seeking behaviors of African American male survivors of IPV, I was able to obtain a better understanding of what they encountered on a daily basis. They related their feelings regarding being turned away from accessing services and being met with disbelief, compounded by internalized feelings of embarrassment. Still, they persevered and sought help, and this showed their courage. The results from the six semi-structured interviews showed numerous barriers that African American male survivors of IPV faced; however, seeking help was important to them, and they were impacted positively.

The remaining sections will discuss the findings of the current study in relation to the literature reviewed in Chapter 2, limitations of the study, recommendations for further study, implications for social change, and a conclusion.

## Interpretation of the Findings

In Chapter 2, the literature review was centered on stigma, IPV and gender bias, male help-seeking behavior, and specifically African American male help-seeking behaviors. This was due to the paucity of literature on African American male survivors of IPV. This is the first study that explored the lived experiences and help-seeking behaviors of African American male survivors of IPV. The findings of this study both confirm and expand knowledge regarding African American male help-seeking by providing new data on African American male help-seeking.

Each participant in this study described feelings such as: hopelessness, negative sense of self, embarrassment, facing challenges, anticipated skepticism, fear of being viewed as weak, and treatment by the police. Ostensibly, stigma, negative sense of self, embarrassment, and vulnerability are barriers that have contributed to participants' feelings of hopelessness. Nonetheless, this study showed that African American male survivors of IPV can be resilient and courageous in terms of adversities and seek help to better themselves.

There is a link between hopelessness, stigma, and depression. In fact, stigma, discrimination, and race-related issues have previously been linked to depression and depressive symptoms among African American men (Watson, Riffe, Smithson-Stanley, & Ogilvie, 2013). Since African American men have to deal with stigma and racism,

their risk of a lifetime of psychological problems increased (Estrellado & Loh, 2016). When discussing the psychological problems that African American men face, Ward and Besson (2013) specifically alluded to increased depression, while McLean and Gonzalez-Bocinski (2017) referred to depression, PTSD, and other mental health issues.

There are certain societal stigmas or labels, whether real or imagined, that are associated with depression, IPV, and male help-seeking. In the African American circle, individuals with even mild depression or anxiety might be labelled as crazy and men who seek help will be viewed as weak, labels that no man wants to wear. Overstreet and Quinn (2013) linked cultural, internalized, and anticipated stigmas to increased psychological distress in male survivors.  When negative attitudes and beliefs are directed toward male survivors of IPV, they internalize and anticipate stigma, which ultimately increases their level of psychological distress (Overstreet & Quinn, 2013).

Participants in this study frequently mentioned feelings such as frustration, fear, unhappiness, feeling bad, and being stressed when they described their lived experiences and help-seeking behaviors. P5 mentioned feeling stressed out and hurting inside when he sought help for IPV and experienced difficulties. According to P1, the depression he was experiencing affected his motor skills, to the extent that sometimes he was unable to function on his job. P4 articulated feelings of frustration and hopelessness when he sought help.  Stigma contributes to depression, stress, PTSD, and hopelessness, and can ultimately act as a barrier to help-seeking (Cantor & McPhail, 2016; Corrigan et al., 2016; Overstreet & Quinn, 2013).

Arguably, African American male survivors of IPV have experienced increased hopelessness due to stressors relating to race, gender, and stigma. There is evidence suggesting that African Americans as a whole and specifically African American men experienced greater measures of depression (Corrigan et al., 2014).

**Finding 1: Barriers to Getting Help**

This study shows that barriers to African American male survivors of IPV help-seeking do exist. The fact that males are physically bigger and stronger than their female abusive partners has led many detractors discrediting or distrusting male accounts of abuse (Cantor & McPhail, 2016; Tsang, 2015). In the current study, participants expressed that society expected them as Black males to be rough and tough, lack remorse, and not show feelings. One participant discussed how he was met with disbelief when he sought help as an abused African American man. He stated that he was even mocked by his friends when he disclosed his abuse to them. He concluded that the way he was treated led him to think that he was not valuable, and it left him feeling mute. Another participant expressed that he was turned away from accessing services because he was not a female. When they were faced with skepticism, treated badly by the police, and laughed at by friends and family members, it left them devastated with a sense of hopelessness. The many challenges relating to their race and gender compounded their problem and increased their level of hopelessness.

These experiences show that when African American male survivors of IPV mustered the courage to seek help for IPV and were met with disbelief or had difficulty finding available resources, it affected them psychologically. In their minds, they

construed that they were the problem and there was no hope for them. It was discovered

that participants' anticipated skepticism due to their race and gender coupled with being

an IPV survivor further added to feelings of hopelessness that they experience. Stigma is

a barrier to the help-seeking behaviors of African American male survivors of IPV in

different ways. Participants faced internalized or self-stigma which resulted in feelings of

embarrassment and guilt, which ultimately minimized their help-seeking. The results also

expand the body of literature that is specific to African American male survivors of IPV

and their help-seeking behaviors since no previous study was done with this population.

The current study also showed that male survivors who sought help and encountered

difficulty doing so experienced stress, embarrassment, helplessness, and ultimately, were

affected mentally.

     The relationship between the police and members of the African American

community has not been good. Participants in this study alluded to the history of negative

interactions between the police and African American men and associated it with their

fear of the police. In fact, Rushing (2013) and Valandra et al. (2016) have discussed a

link between the police and members of the African American community reporting a

history of racial profiling, discrimination, oppression, and racial injustices. Recently,

interactions between the police and unarmed African American males like Michael

Brown, Eric Garner Stephon Clark, Antwon Rose, and Botham Jean went wrong resulted

in their deaths and public outcry of police brutality (Weitzer, 2015). Hitchens (2017)

concluded that unarmed African American men were more likely to be shot by the police

than men from other ethnicities. These negative interactions between the police and

African America males have led to further fear and distrust of the police (Drake, 2015).

The findings of the current study are consistent with the existing body of literature

highlighting barriers that African American male encountered (Garcia & Sharif, 2015;

King & Redwood, 2016; Powell et al., 2016). Participants in this study highlighted less

than flattering interactions between themselves and the police. All the participants

expressed fear and nervousness or being scared to call the police for help. They explained

that when they had to call the police for help, the police did not believe their story, took

the side of their female abuser, or they were taken to jail. One participant lamented about

how the police is against Black men and always want to take then to jail or kill them.

This evoked in the participants varying emotions ranging from devastation to anger.

Clearly, African American male survivors of IPV have been impacted by stereotype,

stigma, issues relating to their race and gender. When all these are combined, they

increase the level of hopelessness that African American male survivors experience and

dampen their help-seeking.

Another barrier that African American male survivors of IPV encounter is the

worry that they may be viewed as weak. In the African American community, male help-

seeking is considered weakness and no man wants to be viewed as such. In the current

study, participants expressed feeling ashamed, unmanly, and different when they had to

seek help for female perpetrated IPV. These thoughts aligned with the finding of Bass et

al. (2016) and Scarduzio et al. (2016) which suggested that gender role stereotype greatly

impact male help-seeking. Powell et al. (2016) hypothesized that help-seeking is deep-rooted in gender roles that are strengthened by the media, culture, friends, and family.

The understanding that African American men gather from their culture is that male help-seeking is unmanly and does not represent resilience. The media has played a critical role in shaping the behaviors of African Americans males and solidifying their view of manhood. For instance, African American males are often portrayed in movies, music videos and elsewhere in the printed and electronic media as being aggressive, emotionally stoic, self-reliant, and exhibiting no fear (Parham-Payne, 2014). This depiction is in line with how they have been socialized from childhood, to embrace their culture and cultural messages of self-reliance and resilience and not to show vulnerability (Mendoza et al., 2018). Researchers like Valandra et al. (2016) expounded on the critical role that traditions, culture, and history played in influencing the help-seeking behaviors of African American males. In the African American culture, it is taught and reinforced from early that personal matters should not be discussed in public. Any disclosure of personal matter in public leads to embarrassment.

**Finding 2: Feeling Dehumanized**

Another finding of this study reveals how participants felt dehumanized when they sought help and were laughed at by their friends and family members, viewed with skepticism, and treated badly by the police. Interestingly, the findings of the current study not only align with extant literature, but also add to what have been previously known. Throughout the present study several participants reported that it was embarrassing and overall difficult for them as African American males to seek help for their abuse. They

expressed feeling strange, awkward, and ashamed to talk about what they were experiencing even to their family members and close friends. Participants indicated that they were raised on self-concealment and articulated how embarrassing and hurtful it was for them as Black men to acknowledge that they were being abused by their female partners and subsequently to seek help. One participant expressed that it would look weird for him as a Black man to go to a female European American counselor and admit that he is being abused by his female partner. So, participants expressed that they would rather keep their personal matters to themselves and solve their own problems. One participant mentioned wanting to be like his daddy and solve his own problems. These findings are consistent with the existing literature from Chastain et al. (2015) and Valandra et al. (2016) on self-concealment and distrust of psychological service providers.

