

2019

# The Lived Experiences of Male Victims of Intimate Partner Violence

Arielle Chieko Woodyard  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Arielle Chieko Woodyard

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.

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Abstract

The Lived Experiences of Male Victims of Intimate Partner Violence

by

Arielle Chieko Woodyard

MS, Walden University, 2014

BA, University of Arizona, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

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## Abstract

This qualitative study explored the lived experiences of male victims of intimate partner violence (IPV). Few studies exist about the experiences of men who are victims of female-perpetrated IPV and there are not many studies about these men's experiences in seeking and receiving psychological help. Maslow's hierarchy of needs and Peck's gender role strain paradigm guided this study to understand victimology and perceptions of gender roles. Research questions attempted to understand the lived experiences of male IPV victims of female-perpetrated IPV, accessing supportive and psychological services, and their experiences of these services. Seven male individuals were recruited through flyers in community centers, law enforcement agencies, and social media sites; 5 participants were interviewed via Skype and 2 responded via e-mail. Data from interviews were analyzed and coded following an interpretative phenomenological method. Five themes were identified from 2 research questions including: male victimization is seen as less severe than female victimization, family is not easy to talk to about experience, therapy and hospitalization were used, law enforcement officers are biased, and mental health workers are routine. Findings were evaluated with existing literature and suggestions are made for help-seeking option accessibility for male victims. This study promotes social change by discussing how supporting survivors may decrease negative gender roles and social norms while promoting the betterment of professionals who work with male victims. Victim-centered services, patient-centered approaches, and treatment and support for survivors of IPV will help to improve awareness about male victims in society while offering insight to decrease negative stigma.

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## Dedication

This is dedicated to my late father, Dana Dean, whose memory inspires me to be kind to everyone, love endlessly and work hard for everything I want and deserve. I hope this is one more thing that makes you proud of me.

To Mom, Alyssa, Kelsey, Grams, Grandpa, and LouAnn: thank you for teaching me that giving up is not an option and that my faith will get me through everything. Your love and support got me through the all-nighters and tons of bags of gummy bears and I am blessed to have you all.

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## Chapter 1: Introduction to the Study

### **Introduction**

Society views victimization in a stigmatizing way that minimizes awareness and knowledge as this life event occurs and disrupts lives. People learn about victimization by becoming a victim of violence or by learning indirectly by way of various media outlets (Morgan & Wells, 2016). Many researchers have discussed victimization of domestic violence and intimate partner violence (IPV), but these researchers overwhelmingly study female victims (Morgan & Wells, 2016), and very few regard male victims of this crime. In the current study I instead focused on male victimization and the intervention experiences that they may or may not have had access to. More specifically, the study analyzed the lived experiences of male IPV victims with respect to male victims of female-perpetrated IPV, seeking help from supportive and psychological services, and their experiences of receiving support from those services. Maslow's hierarchy of needs and Peck's gender role strain paradigm guided this study. The purpose of this study was to understand the experiences of male victims of female-perpetrated IPV with regards to experiencing abuse and seeking help.

In this chapter, a synopsis of the research related to the topic will be discussed, as well as reasoning for the importance of this study. The problem statement will be identified, as well as the purpose of the study. The conceptual framework and theories that guided this study will then be defined and will illustrate the relationship between the framework and the research question. The nature of the study will follow, along with

definitions for key terms that are used, and any assumptions that affiliate with this study. The chapter will conclude with the scope of the study, possible limitations, and the implication of probable contributions will be highlighted.

### **Background**

IPV is a substantial public health problem, with high occurrences of instances across all demographics including race, gender, age and sexual orientation (Reuter et al., 2016). IPV is a reoccurring theme in many lives around the country. One in five men encounter physical violence in an intimate, heterosexual relationship (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012). It can be difficult to deviate from the typical scenario that involves a female being the victim and a male being the perpetrator, and it can be hard to differentiate between who the offender and victim are when the roles are reversed. Males may be unfairly judged in these situations as the ones who were the aggressors all along, because they have typically been stereotyped by society as an aggressor as opposed to a victim (Hoff, 2012). Society has ideal criteria of what a victim is and if it is a man, this may make people in the community, as well as the victim, uncomfortable simply because it is different and not the typical situation for IPV (Barkhuizen, 2015). Another aspect to consider when men report IPV incidents with female perpetrators is how the process will work in the criminal justice system if they were to press charges, obtain an order of protection or go and testify as a witness to hold the perpetrator in custody (McCarrick, Davis-McCabe, & Hirst-Winthrop, 2015). Males are equally as likely as females to be victims of IPV, psychological aggression, and

pathological control over sexual health (Hoff, 2012). Male victims are not always eager or willing to report or seek help due to the reoccurring societal stigma that continues to be reported as a factor in IPV (Barkhuizen, 2015).

Researchers have found that male victimization is a reoccurring and now common crime with little contributing research to perceptions of lived experiences and help seeking after their encounters. Whether it be societal stigma, feelings of fear, hopelessness, or embarrassment, male individuals are less likely to report situations when they have been victimized. Even if a male victim reports the crime, researchers have shown that they have been unfairly judged due to males being the predominant aggressor in domestic violence incidents (Hoff, 2012). When seeking services, barriers that have been identified in previous research include perceptions that males do not need services (Barkhuizen, 2015) and that males seeking services are not consistent with their gender role in society (Driber et al., 2013).

Eynon (2015) explored how the lack of emergency services for male victims, and the long-term effects of psychological support and services are not provided in a qualitative study in Hawaii. Eynon found that many emergency rooms had a high number of male victims needing medical attention due to being attacked by their female partners. I found that there were not enough community support services specifically designed for male victims of domestic violence. Not having enough services for male victims also means that they are less likely to learn about coping skills to help them get through a traumatic experience such as IPV.

Another issue that arises with male victims is the fact that many practitioners are not trained to accept a referral with this gender of victim/survivor due to lack of skill set or knowledge. Researchers in England have evaluated training interventions for doctors and nurses to assess how they performed when identifying, documenting and referring male patients who were victims of domestic violence (Williamson et al., 2015). In England, many female victims are referred to their primary care physicians. What happens on the clinician's end was examined in the study, if it were a male patient instead of a female. As part of the study, clinicians received training and took a pre and post-test that included self-report about how prepared they felt to meet the needs of male victims if they were to come in after a domestic abuse situation (Williamson et al., 2015). The researchers showed an increase in clinicians' preparedness to work with male individuals following victimization and ultimately increased their confidence in working with this population after they had been trained on how to work with male victims of this crime (Williamson et al., 2015).

In Canada, some hospitals have sexual assault programs specifically designed to treat victims. Many male victims in a study conducted in Ontario disclosed several vulnerabilities that made them fearful to report their victimization, including being unemployed, on disability, being homeless, or working in the sex trade (Du Mont, Macdonald, White, & Turner, 2013). This applies specifically to men because sexual assault programs are predominately for female victims, so it makes it harder for male individuals to seek help that they do not necessarily know is available.



There are other barriers to male IPV victims seeking services. These have included the dominant perceptions that males do not need services (Barkhuizen, 2015). Also, perceptions of males might be that seeking services is not consistent with their male gender role (Drijber, Reijnders & Ceelen, 2013). Males might not seek services to avoid exposing themselves to worrisome feelings of fear and defenselessness (Durfee, 2011). Given these barriers, it is hard for professionals and stakeholders to provide services to male IPV victims. Yet, the need for services is evident. After children and adolescents exposed to IPV were evaluated, the need for the following interventions were identified: learning coping skills, learning how to self-regulate and having the ability to be exposed to positive interpersonal relationships with others in family, school and the community (Benavides, 2015). Future research is needed to further explore the needs of male victims of IPV and what services they think they need that they may not know exist for them or may not have access to.

### **Problem Statement**

IPV has gone from a growing social problem to a now intolerable crime throughout the awareness and discovery of this societal crisis. Legislature and policies have slowly developed to have effective interventions in the criminal justice system for perpetrators of IPV. With those interventions also came the implementation of formal services and supports for victims of IPV. The topics of gender norms and traditional scenarios about IPV are persistently influencing the public's perceptions of male victims. This is important in order to continue updating and creating new policies and practices to

help this continually growing population (Messing & Thaller, 2014). While much focus is on female victims of IPV, it is still important to support male victims in the same capacity (Dillon, Hussain, Loxton, & Rahman, 2013). Female victims receive assistance and interventions following any form of IPV, and male victims are in need of the same support after this kind of experience (Dillon et al., 2013). Ultimately, the focus on gender continues to be the concern as far as availability of services is concerned.

Many men may not know that there is help and support available to them after being victimized, which makes it unlikely that they will report IPV related crimes. There are also other barriers such as perceiving that their masculinity will be called into question (Drijber et al., 2013). This experience is not typically common for a male individual, so being able to understand and process it can be a concern for the victims. Male victims also wonder what their friends and family would think, what the community would think, and if they could ever return to their relationship or start a new one (Barkhuizen, 2015).