**Finding 3: The Importance of Getting Help**

Although participants were dehumanized to admit that they were being abused by their female partner it did not stop them for seeking help. This emphasize the resilience and courage of African American men. In this study the participants revealed that they decided to seek help because they felt overwhelmed and knew that they needed to talk to someone. They also sought help because they felt that it was possible for them to be helped. One participant expressed that he was just tired of being abused and the constant stressing. Another participant indicated that he knew that what he was experiencing was not healthy, therefore he wanted to get help and get away from it. Even though it was challenging for them to talk to others about their problem, participants mentioned that

they did not want to retaliate for the sake of their kids. Family means a lot to African Americans (Collins & Perry, 2015). Although African American males are disproportionately represented in prisons, viewed as criminals, and absentee dads (Johnson, 2016), the fact is they do love their children. That is evident in this study that these men would rather the ignominy of seeking help for the sake of their children.

Previous studies have focused on the barriers to African Americans help-seeking (Dempster et al., 2015; King & Redwood, 2016; Powell et al., 2016; Williams & Wyatt, 2015), male survivors (Young et al., 2016), and general male help-seeking (DeBate et al., 2018; Issacs et al., 2013; Kaskeala et al., 2015, Rasmussen et al., 2018). There are no existing literature found that specifically addressed African American male survivors' decision to seek help. One postulation is that on a whole, there is a paucity of studies on the help-seeking behaviors of males (Tsui, 2014). Therefore, this current study has widened the scope of literature on male help-seeking behavior as well as provides a valuable perspective as to the reasons African American abused men would consider seeking help. Seeking help is not normal for African American men especially from 'outsiders', that is individuals who are not of their race. This could be due to the internalized feelings of fear and discrimination that they hold (Samuel, 2015).

In this study, the participants sought help; however, their main source of support was from informal sources like their pastor, friends, and family members. Black churches have been and will always be the pillar or place of protection for members of the African American community (Collins & Perry, 2015). These Black churches might be diverse in doctrine; however, they uphold the traditions and culture that is very dear to

African Americans. For decades, Black churches have been there for African Americans to turn to for help with personal, family, and even business matters (Hardy, 2014). When faced with problems, African Americans turn to the church where they are shown compassion and treated with empathy (Francis, 2015). It is no wonder that during their time of distress, African American male survivors of IPV made the decision to turn to the church for help. They were confident that they would get the help and the support that they needed from the leaders of the church. One participant said that he grew up in the church and referred to the Black church as home away from.

The family is a cornerstone of African American communities, it is very precious and cherished by those in this community (Collins & Perry, 2015). Due to historical events relating to racism, oppression, social injustices, as well as poverty, African Americans find strength by sticking together and being family and community oriented (Campbell & Long, 2014). The culture of African Americans is based on collectivism; therefore, the Black church, friends, and family members are the major source of support for African Americans male survivors of IPV. In the current study, participants indicated that their mother was their greatest source of comfort and support. One participant described his mother as a nice person who would always listen to his cries for help and she was non-judgmental. Another participant expressed that he felt most comfortable talking to his mother. This is consistent with the results of a study conducted by Tsui (2014) which showed that male survivors were more likely to seek help from informal sources like family rather than from professionals.

**Finding 4: Courage**

Discussions surrounding male help-seeking have associated masculinity with toughness and self-reliance, factors that run counter to help-seeking behaviors (Seidler, Dawes, Rice, Oliffe, & Dhillon, 2016). Masculinity is considered to be a social status that can be loss if men exhibit behaviors that go against what is required of them by society (Vandello & Bosson, 2013). Therefore, it took great courage for African American male survivors of IPV to admit that they are being abused by their female partner and to subsequently seek help. The participants outlined the difficulties and negative experiences they had seeking help. One participant explained that there were no free counseling for males in his area and he did not have the money to pay initially. However, recognizing that it was important for him to get counseling he made the necessary sacrifices and got into counseling. Other participants expressed overcoming fear and embarrassment to seek help.

Indeed, the findings of the current study aligns with recent masculinity theories which revealed that some men are becoming more in tuned with their emotions and finding themselves emotionally give them the courage to seek help (de Boise & Hearn, 2017). So, there were numerous barriers to African American male survivors of IPV help-seeking which left them feeling dehumanized and hopeless, however they recognized that it was important for them to seek. Consequently, they were courageous and the benefits of seeking help far outstripped the challenges as all participants expressed that they felt better after they sought help.

**Theoretical Framework**

The theoretical framework for this study was Bandura's SLT which proposes that human behavior such as help-seeking is learned and can be transmitted from one generation to the next. According to this theory, an individual can acquire a new behavior from the environment by observing, imitating, or modeling the behavior of others (Bandura, 1963; 1997). Human behaviors particularly during the formative years are shaped by social and familial interactions (Bandura, 1977). From very early children are ascribed qualities, girls are assigned effeminate qualities like gentle and soft while boys are viewed as tough, strong and powerful (Valandra et al., 2016; Wendt & Shafer, 2015). These qualities later become the standards by which men judge themselves.

Throughout this study, stigma relating to gender and race have been highlighted as barriers to the participants help-seeking behavior. Since African American communities are founded and maintained on the strong principles of their descendants, it becomes easy for children to model their parents or other influential figures (Foshee et al. (2013). Therefore, when African American boys learn from families that they should be independent, resilient, emotionally stoic, and self-reliant they grew into African American men holding onto what they have learned from childhood (Dutton & White, 2013; Powell et al., 2016). Participant 5 explicitly stated that he wanted to be a man like his daddy was and solve his own problem. Consistent with social learning theory, this finding suggest that African American male survivors of IPV adopted the barriers to help-seeking from their ancestors through social and familial interactions.

African Americans have battled discrimination, social and racial injustices which left them harboring negative dehumanizing feelings for decades (Valandra et al., 2016).

The history and cultural experiences of unprofessional and unethical treatment from law enforcement and social service providers have been reinforced and transmitted through generations (Valandra et al., 2016). When faced with IPV and barriers to help-seeking, African American male survivors felt dehumanized, but they recognized that they can get help from their family and their church. In line with premise of social learning theory, social norms and cultural beliefs are learned, modeled, and transmitted from one generation to the next through interactions. African American male survivors of IPV no doubt learn from their cultural heritage that showing vulnerability to strangers is wrong, however, when faced with challenges they sought informal support from friends, family members, and their pastors (Valandra et al., 2016).

## Limitations of the Study

While this study provided in-depth knowledge pertaining to the lived experiences and help-seeking behaviors of African American male survivors of IPV, there were some limitations. For one thing, when using an IPA approach the researcher is the primary data collection instrument. In this study, I obtained data by interviewing participants and interpreting the interview data. As a female who once showed apprehension toward male survivors of IPV my personal feelings could potentially lead to researcher's bias. To lessen any potential biases based on my past experiences and improve trustworthiness, I used journaling throughout to capture my thoughts and feelings. I also showed empathy and even when a participant said something that I found to be funny remained calm, professional, and non-judgmental.

Another limitation of the current study relates to generalizability. The fact that the participants were African American male survivors only makes it difficult for the findings to be applicable to men from other ethnicities. For instance, the lived experiences and help-seeking behaviors of African American male survivors would be different from experiences of European American males. For one thing, European American males would not face the barriers relating to racism. As an African American researcher, I brought to this study prior personal and professional experiences as well as my academic knowledge as a psychology doctoral student. So, how I asked interview questions and subsequently interpret the data might be different from another researcher with different background another researcher with different background would likely have different emerging themes and sub-themes.

There was also the limitation relates to the duration of each participant interview. During each participant interview I made every effort to build rapport with the participants so that they would feel more comfortable talking to me as a woman about their experiences, knowing that they were abused by a woman. Still, participants were sparse with their responses or hastily tried to get through each question without elaborating. Participants' reluctance to painstakingly answer and not elaborate on interview questions could have impacted the depth of the data obtained from them. Finally, this study has the limitation of self-selection bias. Possibly, male survivors of IPV who have more terrifying experiences chose not to participate in this study. Therefore, the participants in the current study might not be a true representation of the population of African American male survivors of IPV.

## Recommendations for Future Research

I conducted this study to bring awareness to the lived experiences and help-seeking behavior of African American male survivors of IPV. Although there have been similar studies done, the focus was European American men and men from other ethnicities. There were no studies found that related directly to this population, one postulation is that they do not see themselves as survivors (Tsui, 2014). The fact that they perceived it as unmanly to openly admit and speak about female perpetrated IPV has put men in a sensitive position and kept them in the closet so to speak. If they become courageous, get out of that proverbial closet, and speak about abuse, they will be met with skepticism or viewed as weak. Besides, female to male perpetration of IPV is not given the same attention as does male to female occurrences. The results of this study showed that when African American male survivors of IPV decided to seek help they were met with numerous barriers which left them feeling muted, disconnected with life, and not recognized. These are not surprising in a society where men are mainly seen as perpetrators.

The study of male IPV victimization is still in the emergent stages, hence there is a need for much more work to be done in this area. The current study filled a gap in the literature surrounding the lived experiences and help-seeking behaviors of African American men who survived female perpetrated IPV. Four recommendations have been identified based on the findings of this study. This study focused more on the participants' help-seeking behaviors and less on the abusive relationship. I recommend that future researchers replicate this study, focusing on men of African descent in other

geographical locations within the United States but also focus on the abusive relationship. Secondly, researchers could explore counselors' experiences working with African American men who have experienced female perpetrated IPV. This could possibly lead to the development of intervention strategies that are specific to African American male survivors' needs. A third recommendation for future research is to examine IPV among same-sex African American men. Finally, several participants in the current study discussed difficulty with how they were treated by police when they made a report. Participants claimed that when they called the police to report that they were being abused they ended up being arrested. Further research is needed to explore treatment by the police when investigate female perpetrated IPV.

<div style="text-align:center"><strong>Implications for Social Change</strong></div>

IPV is a social phenomenon that has been impacting individuals and communities for decades (Al'Uqdah et al., 2016; Tsui, 2014). It is undeniable that the IPV victimology rate for males are significantly less than females, still we cannot overlook the male survivors. It is about time that IPV be viewed through multi-dimensional lens rather than the usual one-dimensional lens (George & Stith, 2014). Essentially, we need to move away from viewing IPV as a gender issue focusing mainly on women because it is not, rather it is a human issue (Douglas & Hines, 2011). The current study has shown that African American male survivors of IPV face multiple challenges. These challenges are sufficient to cause them psychological distress and leave them feeling a sense of hopelessness. A few implications for positive social change based on the findings of this study are proposed.

Social change can occur if coalitions against domestic violence increase public awareness about African American male survivors and their help-seeking experiences. African American male survivors feel marginalized because of their race, when that is coupled with IPV it makes them feel like they are doomed. Increased awareness about the plight of African American male survivors could possibly make it easier for them to stop hiding behind a mask, hurting in silence, and seek available resources. Specifically, an understanding of African American male survivors of IPV and their help-seeking behavior can lead to social change in the form of gender and culturally appropriate training for the police and therapists working with them. By using gender neutral terms when discussing IPV, male survivors would feel more recognized like they are a part of the discussion. Additionally, policymakers need to recognize African American male survivors of IPV and implement programs that are specific to their needs.

According to SLT the theoretical framework for this study, help-seeking is an acquired behavior obtained through social interactions from childhood. If African American males are socialized from childhood that seeking help is a sign of weakness, they will mature holding the same belief. Therefore, if African American boys are educated during their formative years that it is alright to seek help if they are hurting either physically or psychologically, this would minimize them maturing to think that men who seek help are vulnerable and weak.

The police have a critical role to play in cases of IPV, from responding to calls, taking reports, and making arrest just to name a few. According to WHO (2016), IPV is a grave social issue, it is also the most frequent type of family violence reported to the

police (Al'Uqdah et al., 2016). In the current study, the participants expressed that they were treated badly by the police when they called them for help. They also discussed their fears as African American men to call the police for help, mainly due of historical events involving the police and Black men. This study can prompt social change in the form of better training for law enforcement officers to understand the needs of male IPV survivors. Consequently, patrol officers who are the first to respond to a family dispute calls need specialized training in the area of family violence with a specific focus on IPV. A police officer who receives specialized training in IPV will not only be able to defuse a situation but is better able to use discernment to recognize the victim versus the perpetrator. Ultimately, better training of police officers can minimize victims' stress as well as to provide better overall service to victims and survivors of IPV. In the end, training could also improve safety for the police officers and those whom they serve.

## Conclusions

In the current study, I used interpretative phenomenological analysis to explore the lived experiences and help-seeking behaviors of six African American male survivors of IPV. The participants all faced barriers relating to gender, race and culture. The evidence showed that they were left feeling alienated, frustrated, and dehumanized when they sought help for abuse. African American men might be tough and often exude patriarchal power and authority, but underneath it all they have feelings and hurt just like their female counterparts. The findings from this study revealed that African American male survivors of IPV were deeply affected psychologically by their lived experiences and help-seeking behaviors. This is confirmed by existing literature which revealed that

mental health issues like depression is frequent in IPV survivors (Beck et al., 2014; McLean & Gonzalez-Bocinski, 2017; Sumner et al., 2015). African American male survivors of IPV felt like they were not recognized. As a scholar for change, I believe this research can help move society toward accepting men as victims of abuse and that in the future there can be more support and resources for these men in their own communities.

References

Adebayo, A.A. (2014). Domestic violence against men: Balancing the gender issues in

    Nigeria. *American Journal of Sociological Research, 4*(1), 14-19.

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 and Offenders, 13*(3), 373-389.

    doi:10.1080/15564886.2017.1340383

Alsan, M., & Wanamaker. M. (2018). Tuskegee and the health of Black men. *The*

    *Quarterly Journal of Economics, 133*(1), 407-455. doi:10.3386/w22323

Al'Uqdah, S., Hill, N., & Maxwell, C. (2016). Intimate partner violence in the African

    American community: Risk, theory, and interventions. *Journal of Family*

    *Violence, 31*(7), 877-894. doi:10.1007/s10896-016-9819-x

Andresen, M.A., & Linning, S.J. (2014). Beginning to understand the economic costs of

    children's exposure to intimate partner violence. *International Journal of Child,*

    *Youth and Family Studies, 5*(4), 588-608. doi:

    10.18357/ijcyfs.andersenma.542014

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research:

    Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational*

    *Research and Policy Studies, 5*(2), 272-281.

Arnocky, S., & Vaillancourt, T. (2015). Sex differences in response to victimization by

    an intimate partner: More stigmatization and less help-seeking among males.

*Journal of Aggression, Maltreatment & Trauma*, *23*, 705-704.
doi:1080/10926771.2014.933465

Baker, N., Buick, J., Kim, S., Moniz, S., & Nava, K. (2013). Lessons from examining
same-sex intimate partner violence. *Sex Roles, 69*, 182-192. doi:10.1007/s11199-
012-0218-3

Bandura, A. (1974*). Psychological modeling*. New York, NY: Lieber-Atherton.

Bandura, A. (1977a). Self-efficacy: Toward a unifying theory in behavioral change.
*Psychological Review*, *84*(2), 191-215. doi:10.1037/0033.295X84.2.191

Bandura, A. (1977b). *Social learning theory*. New York, NY: General Learning Press.

Bandura, A. (1963). The influence of response consequences to the model on the
acquisition and performance of imitative responses. *Journal of Personality and
Social Psychology*, 1(6), 589-595. doi:10.1037/h0022070

Bandura, A. (1965). Influence of models' reinforcement contingencies on the acquisition
of imitative responses. *Journal of Personality and Social Psychology, 1*, 589-595.

Bass, S. B., Muniz, J., Gordon, T. F., Maurer, L., & Patterson, F. (2016). Understanding
help-seeking intentions in male military cadets: An application of perceptual
mapping. *BMC Public Health, 16*, 413. doi:10.1186/s12889-016-3092-z

Beaulaurier, R.L., Seff, L.R., & Newman, F.L. (2008). Barrier to help-seeking for older
women who experienced intimate partner violence: A descriptive model. *Journal
of Women & Aging, 20*(3-4), 231-248. doi:10.1080/08952840801984543

Beck, J. G., Clapp, J. D., Jacobs-Lentz, J., McNiff, J., Avery, M. L., & Olsen, S. A.

(2014). The association of mental health conditions with employment,

interpersonal, and subjective functioning after intimate partner violence. *Violence*

*Against Women, 20*, 1321-1337. doi:10.1177/1077801214552855

Bernardino, I., Barbosa, K. G.N., da Nóbrega, L.M., Cavalcante, G. M. S., Martins, R.

D., & d'Avila, S. (2016). Profile of men who are victims of physical violence by

an intimate partner. *Journal of Family Violence, 31*:617-624. doi 10.1007/s10896-

016-9815-1.