The ongoing setback associated with male victims continues to include the fact that there are not as many interventions and supports available to them as there are for females. There are few data available to describe the experiences of men as IPV victims. If there are services available, there are very few opportunities, spaces, or professionals trained to work with this gender of victim when it involves IPV (Choi & An, 2016). Barriers to seeking help for IPV can include education experience, economic dependence, low self-esteem, reluctance to discuss, and traditional gender roles (McCall-Hosenfeld,

Weisman, Perry, Hiliemeier & Chuang, 2014). Society places an unrealistic expectation on males and how culture portrays men as the head of the house, masculine, and the dominant protector (Barkhuizen, 2015). Gender symmetry continues to be a constant controversy in society because gender roles are essentially grandfathered into the environments that people grow up in, television shows that are watched, and books that are read (Barkhuizen, 2015). Because of this, men may find it more difficult to overcome this perception, and this could contribute to them not trying to access services following victimization. Society pressures are present for men to be potential victims and this makes it crucial that services and agencies become more inclusive for there to be a safe space for all (Drijber et al., 2013).

### **Purpose of the Study**

There is a gap in the research when it comes to understanding the lived experiences of male IPV victims with respect to male victims of female-perpetrated IPV, seeking help from supportive and psychological services, and receiving support from these services. Men may also suffer from physical, mental and sexual abuse in relationships (Reuter, Newcomb, Whitton, & Mustanski, 2016). Male victims suffer from self-doubt and anxiety and may fear that the perpetrator will turn the table and blame them for the abuse. They also fear the loss of necessities such as shelter, food, and money (Barkhuizen, 2015). The purpose of the present study was to use qualitative methods to understand the experiences of male victims of female-perpetrated IPV with regards to experiencing this abuse and seeking help afterward.

### **Research Questions**

The goal of the present study was to understand the lived experiences of a male IPV victims. Participants discussed their experience with being a victim of female perpetrated IPV and their opinions regarding seeking help for services following victimization and about the quality, nature and responsiveness to those services that they received.

Research Question 1: What are the lived experiences of male IPV victims with respect to being a male victim of female-perpetrated IPV?

Research Question 2: What are the lived experiences of male IPV victims with seeking and receiving help from supportive and psychological services?

### **Conceptual Framework**

Two theories informed this study, Maslow's hierarchy of needs and Pleck's gender role strain paradigm (GRSP). Victimology is framed best by considering Maslow's hierarchy of needs. This hierarchy explains the importance of psychological needs and how they cannot be met until safety and other basic needs are achieved first (Wemmers, 2014). This conceptual framework helped to identify other needs that victims have aside from the psychological needs that are usually considered first when trying to support a victim of IPV. In Maslow's hierarchy, the categories of needs include medical, financial, need for protection, need for recognition from the criminal justice system, and the need for support to help them deal with their victimization (Wemmers,

2014). This framework also explains prioritizing primary levels of need depending on the victimization.

The theory of GRSP is focused on perceptions of gender role that typically reflect cultural standards for expectations regarding masculinity. Generally, men are predominantly socialized by their context and culture when considering how to express being a male (Levang & Wong, 2017). Researchers have suggested that there are different perceptions of masculinity, such as a male feeling like he must prove his manhood if he feels pressured or uncomfortable (Levang & Wong, 2017). Gender role strain may occur when the man's actual self-perceptions fall short of expectations that he has for himself. Trauma strain is a variation of GRSP in which men have had particularly harsh experiences with gender role strain. Research has found that men exposed to traumatic experiences tend to restrict their emotionality, as compared to women (Levant & Wong, 2017). Restriction of emotionality, or *alexithymia*, can occur when men are socialized to believe that a man is supposed to keep his thoughts and feelings to himself (Levant & Wong, 2017).

These two theories relate to and informed the current study because the needs of survivors of violence influence the motivation to accomplish certain needs in the hierarchy and the construct of masculinity ideology is a factor in gender roles. These two theories guided the current study by highlighting the relationship between the needs of survivors following victimization in relation to the hierarchy of needs, and the relationship between being a male victim and GRSP.

### **Nature of the Study**

The research methodology for this study was a qualitative method, using an interpretative phenomenological analysis. In this approach, researchers used interviews to explore lived experiences among individuals about a specific phenomenon. I explored similar themes among experiences and used the gathered data to construct meanings that can then be understood by others. This approach emphasizes a focus on individual's subjective experiences and interpretations of the world (Smith, Flowers, & Larkin, 2009). The interpretative phenomenological analysis approach is subjective in nature to clarify specific situations or details if necessary (Ravenhill & de Visser, 2018). This approach focuses on individual experiences does not exclude identifying social discourses to determine how contexts influence experiences (Smith et al., 2009). People make sense of their personal experiences through their own interpretation through the social world, so some stories may be similar but they are translated differently by each person (Ravenhill & de Visser, 2018).

The understanding then happens by the researcher, through the individuals' personal interpretations and recollections of their lived experiences (Smith et al., 2009). The meanings that the individuals attach to their stories help to identify themes that will then influence the direction of the research question. Hypotheses are not tested in qualitative research, so the information from the interviews were used to gain a deeper understanding of the defined phenomenon (Ravenhill & de Visser, 2018). This helped to further develop new ideas and hypotheses for future research.

### **Definition of Key Terms**

*Victimization:* Causing someone to be treated poorly and make them feel adversity, including physical (pushing, slapping, burning), psychological (lack of love, sympathy, remorse, etc), verbal (threats, belittling, harassing), sexual (rape, abuse, forced prostitution) and economic (not meeting needs purposely, not allowed to work, forced to work or do other chores) oppression (Carlson et al., 2017; Taskale & Soygut, 2017).

*Intimate Partner Violence:* Violence inflicted by a spouse or partner in an intimate relationship against the other spouse/partner (Centers for Disease Control and Prevention [CDC], 2017).

*Intimate Terrorism:* Coercive behavior by the perpetrator in the relationship because they control as their form of violence (Johnson & Leone, 2005).

*Situational couple violence:* Violence that occurs in IPV when couples do not have good communication or conflict management skills (Johnson & Leone, 2005).

*Masculinity:* A set of characteristics, qualities, behaviors and roles associated with the male biological sex, which vary across periods of time and cultures (Morgan & Wells, 2016; Peralta & Tuttle, 2013).

*Physical abuse:* Hitting, slapping, kicking and beating (World Health Organization, 2012).

*Psychological abuse:* Abuse that involves insults, belittling, humiliation, intimidating and destroying objects, threatening to harm, threats to take away children (World Health Organization, 2012).

*Sexual abuse:* Abuse that includes violent behavior, forced sexual intercourse and other forms of sexual coercion (World Health Organization, 2012).

### **Assumptions**

Some assumptions were made regarding the study, which are believed to be true and unable to be verified. I assumed that semistructured interviews would generate enough data to answer the research questions that were presented. The participants had to identify as victims of a specific crime and had to have been victimized within a certain time period and meet other demographical qualifications including gender and age. I assumed that they were honest in their self-identification prior to interviewing them. Another assumption included the participants being truthful about their relationship and what happened, regardless of it being embarrassing or inappropriate. It was also assumed that the number of participants for the study would yield enough data to analyze and come to reliable conclusions. The sample size was critical in order to discover and categorize the themes in the data.

I assumed that, despite using a qualitative methodology, I would not be biased and participants were honest in their responses. Therefore, the environment had to be appropriate and as the researcher, I had to ensure that I protected privacy, confidentiality, and that there were no interruptions during the interviews with the participants. I also



needed to make sure that when I asked questions for the interviews that I have a neutral tone of voice during the audio recorded interviews for the participants to comfortably talk with me about their experiences. I contacted the participants after I finished transcribing their interviews in order to confirm that the information I gathered during their interview was accurate.

Help-seeking behavior includes an individual who searches for support services to help their overall mental health. This behavior is defined by an action or activity by someone who believes that they need help, whether that is personal or psychological support in a constructive manner to live a more positive and healthy life (Donne et al., 2018). In this study, I used help-seeking behaviors to refer to formal services being sought out by the participants, including mental health support and law enforcement interactions.

### **Scope and Delimitations**

A qualitative methodology was used to recruit participants for semi-structured interviews to understand the experiences that the individuals faced in their victimization. Participants needed to match certain demographic criteria in order to be included in the study, including being a male, being at least 25 years of age, living in Arizona, must have been exposed to IPV victimization with a heterosexual partner within a certain time period, and must have had either law enforcement contact, intervention contact or both. Homosexual male individuals were excluded because this study focused on heterosexuals

in opposite sex relationships. IPV in a homosexual relationship is a delimitation in this study in order to sustain homogeneity.

In this study, the experiences of male victims in IPV relationships were examined. Only male participants were recruited due to the lack of existing research with this special population. Gender was a delimitation because of the literature focus and research questions this study sought to answer. This type of sampling allowed for thematic findings and analysis among male individuals who shared common traits and variables. This study focused on relationships that ended prior to the study in order to reduce the risk of retraumatizing the participants.

### **Limitations**

The limitations of samples are important to discuss because there were several factors that contributed. Due to there being several types of demographics including culture, speaking good English, and education, the findings of this study cannot be assumed universal to a different population. Specifically, they can only be applied to men who experience IPV in heterosexual relationships. Furthermore, the impact of variables that were not studied here, such as level of education, were not accounted for. Another limitation was that male victims of IPV tend to only seek help in extreme cases (Barkhuizen, 2015). Since I used community intervention services and social media platforms to identify participants, the sample was slightly biased towards more extreme cases of IPV.

When conducting a qualitative research study, bias could affect the reliability and validity of the study (Mantzoukas, 2004). When conducting the interview portion of the study, the facial expressions, body language, tone of voice and even the environment could affect the outcome of the questions being answered (Mantzoukas, 2004). While some of these factors are unavoidable, some physical factors can be avoided, including remaining neutral in tone of voice and body language (Mantzoukas, 2004). It is also important for the researcher to not interject their opinions or personal background to the participant (Mantzoukas, 2004).

### **Significance**

This study was unique because it focused specifically on male victims, which was not a commonly researched topic in IPV. It was original because it examined these men's experiences of accessing help, and this had not been studied before. It is important to understand these experiences in order to better help men seek and receive appropriate services. This research had the potential to help professionals who work with victims to better understand their needs for support and services after identifying as a victim of IPV. This research was able to highlight positive social change by enhancing awareness and understanding whether and to what extent men are aware of services, their perceptions of accessibility and to what extent they experienced issues with help-seeking actions. This research identified the current understanding of what services are still needed for male victims. The goal was to understand men's experiences of female-perpetrated IPV with regards to them experiencing this abuse and seeking help afterward. Positive social

change was affected by learning an insight into men's perceptions of being a victim and identified stigmas around male victimization.

### **Summary**

Existing studies reflect that services and support are mildly available for male victims of IPV, but they are unlikely to seek help or report their victimization. Societal stigma and fear of false accusations are likely restrictions to help-seeking, so it is important to understand how much society perceptions impact these victim's decisions as well as what assumptions victims have regarding law enforcement officers and mental health workers. Little is known about the challenges that these individuals face when deciding to report their victimization and less is known about the experiences they have with law enforcement officers and mental health workers.

The next chapter will provide an overview of the strategies and databases used to search for literature and will discuss the conceptual framework that will guide the present study. The literature reviewed will be outlined and the chapter will be concluded with a summary of all the literature.

## Chapter 2: Literature Review

### **Introduction**

IPV has been recognized as a public health concern, despite debate whether male victimization has the same impact as female victimization (Morgan & Wells, 2016). Male victims do not have as much research dedicated to their trauma and experiences as female victims do in IPV, even though their experience continues to have an impact in criminal statistics every year (Federal Bureau of Investigation [FBI], 2016). Providers of services for IPV victims usually offer safety, shelter, and various supports to those who seek help (Macy, Rizo & Ermentrout, 2013). The goal of these services is to empower victims by highlighting their strengths, helping them realize what resources are available and provide training for skills and self-efficacy so they can move on after their victimization (Macy et al., 2013).

The existing literature cites the lack of research on male victims, which supports the present gap being studied. Current literature cites societal awareness, funding, and lack of professional competency as a few of the key factors that prevent male victims of IPV from having access to the same interventions that female victims are provided (Arnocky & Vaillancourt, 2014; Barkhuizen, 2015; Drijber, Reijnders, & Ceelen, 2013). Some existing literature discusses the rising number of male victims and statistics that support the need for these interventions (Barkhuizen, 2015). Barkhuizen (2015) reported that although these supports are needed, male victims sometimes do not report the crimes due to societal perceptions and personal embarrassment.

Major sections of the following chapter include the literature search strategy, which discusses how the articles were selected and with what databases and keywords, the conceptual framework of the study and the phenomenon being divulged. Following that will be the literature review related to key variables. These studies will show how other researchers with the same or similar inquiry have approached the current problem being analyzed.

### **Literature Search Strategy**

In order to organize and gather peer-reviewed journal articles for this literature review, the following online databases and search engines were used through Walden University databases: PsycINFO, EBSCO, SAGE Publications, Nursing & Allied Health Database, Taylor & Francis Database, and Academic Search Premier. Google Scholar was also used for searching. The key search terms and phrases used to search the mentioned databases included combinations of: partner violence, intimate partner violence, police, male victim, domestic violence, victim, services, IPV/DV, resources, credibility, safety, victim gender, offender, victimization, reporting, men, gender, law enforcement, hierarchy of needs, prevention, stigma, public policy, and help-seeking. These key words and phrases generated beneficial studies that were relevant to the current problem and research questions, and were all published within the last five years, in order to stay current with the newest research available.

### **Conceptual Framework**

The conceptual frameworks that guided this study were Maslow's hierarchy of needs and Pleck's gender role strain paradigm. In this study, the framework of Maslow's Hierarchy of Needs guided discussion on the psychological needs that individuals must attain in order to reach and manage personal safety and basic needs (Winston, Maher, & Easvaradoss, 2017). According to Maslow's hierarchy of needs (Maslow, 1987), there are four needs arranged in a hierarchy of prevalence: physiological needs, safety needs, love and belongingness needs, and esteem needs. Because the pyramid of needs is a tiered model that represents the ideal satisfaction of the needs of humans, people are motivated to achieve many needs. Psychological needs include physical needs such as air, water, and food, which are essential for survival. Safety needs follow physiological needs, such as personal and financial security, health, and well-being. Love and belongingness identify the need for friendship, intimacy, and family. Esteem needs describe a person's need for respect, self-esteem and self-actualization, which is dependent on personal growth and aspiring to whatever an individual would like to become (Maslow, 1987).

However, the needs of human beings could be limited or threatened in certain situations. Deprivation is not always threatening to people who have learned to cope with their deprivation, whether forced or voluntary (Winston et al., 2017). Instead, needs must be mastered when other needs are not being threatened in any way (Winston et al., 2017). The relationship between need gratification and a person's wellbeing is heavily influenced by environmental factors (Maslow, 1987). Cognitive needs are also important

to consider when discussing the hierarchy, such as desiring to know and understand things, although this was never in the five needs as described by Maslow (Guest, 2014). Victimization of any crime can cause individuals to question why it happened to them to make sense of the situation, so this deprivation could impact the five needs in a negative way (Guest, 2014). These two theories relate to and informed the current study because the survivor needs of victims influence the motivation to accomplish certain needs in the hierarchy and the construct of masculinity ideology is a factor in gender roles. These two theories guided and informed the study by highlighting the relationship between survivor needs in relation to the hierarchy of needs, and the relationship between being a male victim and GRSP.

There has been an increasing focus on men in terms of psychological research. The meaning of being a man was researched, to then create the term *masculinity* (Pleck, 1981). Gender role norms are defined as socially and psychologically endorsed behaviors that align with socially constructed ideas about being either male or female (Levant, 1996). GRSP, developed by Joseph Pleck, is an approach to gender role research in which masculine gender role discrepancy strain has a negative relationship with self-esteem (Pleck, 1981). Through a learned socialization process, male individuals learn how to carry out expected norms of being a masculine man in their said culture (Pleck, 1995). This perspective that is said to be the standard *normal* describes the paradigm and research on masculinity (Thompson & Pleck, 1995). The psychology of men and masculinities is important in this study because many reasons that male victims



do not report IPV include their personal embarrassment and perceptions about a male's implied responsibility and expectation in societal structures (Barkhuizen, 2015). This paradigm states that there are many ways of "being a man" but they are not always equal due to relationships between various masculine types of power and struggles for dominance (Wetherell & Edley, 2014). GRSP regards masculinity in social aspects, such as identity complexes-ethnicity, social class and familial roles, in order to analyze individual affiliations (Wetherell & Edley, 2014). Levant and Richmond (2007) stated that GRSP advocates male gender roles in a variable context due to social location and culture influencing what masculine norms look like across various demographics.

#### **Literature Review Related to Key Variables and Concepts**

An extensive search of literature about male victimization, needs and challenges, services available and law enforcement involvement revealed adequate studies for review. The key sections of this chapter will highlight areas including experiences of male IPV victims, males as IPV victims including the issues and challenges they face, the similarities and differences that male victims face with law enforcement compared to female victims, services currently available to men and what services are available to male victims compared to female victims. Finally, a summary of the key research findings regarding male individuals will be reviewed in order to identify issues, challenges, and needs.