Berger, J. L., Addis, M. E., Green, J. D., Mackowiak, C., & Goldberg, V. (2013). Men's

reactions to mental health labels, forms of help-seeking, and sources of help-

seeking advice. *Psychology of Men & Masculinity, 14*, 433– 443.

doi:10.1037/a0030175

Bevan, M.T. (2014). A method of phenomenological interviewing. Qualitative Health

Research, 24(1) 136-144. doi: 10.1177/1049732313519710

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T.,

& Stevens, M. R. (2011). The national intimate partner and sexual violence

survey (NISVS): 2010 summary report. Atlanta, GA: National Center for Injury

Prevention and Control, Centers for Disease Control and Prevention Retrieved

from http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010a.pdf.

Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015).

*Intimate partner violence surveillance: Uniform definitions and recommended*

*data elements, version 2.0.* Atlanta, GA: Centers for Disease Control and

Prevention, National Center for Injury Prevention and Control. Retrieved from

http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html

Breiding, M.J., Chen, J., & Black, M.C. (2014) Intimate partner violence in the United States—2010. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for Injury Prevention and Control.

Brooks, C., Martin, S., Broda, L., & Poudrier, J. (2017). "How Many Silences Are There?" Men's Experience of Victimization in Intimate Partner Relationships. *Journal of Interpersonal Violence,* 0886260517719905

Cale, J., Tzoumakis, S., Leclerc, B., & Breckenridge, J. (2016). Patterns of Intimate Partner Violence victimization among Australia and New Zealand female university students: An initial examination of child maltreatment and self-reported depressive symptoms across profiles. *Journal of Criminology, 50*(4), 582-601. doi: 10.1177/0004865816666615

Campbell, R. D., & Long, L. A. (2014). Culture as a social determinant of mental and behavioral health: A look at culturally shaped beliefs and their impact on help-seeking behaviors and service-use patterns of Black Americans with depression. *Best Practices in Mental Health. 10*(2), 48-62.

Cantor, J. M., & McPhail, I. V. (2016). Non-offending Pedophiles. Current Sexual Health Reports, 1-8. doi:10.1007/s11930-016-0076-z

Carlson, R. G., Fripp, J., Cook, C., & Kelchner, V. (2015). Examining intimate partner violence, stress, and technology use among young adults. *Professional Counselor, 5*(3), 365–378. doi:10.15241/rgc.5.3.365

Carlyle, K.E., Scarduzio, J.A., & Slater, M. D. (2014). Media Portrayals of Female

Perpetrators of Intimate Partner Violence. *Journal of Interpersonal Violence,*
*29*(3), 2394 – 2417. doi: 10.1177/0886260513520231

Carpiniello, B. & Pinna, F. (2017). The Reciprocal Relationship between Suicidality and
Stigma. *Frontiers in Psychiatry 8*:35. doi: 10.3389/fpsyt.2017.00035

Centers for Disease Control and Prevention (CDC, 2014). Intimate partner violence:
Definitions. Retrieved March 26, 2018, from
http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html.

Chan, M. E. (2013). Antecedents of instrumental interpersonal help-seeking: An
integrative review. *Applied Psychology, 62*, 571-596

Chan, Z.C.Y., Fung, Y.L. & Chien, W.T. (2013). Bracketing in phenomenology: Only
undertaken in the data collection and analysis process. The Qualitative Report, 18
(30), 1-9. Retrieved from http://nsuworks.nova.edu/tqr/vol18/iss30/1

Chaney, C. & Robertson, R.V. (2013). Racism and Police Brutality in America. *Journal*
*of African American Studies, 17*(4), 480 – 505. https://doi.org/10.1007/s12111-
013-9246-5

Charlick, S., Pincombe, J., McKellar, L., & Fielder, A. (2016). Making sense of
participant experiences: Interpretive Phenomenological Analysis in midwifery
research. *International Journal of Doctoral Studies, 11*, 205-216. Retrieved from
http://ijds.org/Volume11/IJDSv11p205-216Charlick2220.pdf

Charmaz, K. (2014). *Constructing grounded theory*. Thousand Oaks, CA: Sage.

Chegeni, N. & Chegeni, N. (2013). Marginalization and Oppression of Afro-American

Women in Toni Morrison's Sula. *International Research Journal of Applied and Basic Sciences, 4*(4), 915 – 920

Cheng, H.L., Kwan, K.L. K., & Sevig, T. (2013). Racial and ethnic minority college students' stigma associated with seeking psychological help: Examining psycho-cultural correlates. Journal of Counseling Psychology, 60, 98–111. doi:10.1037/ a0031169.

Chisholm, C.A., Bullock, L., & Ferguson, J.E. (2017). Intimate partner violence and pregnancy: Epidemiology and impact. *American Journal of Obstetrics and Gynecology, 217*(2), 141-144. http://dx.doi.org/10.1016/j.ajog.2017.05.042

Cho, H. & Kim, W.J. (2012). Intimate Partner Violence Among Asian Americans and Their Use of Mental Health Services: Comparisons with White, Black, and Latino Victims. *Journal of Immigrant Minority Health*: doi 10.1007/s10903-012-9625-3

Choi, A.W.M., Wong, J.Y.H., Kam, C., Lau, C.L., Wong, J.K.S. & Lau, R.T. (2015). Injury Patterns and Help-seeking Behavior in Hong Kong Male Intimate Partner Violence Victims, *The Journal of Emergency Medicine, 49* (2): 217-226. https://doi.org/10.1016/j.jemermed.2015.03.007.

Connelly, L.M. (2015). Life-Worlds in Phenomenology. Medsurg Nursing, 24(2), 119-120

Constantine, L. L. (2013). Strategies for data gathering and reporting voices from the field: A review of applied ethnography: Guidelines for field research. *Qualitative Report, 18*(38), 1-7. Retrieved from www.nova.edu/ssss/QR

Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative

research. *Oncology Nursing Forum, 41*(1), 89-91. doi:10.1188/14.ONF.89-91

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest, 15*(2), 37-70. doi:10.1177/1529100614531398

Creswell, J. W. (2013). Qualitative Inquiry & Research Design, Choosing Among Five Approaches (3rd ed.). Thousand Oaks, CA: Sage Publications

Crowe, A., Murray, C. E. (2015). Stigma from professional helpers toward survivors of intimate partner violence. *Partner Abuse, 6*(2), 157-179

Davidson, M. M. & Gervais, S. (2015). Violence Against Women Through the Lens of Objectification Theory. *Violence Against Women, 21*(3), 330 – 354. https://doi.org/10.1177/1077801214568031

DeBate, R.D., Gatto, A., & Rafal, G. (2018). The Effects of Stigma on Determinants of Mental Help-Seeking Behaviors Among Male College Students: An Application of the Information-Motivation-Behavioral Skills Model. *American Journal of Men's Health*, 1 – 11. doi: 10.1177/1557988318773656

Dempsey, B. (2013). Men's Experience of Domestic Abuse: What We Know and How We Can Know More. School of Law, University of Dundee

Dempster, R., Davis, D.W., Jones, V.F., Keating, A., & Wildman, B. (2015). The Role of Stigma in Parental Help-Seeking for Perceived Child Behavior Problems in Urban, Low-Income African American Parents. *Journal of Clinical Psychology in Medical Settings, 22*:265 – 278. doi. 10.1007/s10880-015-9433-8

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.

http://dx.doi.org/10.1037/vio0000101

Douglas, E.M. & Hines, D.A. (2011). The Help seeking Experiences of Men Who

Sustain Intimate Partner Violence: An Overlooked Population and Implications

for Practice. *Journal of Family Violence, 26*(6):473 – 485. doi:10.1007/s10896-

011-9382-4.

Drake, B. (2015, April 28). Divide between blacks and whites on police runs deep.

Retrieved from http://www.pewresearch.org/fact-tank/2015/04/28/blacks-

whitespolice/

Drijber, B., Reijnders, U., & Ceelen, M. (2013). Male victims of domestic violence.

Journal of Family Violence, 28(1), 173 – 178.  doi: 10.1007/s10896-012-9482-9

Dutton, D.G., & White, K.R. (2013). Male Victims of Domestic Violence. *New Male

Studies: An International Journal, 2*(1), 5-17

Entilli, L., & Cipolletta, S. (2017). When the woman gets violent: The construction of

domestic abuse experience from heterosexual men's perspective. *Journal of

Clinical Nursing*, *26*, 2328–2341, doi: 10.1111/jocn.13500

Estrellado, A.F. & Loh, J. (2016). To stay in or leave an abusive relationship: losses and

gains experienced by battered Filipino women. *Journal of Interpersonal Violence*,

1-21. doi: 10.1177/0886260516657912

Evangeli, M., & Wroe, A. L. (2017). HIV disclosure anxiety: A systematic review and

theoretical synthesis. AIDS and Behavior, 21, 1–11. http://

dx.doi.org/10.1007/s10461-016-1453-3

Finfgelg-Connett, D. (2015). Intimate partner violence and its resolution among African

American women. *Global Qualitative Nursing Research*, 1 – 8. doi:

10.1177/2333393614565182

Flasch, P., Murray, C.E., & Crowe, A. (2015). Survivors of intimate partner violence as

advocates for social change. *Journal of Social Action in Counseling and*

*Psychology, 7,* 84-100. Retrieved June 11, 2018, from

http://www.psyr.org/jsacp/murray-v7n1-2015_84-100.pdf

Fleming, P. J., McCleary-Sills, J., Morton, M., Levtov, R., Heilman, B., & Barker, G.