Defining IPV is significant to understand the type of crime that is presently being researched. IPV is defined in different ways by several different organizations. The

National Coalition Against Domestic Violence (2015) stated, “IPV is violence inflicted by a spouse or partner in an intimate relationship against the other spouse/partner, while domestic violence can be perpetrated on and by any person in a relationship, including family and intimate relationships” CDC defined IPV as “physical, sexual, or psychological harm by a current or former partner or spouse” (p. 1, 2017). CDC goes on also stated that IPV happens with couples, regardless of sexuality, and that it is a preventable public health problem that continues to affect millions of individuals in the United States. CDC aims at preventing IPV before it begins and advertises programs that teach skills to people about dating and relationships in order to try to prevent violence.

### **Types of Intimate Partner Violence**

While classifications and types of violence differ based on the researcher and what outlet is reporting crime data or statistics, IPV is associated with many aspects of violence and abuse. IPV has been defined by researchers to describe the types of abuse attributed to it as physical, sexual and psychological, with negative long-term outcomes such as physical, emotional and economic (World Health Organization, 2012). Physical abuse includes hitting, slapping, kicking and beating; sexual abuse includes forced sexual intercourse and other forms of sexual coercion and emotional abuse which includes insulting, belittling, humiliating, threatening to harm, intimidating and threatening to take away children or money (World Health Organization, 2012). Since IPV has become a heavily researched topic over the last several years, many classifications of violence have been identified based on connected characteristics. Some of the characteristics that have

been used to classify IPV include the frequency of violence, the nature of the violence, psychopathology of the victimizer, and factors related to the victims (Carlson & Jones, 2010). Frequency violence refers to the length of time that the violence was going on, nature of violence includes mutual or specific gender and nonviolent control persuasions, psychopathology of the victimizer includes depression, substance abuse, and anxiety and factors to the victims include fear of the perpetrator and feeling helpless (Carlson et al., 2017).

Situational couple violence is another type of violence that occurs in IPV, where couples do not have good communication or conflict management skills (Johnson & Leone, 2005). Intimate terrorism is also a type of IPV by Johnson and Leone (2005) due to coercive behavior by the perpetrator in the relationship, because they control as their form of violence. Situational couple violence is different than intimate terrorism because it is not as severe as intimate terrorism, it seldom intensifies to more severe abuse and does not include injuries that would lead to hospitalization (Leone, Lape & Xu, 2013). Weapons, such as knives and guns, could also attribute to violence in IPV relationships. “Women in the United States are more than twice as likely to be shot and killed by their male intimate as they are to be fatally shot, stabbed, bludgeoned, strangled, or killed in any other way by a stranger” (Sorenson, 2017, para 2). Federal laws have since made it so that individuals who have orders of protection or injunctions against harassment filed against them, as well as domestic violence misdemeanor charges are not allowed to purchase or possess firearms (Sorenson, 2017). The different types of violence described

above are part of the experiences of male victims of IPV, which are effects of IPV, and will be reviewed next.

### **Effects of IPV**

The effects of IPV can include terrible long-term consequences for victims in many ways, including PTSD and aggression, physical or verbal. Aggression can be an effect of IPV due to the individual leading up to hostile and aggressive behaviors or reactions (Hines & Douglas, 2011). These effects can be worse for male victims as opposed to female victims due to there being less support as there is for female victims of the same crime (Hines & Douglas, 2011). In this study involving female victims of IPV, researchers have found that physical IPV leads to symptoms of PTSD (Hines & Douglas, 2011). Hines and Douglas conducted a study in 2011 after it was noticed that IPV and PTSD among women has been studied, but little research was available regarding male victims. The Hines and Douglas study showed evidence that PTSD is a concern for males who are involved with IPV and seek help through hotlines, domestic violence agencies, police, mental health, medical professionals, lawyers and ministries) for their needs. The physical assault from their partners that could result in feelings of shame, anger and self-blame, which revolves back to the victim being affected by PTSD symptoms (Hines & Douglas, 2011).

Hines, Douglas, and Berger (2015) studied the aspect of aggression forms of IPV, including legal and administrative. Aggression is sometimes internalized after violence is experienced, which could affect how people perceive future events or interactions, such

as working environments or outings with family (Hines et al., 2015). Relating to appropriate coping strategies is important in daily activities too, such as mediating disagreements, and interacting with people day to day. This type of aggression occurs when a partner manipulates the legal systems to harm the other partner. The researchers developed a scale to measure the legal and administrative aggression within IPV and used it with male victims who were either in a relationship or had recently gotten out of it and found that the reliability and validity was successful. The scale measured variables with a questionnaire in order to gather information about their demographics, aggressive behaviors that the female partners used, their mental and physical health, and child involvement if applicable (Hines et al., 2015). Results showed that perpetrators threaten the victim in the relationship with legal outcomes such as divorce, money and children. The researchers suggested that the legal system should be aware of the types of abuse and violence that victims endure should be considered when they are going through legal implications (Hines et al., 2015).

### **IPV Statistics**

Due to IPV experiences being underreported by male individuals, the following statistics are only a small part of the bigger picture of this crime. Minimal statistics are available in the United States regarding male victims of IPV, but the following were found. One in 4 men have reported being physically abused (slapped, pushed, shoved) by an intimate partner in their lifetime (Black et al., 2011). One in 7 men have reported being severely physically abused (hit with a fist or hard object, kicked, slammed against

something, choked, burned, etc.) by an intimate partner at some point in their lifetime (Black et al., 2011). One in 10 men in the United States have experienced rape, physical violence, and/or stalking by an intimate partner; and reported at least one measured impact related to experiencing these or other forms of violent behavior in the relationship (being fearful, concerned for their safety, symptoms of post-traumatic stress disorder, need for healthcare, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services need for legal services, missed at least one day of work or school) (Black et al., 2011). Nearly half of men have experienced at least one psychologically aggressive behavior (being kept track of, insulted or humiliated, or felt threatened by partner's actions) by an intimate partner in their lifetime (Breiding, Chen, & Black, 2014). Four in 10 men have experienced at least one form of coercive control, including isolation from friends and family, manipulation, blackmail, threats, and economic control and exploitation by an intimate partner in their lifetime (Breiding et al., 2014). Eight percent of men have experienced sexual violence other than rape, such as being forced to penetrate someone, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences, by an intimate partner at some point in their lifetime (Black et al., 2011). According to Bridges, Tatum, & Kunselman (2008), 1 in 20 (5%) of male murder victims are killed by intimate partners. These statistics quantify the current problem being explored due to the numbers being more than five years old and further showing that males continue to be victimized in intimate relationships.

### **Experiences of male IPV victims**

Some predictors of IPV help to characterize victim experiences, including interpersonal dynamics, aggression, perceptions of provocation, rejection, impulsivity and instigation (Overup, Hadden, Knee, & Rodriguez, 2017). Interpersonal dynamics affect people's behaviors and could lead to aggression if someone feels attacked (Overup et al., 2017). Because aggression is reactive, it could also cause provoking behaviors or feelings of rejection. Those feelings, paired with aggression are more reactive, which could also cause impulse reactions depending on the situations (Overup et al., 2017).

The role of law enforcement officials is extremely important in the overall experience after victimization has been reported, because they have to start the process of connecting the victim to their internal victim assistance program (Addington & Perumean-Chaney, 2014). One study examined the attention that police officers pay to victims and identified why it is important to tie details that victims describe from their encounter, to characteristics of IPV. Characteristics include mutual partner violence, perpetrator arrest to prevent re-victimization, alcohol use during IPV incidents, social economic status and psychological effects (Addington & Perumean-Chaney, 2014). The study found that it is important to acknowledge sex differences in IPV instances and that police personnel should understand what prevention measures should be in place depending on the victim and what characteristics they were affected by during their victimization (Addington & Perumean-Chaney, 2014). Further, the participants reported that men just want to know they are supported and that there are services available to help them after their situation.

Although IPV is recognized as a public health concern, conversation continues regarding female and male violence and whether it has the same impact as the other in terms of severity and attention (Morgan & Wells, 2016). Victims can be affected in an assortment of ways including isolation, intimidation, threats, use of children, victim blaming, financial abuse, and emotional and physical abuse (Morgan & Wells, 2016). When any of these variables are present, the victim does not always feel like they have the upper hand to stand up for themselves or get out of the situation, even if they are males. Researchers indicated following interviews with seven male participants who were in self-defined abusive relationships, that they identified themselves as victims, they were victims of controlling abuse, they were manipulated and they felt that due to their stereotypically strong gender, the situation was not tipped in their favor when being viewed as a victim (Morgan & Wells, 2016). Men are socialized to not express their feelings or see themselves as victims, which is due to the culture's constricted definitions of gender. Men may feel discouraged to talk about their personal situations or that they will not be believed (Morgan & Wells, 2016). Stereotypes about women being victims and men being the predominant abuser is a factor in male victims not thinking they will be understood or believed to be the victim. Researchers stated from this study that a lack of support for male victims stems from societal expectations of masculinity and stigma that weighs on male victimization (Morgan & Wells, 2016). Perceptions of gender play a factor in how victims are viewed in society and through other bystanders, including the public perception and law enforcement officials.