(2015). Risk factors for men's lifetime perpetration of physical violence against

intimate partners: Results from the international men and gender equality survey

(IMAGES) in eight countries. *PloS One, 10*, 1–18.

doi:10.1371/journal.pone.0118639.

Fonseka, R. W., Minnis, A., & Gomez, A. M. (2015). Impact of adverse childhood

experiences on intimate partner violence perpetration among Sri Lankan men.

*PLoS One*, *10*(8), e0136321. doi: 10.1371/journal.pone.0136321s

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative

research. *The Qualitative Report, 20*(9), 1408-1416. Retrieved from

http://nsuworks.nova.edu/tqr/vol20/iss9/3

Garcia, J. J. & Sharif, M. Z. (2015). Black lives matter: A commentary on racism and

public health. *American Journal of Public Health, 105*(8), e27-e30. doi:

10.2105/AJPH.2015.302706

Garner, R., & Scott, G. M. (2013). *Doing qualitative research: designs, methods, and techniques.* Upper Saddle River, NJ: Pearson Education

Gentles, S. J., Charles, C., Ploeg, J., & McKibbon, K. (2015). Sampling in Qualitative Research: Insights from an Overview of the Methods Literature. *The Qualitative Report,20*(11), 1772-1789. Retrieved

fromhttps://nsuworks.nova.edu/tqr/vol20/iss11/5

George, J., & Stith, S. M. (2014). An updated feminist view of intimate partner violence. *Family Process, 53*(2), 179-193.

Giordano, P.C., Johnson, W.L., Manning, W.D., Longmore, M.A., & Minter, M.D. (2015). Intimate partner Violence in Young Adulthood: Narrative of Persistence and Desistance. *Criminology, 53*(3): doi:10.1111/1745-9125.12073.

Godbout, N., Vaillancourt-Morel, M., Bigras, N., Briere, J., Hebert, M., Runtz, M. & Sabourin, S. (2017). Intimate Partner Violence in Male Survivors of Child Maltreatment: A Meta-Analysis. *Trauma, Violence, & Abuse, 20*(1): 99 – 113.

Hammersley, M. (2013*). What's wrong with ethnography*? London, UK: Routledge.

Hansen, N.B., Eriksen, S.B., & Elklit, A. (2014). Effects of an intervention program for female victims of intimate partner violence on psychological symptoms and perceived social support. *European Journal of Psychotraumatology, 5,* 24797. http://dx.doi.org/10.3402/ejpt.v5.24797

Hardy, K. (2014). Which way did they go? Uncovering the preferred source of help-

seeking among African American Christians. *Social Work & Christianity, 41*(1), 3-15.

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigor in qualitative case-study research. *Nurse Researcher, 20*(4), 12-17. doi:10.7748/nr2013.03.20.4.12.e326

Heinonen. K. (2015). Van Manen's method and reduction in a phenomenological hermeneutic study. *Nurse Researcher, 22*(4), 35-41

Henriques, G. (2014). In search of collective experience and meaning: A transcendental phenomenological methodology for organizational research. *Human Studies, 37*, 451-468. doi: 10.1007/s10746-014-9332-2

Hines, D. A., Malley-Morrison, K., & Dutton, L. B. (2013*). Family violence in the United States: Defining, understanding, and combating abuse.* Thousand Oaks, CA: Sage.

Hitchens, B. K. (2017). Contextualizing Police Use of Force and Black Vulnerability: A Response to Whitesel. *Sociological Forum, 32* (2), 434 – 438.  doi: 10.1111/socf.12338

Hodell, E.C., Wasarhaley, N.E., Lynch, K.R., & Golding, J.M. (2014). Mock Juror Gender Biases and Perceptions of Self-Defense Claims in Intimate Partner Homicide. Journal of Family Violence, 29: 495 – 506. doi. 10.1007/s10896-014-9609-2

Hoff, B. (2012). U.S. national survey: More men than women victims of intimate partner violence. *Journal of Aggression, Conflict and Peace Research, 4*(3), 155–163. doi:10.1108/17596591211244166

Hou, W., Ko, N., & Shu, B. (2013). Recovery Experiences of Taiwanese Women After Terminating Abusive Relationships: A Phenomenology Study. *Journal of Interpersonal Violence 28*(1) 157–175. doi: 10.1177/0886260512448851

International Agency for Research on Cancer. (2017). Estimated age-standardized rates (incidence and mortality) worldwide in 2012. Retrieved from http://gco.iarc.fr/today/

Issacs, A.N., Maybery, D., & Gruis, H. (2013). Help seeking by Aboriginal men who are mentally unwell: a pilot study. *Early Intervention in Psychiatry, 7*, 407-413. doi:10.1111/eip.12015

Itulua-Abumere, F. (2013). Understanding Men and Masculinity in Modern Society. *Journal of Social Science Research, 1*(2), 42 – 45. doi: 10.12966/ojssr.05.05.2013

Johnson, P. D. (2016). Somebodiness and its meaning to African American men. *Journal of Counseling & Development, 94*(3), 333-343. doi:10.1002/jcad.12089

Johnston, C.M., Wallis, M., Oprescu, F.I., & Gray, M. (2017). Methodological considerations related to nurse researchers using their own experience of a phenomenon within phenomenology. *Journal of Advanced Nursing, 73*(3), 574 – 584: do.10.1111. /jan.13198

Jones, N., & Corrigan, P. W. (2014). Understanding stigma. In P. W. Corrigan (Ed.), *The stigma of disease and disability: Understanding causes and overcoming injustices* (pp. 9–34). Washington DC: American Psychological Association.

Jung, H., von Sternberg, K., & Davis, K. (2016). Expanding a measure of mental health

literacy: Development and validation of a multicomponent mental health literacy measure. *Psychiatry Research, 243*, 278–286. doi:10.1016/j. psychres.2016.06.034

Kaskeala, L., Sillanmäki, L., & Sourander, A. (2015). Help-seeking behavior among Finnish adolescent males. *Nordic Journal of Psychiatry, 69*:605 – 612.

Kamimura, A., Parekh, A., & Olson, L.M. (2013). Health indicators, social support, and intimate partner violence among women utilizing services at a community organization. *Women's Health Issues, 23*(3): 179 – 185. https://doi.org/10.1016/j.whi.2013.02.003

Kennedy, B., Mathis, C.C., & Woods, A.K., (2007). African American and their distrust of the healthcare system: Healthcare for diverse populations. *Journal of Cultural Diversity, 14*(2), 56 – 65

Lacey, K.K., Sears, K.P., Matusko, N., & Jackson, J.S. (2015). Severe physical violence and black women's health and well-being. *American Journal of Public Health, 105* (4). Peer-Reviewed, Research and Practice

Lacey, K.K., West, C.M., Matusko, N., & Jackson, J.S. (2016). Prevalence and factors associated with severe physical intimate partner violence among U.S. Black Women: A comparison of African American and Caribbean Blacks. *Violence Against Women, 22*(6):651 – 670. doi:10.1177/1077801215610014

Landor, A. M., Simons, L. G., Simons, R. L., Brody, G. H., Bryant, C. M., Gibbons, F. X., Granberg, E. M., & Melby, J. N. (2014). Exploring the impact of skin tone on family dynamics and race-related outcomes. *Journal of Family Psychology, 27*(5), 817.

Larson, D.G., Chastain, R.L., Hoyt, W.T., & Ayzenberg, R. (2015). Self-concealment: Integrative review and working model. *Journal of Social and Clinical Psychology, 34*(8), 705 – 729

Lawrence, J., & Tar, U. (2013). The use of grounded theory technique as a practical tool for qualitative data collection and analysis. *Electronic Journal of Business Research Methods, 11*(1), 29-40. Retrieved from http://www.worldcat.org/title/electronicjournal-of-business-research-methods-ejbrm/oclc/63269428

Lewis, S. (2015). Qualitative inquiry and research design: Choosing among five approaches. *Health promotion practice, 16*(4),473 - 475. doi:10.1177/1524839915580941

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications

Lindinger-Sternart, S. (2014). Help-Seeking Behaviors of Men for Mental Health and the Impact of Diverse Cultural Backgrounds. International Journal of Social Science Studies, 3(1): http://dx.doi.org/10.11114/ijsss.v3i1.519

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual review of Sociology,* 363-385. doi:10.1146/annurev.soc.27.1.363

Loh, J. (2013). Inquiry into issues of trustworthiness and quality in narrative studies: A perspective. *The Qualitative Report, 18*(33), 1–15.