### **Help-Seeking Behavior in Men**

Male individuals sometimes find it difficult to seek help following victimization due to masculinity and perception issues, which also makes it difficult to identify that they are victims (Wallace, 2014). Help-seeking then becomes even more difficult for victims to take advantage of. Understanding help-seeking and treatment and services available following victimization is important for male individuals who are affected by IPV because it affects their intervention experiences. Wallace (2014) examined the potential challenges that agencies may have when providing services for men. The mixed methods study identified these challenges through qualitative interviews and a quantitative survey that were sent to agencies around the state. Some of the fourteen challenges identified through this study included funding, societal views and acceptance of males as victims, understanding the needs of male victims, determining if the male is the victim or the abuser, and lack of research that identifies needs of male victims of IPV (Wallace, 2014). Lack of funding was the biggest challenge identified due to funds being needed to provide services to victims, both male and female. One participant in the study stated that when funding is lacking, the ability to have specialized services, such as therapies, becomes difficult to continue. Societal views was another challenge because as people perceive females as the primary victims of IPV, it affects agency's decisions and abilities to provide services to both male and female victims of violence. Participants reported that some agencies have different perceptions and attitudes about male victims, that shelters and services would need to be divided if female victims were present and

they weren't comfortable around males, and that society views males as the predominantly stronger partner in a relationship (Wallace, 2014). The third most commonly mentioned challenge was the fact that not all agencies are prepared to work with male victims due to staff not being properly trained and that they simply only serve female victims. One participant in this study noted that they believed that many agencies have a feminist view when providing services, which would lead them to believe that male individuals could never be victims of this crime (Wallace, 2014). While perceptions are merely opinions, they play a huge role in providing services to people.

System intervention is required on many levels following the report of IPV situations. Police involvement in the incident results in arrest and prosecution if desired, and the victim then has automatic rights and access to a victim's advocate and a variety of services, including emergency shelter, therapeutic interventions, and safety planning and compensation (Johnston, & Ver Steegh, 2013). Those services that are available to female victims of IPV are not widely available for male victims of the same crime though. Some evidence suggests that women are more likely to report their violent acts as opposed to men (Hester, 2013). However, previous literature has stated that men are extremely ambivalent in seeking help following victimization, unlike females, due to it not adhering to social norms and ideologies relating to general masculinity (Berger, Addis, Green, Mackowiak, & Goldberg, 2013).

### **Males as IPV Victims: Challenges with Law Enforcement**

Law enforcement plays a part in the victimization aftermath and can affect how victims choose to react and respond to their traumatic event. Exploring the reaction of police officers when male victims report the incidents of violence is beneficial in order to understand how victims feel about law enforcement involvement and if it affects the situation in any way (Barkhuizen, 2015). For this specific study, battering was defined as a form of domestic abuse, hitting, but refers also to a pattern of violence and coercive behavior in order to become in control in an intimate relationship (Barkhuizen, 2015). Barkhuizen (2015) used a qualitative explorative methodology to describe the experiences of five male victims who encountered physical and emotional abuse in a marriage or cohabitating relationship with their female partner. The conclusions of this study reported that social values correlated with lack of acceptance of male abuse and battering (Barkhuizen, 2015). The author reports that the domestic violence debate emphasizes gender and physical size and strength instead of attitudes of the individuals who use violence and abuse in their relationship. Due to lack of law enforcement training, the author suggests that police training should emphasize male battering subject and also discuss emotional, sexual and physical abuse that could happen in these relationships (Barkhuizen, 2015). The author concludes by stating that male victims will be recognized and able to start the healing process once the criminal justice system takes male victimization seriously.

The male perception of reporting personal victimization plays heavily on how they think law enforcement officials view them. The aim of a questionnaire used among

male victims of domestic violence and IPV in the Netherlands analyzed their experience both psychologically and physically, when the female was the perpetrator (Drijber et al., 2013). Participants disclosed that the biggest reason their incidents were not reported was because they believed law enforcement officials would not take their story seriously, and they did not want to subject themselves to that kind of situation and possible embarrassment or persecution (Drijber et al., 2013). The men in this study further noted that they did not feel comfortable reporting because they did not want to be accused of being the perpetrator as opposed to the actual victim (Drijber et al., 2013). Of these victims, none reported to the police due to feeling like they would not be taken seriously, but at least half of them shared their experiences with others who were close to them because they did not feel like they would be judged or ill-treated.

Researchers examined the sex difference perceptions of male victims compared to female victims (Arnocky & Vaillancourt, 2014) in order to see if gender played a role in the stigma of help-seeking actions. The perception of males in today's society shows dominance and control, but it can quickly turn into self-defense or wrongful accusation depending on the situation and the on scene perceptions of the first responders (Arnocky & Vaillancourt, 2014). This study recruited 166 undergraduate university students who served as participants, 89 female and 77 male, who were in a heterosexual dating relationship at the time of participation (Arnocky & Vaillancourt, 2014). Participants reported more negative views toward male victims as compared to female victims, because they did not view the aggressive acts as abusive to that gender (Arnocky &

Vaillancourt, 2014). The abusive acts defined in the study relate to the perception of IPV among males due to the societal stigma regarding male individuals and what they should be able to accept or handle as a man (Barkhuizen, 2015), which could also influence seeking treatment due to feelings of embarrassment or shame (Drijber et al., 2013). Experiences with victimization in the participants' current relationships, it was found that males and females both reported being targeted with different types of aggression, including physical, sexual and psychological (Arnocky & Vaillancourt, 2014). The findings of this study showed how male and female victims are perceived with partner aggression, which affects minimization and help seeking (Arnocky & Vaillancourt, 2014). The affects of such perception could also impact intervention aids for these victims.

Much of the literature reviewed for this study shows that male individuals who are affected by IPV largely feel that they are not taken seriously as victims due to negative law enforcement interactions (Morgan & Wells, 2016), societal perceptions and personal embarrassment (Barkhuizen, 2015). Being the actual victim (Driber et al., 2013) would also signify that cultural and societal norms are not always the normal for IPV crimes. Sometimes victims are reluctant to report their incident because of previous experiences with law enforcement, which also hinders the ability for services to be recommended to victims, regardless of gender.

Research regarding male victims' experiences of the Criminal Justice System in the United Kingdom after they had been victims of female-perpetrated IPV indicated

several themes that were faced by the victims while working with the system for justice (McCarrick, Davis-McCabe, & Hirst-Winthrop, 2016). The study conducted interviews with six males aged 40-65, unstructured and face-to-face to understand their experiences with the criminal justice system (McCarrick et al., 2016). The emerging themes were guilty until proven innocent, masculine identity, psychological impact and light at the end of the tunnel (McCarrick et al., 2016).

The first theme, guilty until proven innocent, involved details from each participant about how they felt like even though they reported their incident as a victim, they were treated like a perpetrator, which made them feel like they were not believed and not being heard (McCarrick et al., 2016). The second theme, masculine identity, discussed the participant's perception on their gender and how that influences their experience on top of the expectation that society, including professionals, has about male victims of IPV (McCarrick et al., 2016). The third theme discusses the psychological impact that resulted due to the victimization, including PTSD, feeling like their life and world were over, and triggering the perpetrator to inflict the violence (McCarrick et al., 2016). The last theme positively discussed the light at the end of the victimization as the participants described being able to move on from the incident and form new experiences and new relationships, while also reflecting on the motive of the perpetrator and accepting what happened (McCarrick et al., 2016). The study supported their original theory that IPV is a human issue and not specifically a gender issue, and also pushed the idea that society must alter their mindset of male victims in order to get rid of the

stereotype and raise awareness (McCarrick et al., 2016). Embedded ideas in society are hard to break after the mindset has been constant for so long and the awareness needs to change not only society, but also professionals who work directly with IPV victims.

### **Comparison of Experiences in Male and Female Victims**

Domestic violence and IPV situations create a lasting effect on the victims involved and over the years, services have become available to help these individuals. Research on IPV within the last 10 years has spanned to include different genders and sexualities of victims due to this crime not being solely perpetrated on female victims. Female victims of IPV have access to victim services following their victimization including emergency and temporary housing, legal assistance, counseling, groups and ongoing advocacy as needed (Jonker, Sijbrandij, van Luitelaar, Cuijpers & Wolf, 2015). One of the challenges that has been identified through recent research involves the fact that services are not as available to male victims as they are to female victims for a range of reasons. This impacts male victims trying to seek help because not only are services limited for this population, they also may not know about services available following victimization due to the sole focus of female victims and domestic abuse. Whether it is due to professionals not being trained to work with male victims, funding, or that locations are not divided between genders, the reality is that this is a continuing problem for male victims and service providers that has yet to be fully acknowledged and worked on.

IPV intervention has its fair share of progress and challenges that continue,

despite the growing number of victims. Safe houses are funded and built as emergency shelters for victims who had nowhere to go following their victimization (Messing, Ward-Lasher, Thaller & Bagwell-Gray, 2015). The problem with this service specifically is that they are majorly devoted to female victims. Shelters are the primary point for victims to receive emergency and transitional housing, therapy, support groups, victim advocacy support, legal advocacy and ongoing resources (Messing et al., 2015). Without the bridge, most victims do not know that these services are available for them, including male victims. In a single day in 2013, the National Census of Domestic Violence Services reported that domestic violence agencies served 66, 581 survivors, 36, 348 needed emergency shelter or transitional housing, and answered 20, 267 hotline calls (National Network to End Domestic Violence, 2013). These statistics were not broken up based on gender of victim. Services that are available to female victims of IPV are not as widely available for male victims of the same crime. Many organizations provide services to female victims only, which causes a problem for male victims if they were to report their victimization. Reasons that services are not available for men include staffing availability, competency and lack of space (Barkhuizen, 2015).

### **Services Available to Male Victims following Victimization**

There are many services that are available to victims following their reported victimization, which are provided through victim's rights, victim's compensation and community supports and resources. A few types of services available include legal assistance, counseling support, emergency temporary or long-term housing, and general



victim assistance support. Police departments implement in-house victim advocate units, which makes it easier for reported incidents to be followed up on because advocates make calls to those who are listed as victims. Once a crime has occurred, police officers are required to provide a copy of the victim's rights for that particular state. Some rights are automatic, such as being provided the police report number and to have the court order restitution, and some rights have to be requested, such as receiving a copy of the suspect's release from custody conditions and to be given notice of the suspect's release (Arizona Judicial Branch, 2017). Advocates are available to support and assist victims and help offer resources to get them through the traumatic experience (Arizona Judicial Branch, 2017).

Legal assistance is not as difficult to find because most legal advocacy centers do not offer services specific to gender, but more toward certain crimes (Machado, Santos, Graham-Kevan, & Matos, 2016). There are different types of court proceedings that could occur after an IPV situation, including criminal court or family court, depending on if protection orders are needed or children are involved. Court systems have recently responded to the IPV problem that becomes more and more dangerous each day, and they work with victim advocacy units to support individuals and families during their time of need (Johnston & Ver Steegh, 2013).

Counseling support, whether individual or group, is the hardest service to come by as a male victim (Hogan, 2016). A large majority of these types of therapeutic support are available only to female victims, which severely limits male victims to not having

options. If an agency does offer counseling for male victims, it has been found that competency of the worker is not as strong or effective as that of a professional leading a female group (Berger et al., 2013). The nature and means in which help is offered to men could also have the impact of influencing their openness to seeking help (Berger et al., 2013). Some evidence suggests that men react more positively to psychotherapy because it places an emphasis on self-reliance and autonomy, which will help to decrease the stigma (Berger et al., 2013). Very limited articles have been published with detailed research about counseling interventions for male victims of IPV.

Similarities and Differences: Services available to male victims compared to female victims

While limited interventions seem to be present for male victims to receive, other populations have similar and different challenges to obtaining services too. Many individuals live with IPV histories and emotional problems are reported including depression, anxiety, and PTSD (Mertin, Moyle, & Veremeenko, 2015). Another service that is available and often provided to victims of IPV is temporary or emergency placement and housing. Many survivors seek placement and housing for a variety of reasons, whether that be temporary for safety purposes and to find another place to live, or long-term in order to get help as a result of the trauma and having no place to go (Sullivan & Virden, 2017). Some victims stay in shelter for a short few days, while others have to stay for many months or even a year or two in order to be sufficient on their own. The problem that arises with this service though unfortunately is that there are

not an unlimited number of beds available for victims and their families (Sullivan & Virden, 2017). Many shelters are also restricted to female victims and their children, and there are not shelters available for male victims of IPV. Shelter stays have been studied to determine if the length correlated with the victims' needs, what help they received and what benefits came out of the services they were participating in (Sullivan & Virden, 2017). Results of the data analysis showed that the length of stay was related to the number of needs that the victim reported when entering the shelter placement, but the length of their stay did not relate to the benefits that they got from their services (Sullivan & Virden, 2017). The results of this study also supported the fact that shelters are a very beneficial support that address many needs of IPV victims and suggests that more shelters and beds should be available if feasible. Without these treatment and support options available to male victims, their intervention experiences may not have as big of an impact on recovery or coping following victimization (Morgan & Wells, 2016).

There are many forms of therapy available for victims of IPV that have proven to help with trauma and other psychological symptoms following victimization. Cognitive behavioral therapy (CBT) for example, is used with a trauma informed care approach and emphasizes group norms in a therapeutic setting including respect, accepting others, maintaining confidentiality and accepting feedback (Lothstein, 2013). This study in particular found that CBT in the group setting helped to reduce symptoms including PTSD, depression and anxiety (Lothstein, 2013). Group interventions are proven effective and ineffective, depending on severity of symptoms, willingness to

participate and re-victimization. One study used a self-report psychological assessment with a pre-test, post-test and follow-up in order to measure the impact of an 8-week long female only group (Santos, Matos, & Machado, 2017). Results showed that the group had a positive impact because re-victimization was decreased and the participants found a need to make sure that IPV and its affects were legitimized (Santos, Matos & Machado, 2017). The group also promoted self-esteem and social support, which decreased instances of ineffective results due to having a support system after the group was over.

### **Research Methods**

This qualitative study followed semi-structured interview techniques in order to interpret the answers that were gathered from the interviews with the participants. The phenomenological approach provides an insight into understanding the participants' lived experience so they can go into detail once a question is asked during the interview (Smith, Flowers & Larkin, 2009). Research pertaining to male individuals affected by IPV has not produced specific directions for conducting research on the population. This type of research did not yield many results to begin with, so the few that were found were slightly older than five years. Many of the studies reviewed for the entire literature review used a qualitative phenomenological approach due to the need to account for lived experiences and opinions about the individual stories from both male and female victims.

Similar research methods were used in a study to interpret students' perceptions and attitudes towards male victimization. Male victims often times receive negative and very hostile reactions following victimization and are typically not believable and feel

humiliated afterward (Javaid, 2017). Implications such as blame and fault left these male victims suffering from pain and shame due to there not always being physical evidence to convince local law enforcement of their stories after they responded to the crime (Javaid, 2017). Other research was found that considered counselor's experiences that worked with male victims of female-perpetrated violence.

In this qualitative study, researchers explored barriers that victims faced when being assessed or treated by professionals through an online survey questionnaire (Simmons, Lindsey, Delaney, Whalley & Beck, 2015). The professionals identified eight clusters in order to explain complications that female IPV victims face when attempting to get help. The questionnaire helped to identify ways to identify barriers that were currently being faced which would help to create new theories and make sure future research has a path to continue on.

When trying to understand these professionals' interactions, a qualitative design was used and researchers performed a semi-structured interview by way of snowball sampling (Hogan, Hegarty, Ward, & Dodd, 2012). An interpretative phenomenological analysis was used in order to provide an open dialogue for the participants to feel comfortable with while being interviewed by the researchers. Open-ended questions were used so the participants could provide as much or as little detail as they felt comfortable with divulging about their experiences.

The above-mentioned studies are very similar to the path that the current research study will attempt to examine which supports how relevant the selected research method

is. The studies report that the qualitative phenomenological approach with semi-structured interviews is beneficial in order to understand lived experiences for victims while trying to maintain a comfortable and safe environment during the interviews.

### **Summary of key research findings that pertain to males**

After an extensive review of existing literature, it is apparent that there are some issues, challenges and needs in this area pertaining to male victims and their experiences with IPV that need to be catered to. The main issue with male victims of IPV is that there are services available for female victims of IPV, but there are very limited services available for male victims. Services include counseling, group interventions, legal assistance, victim advocacy, safety planning and short or long-term housing and placement. Many agencies and providers limit their services to female victims due to societal trends, comfortability among staff, competency, or lack of funding which presents a challenge when male victims do seek services. Some male victims of IPV do not know that services are available to them following victimization, while others do know that there is help but are afraid to seek it due to a masculine perception being culturally appropriate.

Many male victims do not have a decent experience with law enforcement and the court system after a victimization, which negates them from seeking help or services or even thinking that anyone would believe that they are the victim, unlike the traditional female victim in most cases. A lot of research reviewed suggests the need for societal changes in mindset regarding IPV victim's demographics, as well as more funding,

competent professionals and general awareness for all individuals who come into contact with victims of IPV, including law enforcement. A lack of support for male victims needs that there is a lack of understanding of their victimization and a gender sensitive approach could be implemented to address gender in society.