Lowther, K., Selman, L., Harding, R., & Higginson, I. J. (2014). Experience of persistent

psychological symptoms and perceived stigma among people with HIV on antiretroviral therapy (ART): A systematic review. International Journal of Nursing Studies, 51, 1171–1189. http://dx.doi .org/10.1016/j.ijnurstu.2014.01.015

Machado, Matos and Hines (2016). Help-Seeking and Needs of Male Victims of Intimate Partner Violence in Portugal. *Psychology of Men & Masculinity,* 17(3), 255-264. doi: 10.1037/men0000013

Mackay, J., Bowen, E., Walker., & O'Doherty, L. (2018). Risk factors for female perpetrators of intimate partner violence within criminal justice settings: A systematic review. *Aggression and Violent Behavior*, 41, 128 – 146. https://doi.org/10.1016/j.avb.2018.06.004

Mager, K. L., Bresin, K., & Verona, E. (2014). Gender, psychopathy factors, and intimate partner violence. *Personality Disorders: Theory, Research, and Treatment, 5*, 257-267. doi:10.1037/per0000072

Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing – developing qualitative inquiry*. Walnut Creek, CA: Left Coast Press, Inc.

Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research? A review of qualitative interviews in IS research. *Journal of Computer Information Systems, 54*(1), 11-22. Retrieved from iacis.org/jcis/ jcis.php

Marshall, C., & Rossman, G. B. (2015*). Designing qualitative research*. Thousand Oaks, CA: Sage.

Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). Thousand Oaks, CA: Sage Publications

McCarrick, J., Davis-McCabe, C., & Hirst-Winthrop, S. (2016). Men's Experiences of the Criminal Justice System Following Female Perpetrated Intimate Partner Violence. *Journal of Family Violence, 31*(2), 203 – 213. https://doi.org/10.1007/s10896-015-9749-z

McCarroll, J. E. (2016). Building bridges to research: Reading the limitations of a research study. PsycEXTRA Dataset. doi:10.1037/e572922006-006

McKeown, A. (2014). Attachment, personality and female perpetrators of intimate partner violence. *The Journal of Forensic Psychiatry & Psychology, 25*(5), 556-573. doi: 10.1080/14789949.2014.943792

McLean, G., & Gonzalez-Bocinski, S. (2017). The Economic Cost of Intimate Partner Violence, Sexual Assault, and Stalking. Institute for Women's Policy Research. Retrieved https://iwpr.org/publications/economic-cost-intimate-partner-violence-sexual-assault-stalking/

McRae, L., Daire, A.P., Abel, E.M., & Lambie, G.W. (2017). A Social Learning Perspective on Childhood Trauma and Same-Sex Intimate Partner Violence. *Journal of Counseling & Development, 95*, 332 – 338. doi: 10.1002/jcad.12147

Medina-Perucha, L., Yousaf, O., Hunter, M.S., & Grunfeld, E.A. (2017). Barriers to medical help-seeking among older men with prostate cancer. *Journal of Psychosocial Oncology, 35* (5), 531 – 543. https://doi.org/10.1080/07347332.2017.1312661

Mendoza, H., Tully, E.C., Goodnight, B., Gray, J. & Masuda, A. (2015). The indirect

effect of self-concealment on distress through psychological inflexibility in Asian American, Black American, and White American college students. *Personality and Individual Differences, 126*, 93 – 98. https://doi.org/10.1016/j.paid.2018.01.024

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation.* San Francisco, CA: John Wiley & Sons

Miles, M. B., Huberman, A. M., & Saldana, J. (2013). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Thousand Oaks, CA: Sage.

Mitchell, M. (2011). A reflection on the emotional potential of qualitative interviewing. *British Journal of Midwifery, 19*(10), 653-657. doi: 10.12968/bjom.2011.19.10.653

Mitzel, L.D., Vanable, P.A., & Corey, M.P. (2018). HIV-Related Stigmatization and Medication Adherence: Indirect Effects of Disclosure Concerns and Depression. *Stigma and Health*, http://dx.doi.org/10.1037/sah0000144

Morgan, W. & Wells, N. (2015). 'It's deemed unmanly': men's experience of intimate partner violence (IPV). *The Journal of Forensic Psychiatry and Psychology, 27*(3), 404-418. http://dx.doi.org/10.1080./14789949.2015.1127986

Mosley, T.M. (2014). The Impact of Help Seeking Attitudes, Perceived Racism, and Racial Identity on Intentions to Seek Counseling Amongst African American Undergraduate College Students. Dissertation, Georgia State University. http://scholarworks.gsu.edu/cps_diss/105

Murray, C. E., Crowe, A., & Akers, W. (2016). How can we end the stigma surrounding

domestic and sexual violence? A modified Delphi study with national advocacy

leaders. *Journal of Family Violence, 31*, 271-287.

Murray, C. E., Crowe, A., & Brinkley, J. (2015). The stigma surrounding intimate partner

violence: A cluster analysis study. *Partner Abuse, 6*, 320-336.

Murray, C. E., & Graves, K. N. (2012). Responding to family violence. New York:
Routledge.

Murray, C.E., Crowe, A., & Overstreet, N.M. (2018). Sources and Components of Stigma

Experienced by Survivors of Intimate Partner Violence. *Journal of Interpersonal*

*Violence, 33*(3), 515 – 536.doi: 10.1177/0886260515609565

National Coalition Against Domestic Violence (NCADV). (2015). Domestic

Violence. Retrieved from: http://ncadv.org/images/Domestic%20Violence.pdf

National Institute of Mental Health (2013). Transforming the understanding and

treatment of mental illness through research. Retrieved from.

http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-

disorders-in-america/index.shtml

National Intimate Partner and Sexual Violence Survey [NISVS], (2017). The National

Intimate Partner and Sexual Violence Survey: 2010-2012 State Report.  Retrieved

from: https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf

Nayback-Beebe, A.M. & Yoder, L.H. (2012). The Lived Experiences of a Male Survivor

of Intimate Partner Violence: A Qualitative Case Study. *Medsurg Nursing, 21*(2),

89-94

Overstreet, N. M., & Quinn, D. M. (2013). The intimate partner violence stigmatization

model and barriers to help seeking. *Basic and Applied Social Psychology, 35*, 109-122.

Parham-Payne, W. (2014). The Role of the Media in the Disparate Response to Gun Violence in America. *Journal of Black Studies, 45*(8), 752-768.

Park, G.R., Park, E., Jun, J., Kim, N.S. (2017). Association between intimate partner violence and mental health among Korean married women. *Public Health, 152*, 86-94. http://dx.doi.org/10.1016/j.puhe.2017.07.023

Patton, M.Q. (2015). Qualitative research & evaluation methods: Integrating theory and practice (4th ed.). Thousand Oaks, CA: Sage

Pelham, T., Li, H., & Robinson, J. (2017). Psychoeducational training, mental health literacy, and help-seeking among African American college students. *Psychotherapy Bulletin, 52*(2), 20-22.

Penti, B., Tran, H., Timmons, J., Rothman, E.F. & Wilkerson, J. (2017). Physicians' Experiences with Male Patients Who Perpetrate Intimate Partner Violence. *Journal of the American Board of Family Medicine, 30*(2), 239 – 247. doi.10.3122/jabfm.2017.02.160258

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

Pietkiewicz, I. & Smith, J. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne Psychological Journal, 20*(1), 7-14. doi: 10.14691/CPPJ.20.1.7

Pittaro, M. (2014). Breaking Down the Barriers: New Research Suggests Women Are

Just as Likely as Men to be Perpetrators of Domestic Violence. Public Safety.

Retrieved from. https://inpublicsafety.com/2014/07/breaking-down-barriers-research-

about-female-perpetrated-domestic-violence-against-male-victims/

Polit, D. F., & Beck, C. T. (2016). *Nursing research: Generating and assessing evidence*

*for nursing practice*. (10th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Powell, W., Adams, L.B., Cole-Lewis, Y., Agyemang, A., & Upton, R.D. (2016).

Masculinity and Race-Related Factors as Barriers to Health Help-Seeking Among

African American Men. *Behavioral Medicine, 42,* 150 – 163.

doi:10.1080/08964289.2016.1165174

Price, K.R., Bell, K., & Lilly, M. (2014). The Interactive Effects of PTSD, Emotion

Regulation, and Anger Management Strategies on Female-Perpetrated IPV.

*Violence and Victims, 29*(6): 907 – 926. http://dx.doi.org/10.1891/0886-6708.VV-

D-12-00123

Pryor, J. B., & Bos, A. E. R. (2015). Stigma: Implications for helping behavior. In D.

Schroeder & W. Graziano (Eds.), *The Oxford handbook of prosocial behavior*

(pp. 443–458). Oxford, UK: Oxford University Press.

Rasmussen, M.L., Hjelmeland, H., & Dieserud, G. (2018). Barriers toward help-seeking

among young men prior to suicide. *Death Studies, 42*(2), 96 – 103. doi:

10.1080/07481187.2017.1328468

Rasmussen, M. L., Haavind, H., Dieserud, G., & Dyregrov, K. (2014). Exploring

Vulnerability to Suicide in the Developmental History of Young Men: A

Psychological Autopsy Study. *Death Studies*, *38*(9), 549- 556. doi:

10.1080/07481187.2013.780113

Ravitch, S. M., & Carl, N. M. (2016). Qualitative research: Bridging the conceptual, theoretical, and methodological. Thousand Oaks, CA: Sage Publications.

Relph, C.E. (2014). Phenomenology. In M.E., Harvey, & B.P. Holly (Eds), Themes in geographic thought (pp.99-114) (3rd ed.). New York, NY: Routledge

Rickwood, D. J., Mazzer, K. R., & Telford, N. R. (2015). Social influences on seeking help from mental health services, in-person and online, during adolescence and young adulthood. *BMC Psychiatry, 15*(1), 40–49. doi:10.1186/s12888-015-0429-

Rodriguez, F. (2015). Violence against women: Sex, power, abuse. Retrieved from http://www.rappler.com/move-ph/issues/gender-issues/85640-women-girls-violence-ph Google Scholar

Roy, K., Zvonkovic, A., Goldberg, A., Sharp, E., & LaRossa, R. (2015). Sampling richness and qualitative integrity: Challenges for research with families. *Journal of Marriage and Family, 77*(1), 243-260. doi:10.1111/jomf.12147

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

Rushing, K. (2013). Dissecting the Long Deep Roots of Racial Profiling in America. Retrieved from: https://www.huffingtonpost.com/keith-rushing/dissectingracial-profiling_b_2740246.html

Saldana, J. (2016). The coding manual for qualitative researchers (3rd ed.). Los Angeles: SAGE

Samuel, I.A. (2015). Utilization of Mental Health Services Among African American

Male Adolescents Released from Juvenile Detention: Examining Reasons for Within-Group Disparities in Help-Seeking Behaviors. *Child Adolescence Social Work Journal, 32*: 33-43. doi: 10.1007/s10560-014-0357-1

Sanjari, M., Bahramnezhad, F., Fomani, F., Shoghi, M., & Cheraghi, M. (2014). Ethical challenges of, researchers in qualitative studies: The necessity to develop a specific guideline. *Journal of Medical Ethics and History of Medicine, 7*; 14. PMC4263394.

Santiago-Delefosse, M., Gavin, A., Bruchez, C., Roux, P., & Stephen, S. (2016). Quality of qualitative research in the health sciences: Analysis of the common criteria present in 58 assessment guidelines by expert users. *Social Science & Medicine, 148*, 142-151.

Saunders, B., Sim, J., Kingstone, T. et al. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & Quantity, 52*(4): 1893 – 1903. https://doi.org/10.1007/s11135-017-0574-8

Scarduzio, J. A., Carlyle, K. E., Harris, K. L., & Savage, M. W. (2016). "Maybe she was provoked": exploring gender stereotypes about male and female perpetrators of intimate partner violence. *Violence Against Women*. doi:10.1177/1077801216636240.

Seidler, Z.E., Dawes, A.J., Rice, S.M., Oliffe, J.L., & Dhillon, H.M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review,49*, 106 – 118.

Simon, M.K., & Goes, J. (2013). *Dissertation and scholarly research: Recipe for success*

(2013 ed.). Seattle, WA: Dissertation Success, LLC.

Simon, M., & Goes, J. (2016). Reliability & validity in qualitative studies. Retrieved from http://www.dissertationrecipes.com/reliability-validity-qualitative-studies/

Singh, V., Tolman, R., Walton, M., Chermack, S., & Cunningham, R. (2014). Characteristics of Men Who Perpetrate Intimate Partner Violence. *Journal of the American Board of Family Medicine, 27*(2), 661 – 668. doi. 10.3122/jabfm.2014.05.130247

Smith, J. A. (Ed.). (2015). *Qualitative psychology: A practical guide to research methods*. Sage

Smith, J.A., Flowers, P., & Larkin, M. (2012). *Interpretive Phenomenological Analysis: Theory, Method, and Research.* London: Sage.

Stemple, L., & Meyer, I. (2014). The sexual victimization of men in America: New data challenge old assumptions. *American Journal of Public Health, 104*(6), e19-e26. doi:10.2105/ AJPH.2014.301946

Stiles, E., Ortiz, I., & Keene, C. (2017). Serving Male-Identified Survivors of Intimate Partner Violence. *National Resource Center on Domestic Violence*, 1 – 12. Retrieved from https://vawnet.org/sites/default/files/assets/files/2017-07/NRCDV_TAG-ServingMaleSurvivors-July2017.pdf

Stiles-Shields, C., & Carroll, R. A. (2014). Same sex domestic violence: Prevalence, unique aspects, and clinical implications. *Journal of Sex & Marital Therapy*, 1-13. doi: 10.1080/0092623x.2014.95879

Stockl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C., & Moreno, C.G. (2013). The global prevalence of intimate partner homicide: a systematic

review. Lancet, 382, 859-65. http://dx.doi.org/10.1016/50140-6736(13)61030-2

Straus, M.A. & Gozjolko, K.L. (2014). Intimate Terrorism and Gender Differences in

Injury of Dating Partners by Male and Female University Students. *Journal of*

*Family Violence, 29*(1): 51 – 65.  https://doi.org/10.1007/s10896-013-9560-7

Stutterheim, S. E., Baas, I., Roberts, H., Brands, R., Schmidt, J., Lechner, L., Kok, G., &

Bos, A. E.R. (2016). Stigma Experiences Among Substance Users With HIV.

*Stigma and Health*. http://dx.doi.org/10.1037/sah0000015

Sullivan, F., Bowden, K., McKenzie, K., & Quayle, E. (2016). The close relationships of

people with intellectual disabilities: a qualitative study. *Journal of Applied*

*Research in Intellectual Disabilities, 29*(2), 172-184. doi:10.1111/jar.12168

Sullivan, T.P., Weiss, N.H., Price, C., Pugh, N., & Hansen, N.B. (2018): Strategies for

coping with individual PTSD symptoms: Experiences of African American

victims of intimate partner violence. *Psychological Trauma: Theory, Research,*

*Practice, and Policy, 10* (3), 336 – 344.  http://dx.doi.org/10.1037/tra0000283

Sumner, S. A., Mercy, J. A., Dahlberg, L. L., Hillis, S. D., Klevens, J., & Houry, D.

(2015). Violence in the United States: Status, challenges, and opportunities.

*JAMA, 314*(5), 478-488. doi:10.1001/jama.2015.8371

Thackeray, L. A., & Eatough, V. (2016). 'Shutting the world out': An interpretative

phenomenological analysis exploring the paternal experience of parenting a

young adult with a developmental disability. *Journal of Applied Research in*

*Intellectual Disabilities*.doi:10.1111/jar.12313

The ManKind Initiative (December 2016) and estimates via Women's Aid/Refuge and

government reports

Thomas, S. J., Caputi, P., & Wilson, C. J. (2014). Specific attitudes which predict

psychology students' intentions to seek help for psychological distress. *Journal of*

*Clinical Psychology, 70*(3), 273–282. doi:10.1002/jclp.22022

Thomas, E., & Magilvy, J. K. (2011). Qualitative Rigor or Research Validity in

Qualitative Research. *Journal for Specialists in Pediatric Nursing, 16*(2), 151–

155 5p. https://doi.org/10.1111/j.1744-6155.2011.00283.x

Treloar, C., Rance, J., & Backmund, M. (2013). Understanding Barriers to Hepatitis C

Virus Care and Stigmatization from a Social Perspective. *Clinical Infectious*

*Diseases, 57*(2), 51 – 55. doi:10.1093/cid/cit263

Tsang, W.W. (2015). Do Male Victims of Intimate Partner Violence (IPV) Deserve

Help? Some Reflections Based on a Systematic Review, *The Hong Kong Journal*

*of Social Work, 49*(1): 51 – 63. doi: 10.1142/S0219246215000066

Tsui, V. (2014). Male Victims of Intimate Partner Abuse: Use and Helpfulness of
Service. *Social Work, 59*(2), 121 – 130. doi: 10.1093/sw/swu007
U.S. Department of Justice. (2014). Office on Violence Against Women. Retrieved from

http://www.justice.gov/ovw/domestic-violence

Vagle, M.D. (2016*). Crafting phenomenological research.* New York, NY: Routledge

Valandra, Murphy-Erby, Y., Higgins, B.M., & Brown, L.M. (2016). African American

Perspectives and Experiences of Domestic Violence in a Rural Community.