### **Summary and Conclusions**

In all, the existing literature shows that male victimization has been identified as a subject that deserves attention. A small portion of the literature relates to the specific experiences of male victims, and really only focuses on the fact that it is a public health concern and something that should be looked into, but does not account for the phenomenological approach. This literature has also made many ties to female victimization, which further enforces the need for a stronger research dedicated to males. Services are not as readily available for female victims as they are to male victims for reasons including lack of funding and that professional staffing is not adequately trained and lack of awareness.

The existing literature has confirmed the needs that male victims have and shows great potential for growth as far as understanding, services and awareness. Male victimization in IPV relationships could use a gendered analysis so that it can be properly evaluated from various angles. This study helps to fill the research gap by addressing why interventions are not as widely available to male victims, what their experiences from this crime look like, and what needs they have following victimization, while trying to understand the impact that law enforcement plays in the overall picture. The next

chapter will discuss the methodology plan, including the setting, population sample, instruments and the analysis that will be used for the study.

## Chapter 3: Methodology

### **Introduction**



Help-seeking interventions are not as available to male victims of IPV, compared to female victims, and it is not fully known what needs that these individuals have following exposure to this crime and victimization. Seeking help or support after a victimization occurs can be a difficult decision for men and women but can be more difficult for men due to gender norms and legitimacy of consent concerns (Donne et al., 2018). The lived experiences of male victims have not been studied enough to understand what could be useful in the healing process. Due to minimal studies regarding male individuals as victims of IPV (Flanagan et al., 2014), it is difficult to understand the level of physical, mental, and sexual abuse (Reuter et al., 2016). The purpose of this study was to understand the lived experiences of male IPV with respect to male victims of female-perpetrated IPV seeking and receiving help from supportive and psychological services. This helped to address the gap in literature by understanding the experiences of male victims with regards to experiencing this abuse and seeking help afterward.

In this chapter, the methodology of the study will be explained. The research design and rationale will be discussed, followed by the researcher's role in the study. The study's methodology will be described next, along with issues of trustworthiness and how to address possible concerns in the study. Lastly, ethical considerations will be described as applicable to the study.

### **Research Design and Rationale**

The goal of the study was to understand the lived experiences from male victims of IPV. The research questions are:

Research Question 1: What are the lived experiences of male IPV victims with respect to being a male victim of female-perpetrate IPV?

Research Question 2: What are the lived experiences of male IPV victims with seeking and receiving help from supportive and psychological services?

### **Central Phenomenon of the Study**

The central concepts of this study were male victimization, lived experiences, and help-seeking behavior. I defined male victimization to describe male individuals who have been exposed to trauma in an intimate or romantic relationship, and for the purposes of this study, the relationship had to have been over for at least one year. Victimization is defined as making someone feel adversity, such as physical, psychological, verbal, sexual, and economic oppression (Carlson et al., 2017). The relationship had to have been over for at least one year in order to decrease the likelihood of exposing the participant to trauma or mental health symptoms, such as PTSD or depression (Enyon, 2015), during the data collection process.

Lived experiences are very personal to individuals and the encounters that have shaped their existence. Social norms, labels and attitudes between society and individuals can affect experiences and taint outcomes due to stress, perceptions, and responses by others (Carver, Morley, & Taylor, 2016). For this study, lived experiences included mental, physical, and emotional distress as a victim of IPV. These experiences

were described first-hand by participants in order to understand their personal interactions following their victimization.

### **Research Tradition**

This qualitative study used the phenomenological approach, specifically the interpretative phenomenological analysis research tradition (Mantzoukas, 2004). Researchers use interviews to explore lived experiences in this approach in order to understand a specific phenomenon that individuals have been exposed to (Smith et al., 2009). The personal meaning that these individuals describe helps to subjectively interpret their stories as they try to make sense of their experiences in the social world (Ravenhill & O. de Visser, 2018). This analysis included me, as the researcher, adding my own estimation based on existing and current literature pertaining to the subjects. I interpreted the stories in a dual process sense, where they are trying to understand while the participant is also trying to make sense of what they experienced (Smith et al., 2012). As the researcher, I confirmed accuracy of the stories that were told by the participants with them by following up after the interview, so they could confirm that their experience and thoughts were relayed accurately for data analysis.

### **Rationale**

Qualitative research is interpretative and specific to context and does not focus on statistics to gather data. A smaller sample size is used instead of larger, like a quantitative study does, in order to find theories that can transfer to future research (Mantzoukas, 2004). Hopefully through this study, some readers may think about their

own experiences and how and if they sought help after their victimization. Current literature has shown that help-seeking behavior is heavily reliant on societal expectations and norms, such as being labeled weak or not being taken seriously by law enforcement or other people (Donne et al., 2018). Because male individuals are less likely to disclose their victimization, they are also less likely to receive supportive services because no one knows about their experience (Haegerich & Hall, 2011). This conclusion can be understood by using a qualitative method that will analyze individuals' perceptions of their lived experiences (Smith et al., 2009).

Other methods of qualitative research include ethnography, narrative research, biography, case studies and grounded theories (Creswell, Hanson, Clark & Morales, 2007) but none are proper for the present study due to not using observable social groups, not needing to chronologically connect narratives, not needing to generate a theory, not being able to identify deeper understandings of responses from interviews and not analyzing experiences over time as opposed to identifying meanings (Creswell et al., 2007). The phenomenological method best suited the lived experiences focus of this study.

### **Role of the Researcher**

I was the only researcher in this study, so I was responsible for collecting the data through interviews, as appropriate in phenomenological analysis (McVey, Lees, & Nolan, 2016). In interpretative phenomenological analysis as the researcher, I made detailed notes of questions and statements I discussed with the participants outside of the

interview questions, including my responses to the participants in order to analyze all aspects of the interviews (McVey, 2009). I interviewed my participants in a semi-structured tradition, via Skype and sent two interviews via e-mail and then analyzed the data on my own.

The participants were recruited through community support centers in Arizona, as well as law enforcement agencies and social media platforms. There were no concerns of dual relationships. I did not have incentives for the participants who choose to participate. My interactions with each participant were thorough and as similar as possible to the others, in order to gather an in-depth insight into their lived experiences as male victims of IPV and what their intervention story looked like.

My personal and professional viewpoint needed to be acknowledged due to my previous work with victims of domestic violence, both male and female individuals. My work with victims of domestic violence lasted for about three years and ended in early 2017. I ensured that my personal experiences with this population did not bring any bias into my research. I held myself accountable and made certain that I had no expectations in order to not sway the data that I collected. It was important to take a step back and self-assess my bias throughout the process, so I was objective during data collection and interpretation of the results. I typed my thoughts and notes during the data collection process with the participants in order to remember everything as accurately as possible while I was transcribing the results. I anticipated that because this experience was traumatizing and difficult for individuals, that some of the participants had a hard time

feeling comfortable or wanting to open up right away during the interview. I thanked each participant for their willingness to speak with me about their experience and expressed empathy and understanding to the participants to make them feel as comfortable as possible while building rapport with them.

## **Methodology**

### **Participant Selection Logic**

The population of interest was heterosexual male individuals who had been a victim of IPV. Purposeful sampling was used in this study because participants were recruited who provided in-depth and detailed information about this specific phenomenon (Creswell, 2007). Participants had to meet certain criteria to participate. The participants were selected based on being at least 25 years old, out of their victimizing relationship for at least one year and had to be able to speak and understand fluent English. It was important that participants met the criteria for eligibility because these guidelines were specific characteristics that must be shared by all involved in order to ensure that results were similar and accurate. The participants had to self-identify as a victim of IPV, where victimization is defined as causing someone to be treated poorly and make them feel adversity, including physical (pushing, slapping, burning), psychological (lack of love, sympathy, remorse, etc), verbal (threats, belittling, harassing), sexual (rape, abuse, forced prostitution) and economic (not meeting needs purposely, not allowed to work, forced to work or do other chores) oppression (Taskale & Soygut, 2017; Carlson et al., 2017). Participants affirmed via e-mail that they met all criteria in order to participate in the

study at the same time that they acknowledged the consent form that was provided for participation.

Participants needed to identify as male victims of female-perpetrated IPV. Current relationship status was either single or in a relationship, as long as the participant was not in the relationship that he was victimized in at the time of the interview. Ongoing IPV situations are not ideal because the research question seeks to understand a lived experience and how they handled the situation. Asking the interview questions had the potential to make the participant feel like they are being blamed for their experience if they are still in the relationship, which could potentially affect their safety at home. The purpose of this study was not to change the course of the participants' life or decisions, but to understand their experience and bridge a research gap to help other male victims in the future.