*Journal of Interpersonal Violence,* 1 – 25. doi: 10.1177/0886260516669542

Van Manen, (2014). *Phenomenology of practice: Meaning-giving methods in*

*phenomenological research writing*. Walnut Creek, CA: Left Coast Press

Vandello, J.A., & Bosson, J.K. (2013). Hard won and easily lost. Review and synthesis of theory and research on precarious manhood. *Psychology of Men & Masculinity, 14*(2), 101 – 113.

Walker, S., Read, S., & Priest, H. (2013). Use of reflexivity in a mixed-methods study. *Nurse Researcher, 20*(3), 38-43. doi:10.7748/nr2013.01.20.3.38.c9496

Wallace, R. (2014). Identifying potential challenges to providing emergency advocacy services to male victims of intimate partner violence. *Partner Abuse*, *5*(1), 58-68.

Waters, J. (2015). Phenomenological research guidelines. Retrieved from https://www.capilanou.ca/psychology/student-resources/researchguidelines/Phenomenological-Research-Guidelines/

Ward, E.C., & Besson, D.D. (2013). African American men's beliefs about mental illness, perceived stigma, and coping behaviors: A qualitative analysis. The Counseling Psychologist, 41(3). 359 – 391. https://doi.org/10.1177/0011000012447824

Ward, E.C., Wilshire, J.C., Detry, M.A., & Brown, R.L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research, 62*, 185 – 194. doi: 10.1097/NNR.06013e31827bf533

Warshaw, C., Sullivan, C.M., & Rivera, E.A. (2013). A systematic review of trauma-focused interventions for domestic violence survivors. Washington, D.C.: Department of Health & Human Services, Administration for Children and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program. Retrieved from http: www.nationalcenterdvtraumamh.org

Watson, B.R., Riffe, D., Smithson-Stanley, L., & Ogilvie., E. (2013). Mass Media and

Perceived and Objective Environmental Risk: Race and Place of Residence. *Howard Journal of Communications*, *24*(2), 134–53.

Weitzer, R. (2015) American Policing Under Fire: Misconduct and Reform. *Social Science and Public Policy*. doi: 10.1007/s12115-015-9931-1

Wendt, D., & Shafer, K. (2015). Gender and Attitudes about Mental Health Help Seeking: Results from National Data. *Health and Social Work, 41* (1), 20 – 28. https://doi.org/10.1093/hsw/hlv089

West, C.M. (2016). Hidden in plain sight: Structural inequalities and (in)visible violence in the lives of African American women. In E.L. Short & L. Wilton (EDs), Talking about structural inequalities of everyday life. Charlotte, NC: Information Age Publishing.

Whitaker, M. (2014). Motivational attributions about intimate partner violence among male and female perpetrators. *Journal of Interpersonal Violence, 29*(3), 517-535. doi: 10.1177/0886260513505211

Widh, E., & Linder, J. (2014). A qualitative study on the experiences of Intimate Partner Violence (IPV) from the perspective of male victims. Retrieved from http://www.diva-portal.org/smash/get/diva2:759412/FULLTEXT01.pdf

Wilson, A. (2015). A guide to phenomenological research. Arts & Science Research Series: 8. *Nursing Standard,29* (34), 38-43.

Wong, J. & Mellor, D. (2014). Intimate partner violence and women's health and wellbeing: Impacts, risk factors and responses. *Contemporary Nurse, 46*(2):170-179. doi:10.5172/conu.2014.46.2.170

World Health Organization (2014). Global Status Report on Violence Prevention.

Geneva: World Health Organization

World Health Organization (2016). Violence against women. Retrieved from

http://www.who.int/mediacentre/factsheets/fs239/en/

Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions:

epistemological, theoretical, and methodological differences. *European Journal of*

*Education, 48,* (2). John Wiley & Sons LTD

Yin, R.K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks:

Sage

Yousaf, O., Popat, A., & Hunter, M.S. (2014). An investigation of masculinity attitudes,

gender, and attitudes toward psychological help-seeking. *Psychology of Men and*

*Masculinity, 16*(2), 234 – 237

Young, S.M., Pruett, J.A., & Colvin, M.L. (2018). Comparing Help-Seeking Behavior of

Male and Female Survivors of Sexual Assault: A Content Analysis of a Hotline.

*Sexual Assault, 30*(4), 454 – 474. doi: 10.1177/1079063216677785

Zartaloudi, A., Madianos, M. (2010). Stigma related to help-seeking from a mental health

professional. *Health Science Journal, 4*(2), 77 – 83 s

Appendix A: Interview Protocol and Research Questions

1. Hello how are you doing today?

2. Tell me about yourself?

    o What is your age?

    o Are you presently in a relationship?

    o Do you have children, tell me about them?

3. I know that in the past you were in an abusive relationship.

    o What length of time were you in the abusive relationship?

    o How long since the abusive relationship ended?

    o What made you decide to seek help?

    o Talk to me about the challenges you faced when you sought help?

    o Tell me more about what that experience was like for you?

4. What kind of help did you seek?

    o Did you seek counseling?

    o If yes, what type of counseling did you seek?

    o How many years were you in counseling?

    o Who else did you speak to before you decide to go into counseling?

    o What was the experience like for you being in counseling?

5. What resources were readily available to you?

    o How did you get connected with the resources?

    o What was it like when you spoke with the representative who called you

      from the resource center to schedule your appointment?

o   How did you find it?

o   What other resources are available in your community for male IPV

survivors like you?

Appendix B: Transcriptionist Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

I, _____, transcriptionist have been retained to transcribe audio-recordings taken by Marjorie Campbell-Hawkins, a doctoral student at Walden University, during her interviews with study participants.  I understand that, during the process of transcribing, I will have access to confidential information that should not be disclosed. I acknowledge that this Confidential Information must remain confidential at all times, and that any improper disclosure of this Confidential Information can be damaging to the study participants.

By signing this Confidentiality Agreement ("Agreement"), I thereby acknowledge and agree as follows:

1. I am signing this Agreement voluntarily and of my own free will, and I understand that it may hereafter only be modified by means of a separate written document signed by Ms. Campbell-Hawkins and myself.

2. The audio-recordings that I am provided to transcribe, as well as all of my transcriptions and transcription drafts are the sole property of Ms. Campbell-Hawkins and I will immediately surrender them to her upon request.

3. I will not disclose or discuss Confidential Information to or with anyone, including my friends and family.

4. I will not divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized by Ms. Campbell-Hawkins in advance.

5. I will not discuss Confidential Information where anyone other than Ms. Campbell-Hawkins may overhear my discussion, even if I do not mention any study participant's name.

6. I will not make transmissions, copies, inquiries, modifications, deletions, or purges of any Confidential Information without prior written authorization from Ms. Campbell-Hawkins

7. I agree that my obligations under this Agreement will survive and continue indefinitely after the cessation of my transcription services.

8. I understand that any violation of this Agreement will have legal implications.

9. I agree to only access or use systems and devices that I am expressly authorized to access, and will not demonstrate the operation or function of such systems or devices to anyone other than Ms. Campbell-Hawkins.

10. I hereby hold harmless and indemnify Ms. Campbell-Hawkins from any and all claims, causes of action, damages, and expenses, including attorney fees, which may result in whole or in part from my negligent or intentional violation of this Agreement.

By signing this Agreement, I acknowledge and affirm that I have read and understand it, and that I agree to comply with all of its terms and conditions as set forth above.

Printed Name: _____ Address: _____

Signature: _____ Date: _____

Appendix C: Resources

**List of State and National Counseling Resources**

| Names | Contact Number |
|---|---|
| Crisis Call Center | 775-754-8090 |
| Depression Hotline | 630-482-9696 |
| Disaster Distress Helpline | 800-985-5990 |
| Domestic Violence Counseling Atlanta | 404-870-9600 |
| Georgia Family Crisis Solution | 706-869-7373 |
| National Domestic Violence Hotline | 800-799-7233 |
| National Suicide Prevention Lifeline | 800-273-8255 |