The goal was to interview six to 10 male individuals and seven individuals were ultimately interviewed due to reaching saturation at that point. Saturation occurs when the data that is being collected throughout the interviews starts to show the same patterns (Creswell, 2013). Participants were identified and recruited through community intervention centers, law enforcement agencies and social media platforms. This was done after the director's of each organization or group approved the research flyer, which included a brief description of the study, inclusion criteria and researcher information (see Appendix A). The individuals who were interested contacted me via e-mail.

After participants contacted me via e-mail, more detailed information was sent to them regarding the study, as well as a consent form (see Appendix B). Participants were contacted via e-mail whether they met criteria or not. Selected participants were emailed and asked to digitally agree to the consent form, while participants who were not selected were thanked for their willingness to participate. After the consent forms were acknowledged, the interview was scheduled to take place via Skype, with the exception of two interviews that were done via e-mail due to participant comfortability.

### **Instrumentation**

Data were collected through semi-structured interviews, via Skype and via e-mail response due to participants' choice. Phenomenological research questions are answered through semi-structured interviews, a reliable data collection instrument (Smith et al., 2009). The interviews were audio recorded after gaining the consent of the participant (Appendix B), in order to refer back to while analyzing the data. Interview questions (Appendix D) were developed after reviewing current research in order to find information that is missing from this area of victimization. Per Smith et al., (2012), open-ended questions and planned prompts were used in order to keep the conversation going while politely pushing the participants to give more detail about their experiences. The questions are listed below, along with which research questions they were attempting to answer.

The research questions were attempting to understand the lived experiences of male IPV victims with respect to being a male victim of female-perpetrated IPV, seeking



help from supportive and psychological services, and receiving support from these services.

Research Question 1: What are the lived experiences of male IPV victims with respect to being a male victim of female-perpetrated IPV?

1. How have you felt/experienced how society perceives male victims of IPV?
2. What society assumptions about male victims of IPV have you experienced?
3. Did you share your victimization with friends and/or family?
  - i. If yes, how did they react to your experience?
  - ii. If no, why not?
  - iii. If no, how do you think they would have reacted to you being the victim instead of the female party involved?
4. Did you report your victimization to law enforcement?
  - i. If yes, how did you experience their reaction?
  - ii. If no, why not?
5. What has your experience with law enforcement officers been like?
6. What law enforcement officer assumptions about male victims of IPV have you experienced?

Research Question 2: What are the lived experiences of male IPV victims with seeking and receiving help from supportive and psychological services?

1. What has your experience of mental health services regarding this issue been?  
What encouraged you to seek help? If not used, what are the reasons you did not access these services?
2. Looking back on your decision about seeking mental health treatment, do you regret your actions in reference to where you are today?
  - i. If yes, why?
  - ii. If no, why?
3. What could law enforcement officers do to change the experience you had (if it was negative) and help promote awareness for male victims of this crime? If it was a positive experience, what could they continue doing to help other male victims?
4. What could mental health professionals do to change the experience you had (if it was negative) and help promote awareness for male victims of this crime? If it was a positive experience, what could they continue doing to help other male victims?
5. What could mental health professionals do to make the experience easier for male victims of IPV?
6. What could law enforcement officers do to make the experience easier for male victims of IPV?

### **Procedures for Recruitment, Participation and Data Collection**

As the researcher, I collected data through semi-structured interviews that took place via a free Internet application Skype and e-mail response. The interviews lasted between seven to thirty minutes and started with gathering informed consent. Once the interviews were completed, participants were debriefed and reminded what their information would be used for. Participants did not have questions during debrief. I reminded them that their answers would be sent via e-mail, for member-checking purposes, so they could confirm my interpretation of the interview and a debrief form was also sent (Appendix C). I also sent free resource information for a local community center in case they needed to speak with anyone following their interview. Follow-up interviews were not needed during the data collection or analysis.

### **Data Analysis Plan**

The only data collection technique that was used for this study was the semi-structured interview questions that were asked. Smith et al., (2012) describes a four step coding technique to analyze interpretative phenomenological analysis research. Each of the seven interviews were analyzed as a single entity before compiling all of the data into one document for further analysis. The steps described below were followed before analyzing the relationships between all of the data.

In the first step, the researcher absorbs themselves into the data by reviewing the interview data repetitively (Smith et al., 2012). This was done by listening to the audio

recording and reading the transcription of the interview several times so I could identify key words and phrases that each participant stated.

The second step was to make notes on the transcript in order to be detailed and study the language that the participants use to find patterns or distinctive phrases or word choices that may be important (Smith et al., 2012). This step took the most time to complete because the languages that each participant used to describe their experiences were all similar but the content was the same.

Step 3 was to identify and group together themes throughout the interview transcripts and in this case, I identified themes that applied to the lived experiences of the participants (Smith et al., 2012). I identified similar thoughts and words in each of the participant's interviews in order to identify themes that occurred throughout each individual transcript.

Step 4 had the researcher find connections between the themes that had been identified to start the analysis process (Smith et al., 2012). Connections were found by merging similar themes into one theme while also using experiences that were common among all of the participants.

Step 5 is the repetition of the whole process with each individual interview transcript and this was done with each of the seven participants' interviews.

Step 6 was to identify patterns in all the interviews to find themes that may or may not relate to each other (Smith et al., 2012). The researcher created a table of themes and sub-themes in order to show how each them related to each other.

### **Issues of Trustworthiness**

Trustworthiness is a critical tool in qualitative studies in order to evaluate the study and data that is collected. Researchers must be able to establish and validate credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). In the following study, trustworthiness was sought using prolonged engagement, triangulation, member checking, thick description, and an external audit. These methods helped to prove credibility, transferability, dependability, and confirmability.

#### **Credibility**

Establishing credibility in a research study is important in order to validate internal validity. The interpretative phenomenological analysis approach involves an interpretation process where the researcher tries to interpret the participant's reaction to the activity they experienced, which is a two-fold sense-making process (Smith, 2004; Pringle, Drummond, & McLafferty, & Hendry, 2011). Participants should be able to identify their experiences and how they are interpreted in the study in order to make sure data analysis and findings are credible and accurate. Doing the following will enhance credibility: prolonged engagement, triangulation, member checks, and external audits.

**Prolonged engagement** includes putting in a significant amount of time to learn and understand various things by observing including settings, phenomenon's and cultures (Lincoln & Guba, 1985). As the researcher, I developed rapport in order to build trust and test for bias between the participants and myself as I was interacting with them.

**Triangulation** uses numerous sources, methods, theories and researchers in order to understand a phenomenon and test for validity because not one single option can accurately describe it (Smalley, Dallos, & McKenzie, 2017). Triangulation was used in this study by having several participants that created the purposeful sample, resulting in credibility of the data.

**Member checks** were conducted in order to ensure that the interpretations from the interviews are tested and checked for credibility (Lincoln & Guba, 1985; Merriam & Tisdell, 2015). It was beneficial to follow member checks by reaching out to the participants via e-mail following their completed interview with a summary of their responses given during the interview to verify their responses. They were given the opportunity to review the transcript and correct anything that may have not been interpreted correctly.

### **Transferability**

External validity needs to be confirmed for research so participant selection and thick description are reliable. The hope after conducting a research study is that the results can be transferred to another context or situation in order to try and replicate the process. Transferability also means that whoever is reading the research is able to interpret it personally and reflect on their individual experiences (Finfgeld-Connett, 2010).

**Thick description** provides a complete description of the context of the research and assumptions that are important to the study (Lincoln & Guba, 1985). This process

provides a full description of different kinds of relationships and puts them into context and in this study; the lived experiences of the participants will be the inquiry. As the researcher, I applied thick description by creating a detailed account of the experiences discussed by the participants and then used that to find patterns that could be applied in the real world in context.

### **Dependability**

Dependability is critical to trustworthiness because it ensures that this study's findings will be repeatable in the future (Creswell, 1998). As the researcher, I made certain that the findings that came from the interviews were clear and easy to understand, which were very transparent to the data that was collected and written about. The purpose of this was so that future researchers could come to the same conclusions and interpretations with the data that I produced. An **audit trail** is a technique used to track the entirety of a research study in full transparency (Sparkes, 1998). The audit describes all events and steps during the process so that everything involved in the study is relayed accurately and the findings support the data that is collected (Sparkes, 1998). This will help my committee to review all of my raw data and other researchers to review the analysis process.

### **Confirmability**

Confirmability, or objectivity, is essential to determine the trustworthiness of qualitative research because the data must be interpreted accurately, regardless of researcher bias (Lincoln & Guba, 1985). Providing the audit trail that showed the data

could be traced back to the sources of the interviews did this. **Reflexivity** takes a systematic approach toward researcher knowledge during the research process due to the fact that researchers usually study topics that they are passionate or knowledgeable about (Lincoln & Guba, 1985; Pandey & Patnaik, 2014). A reflexive journal is a good tool to use to help with confirmability in order to track regular entries of activities during the research process.

### **Ethical Procedures**

Walden University IRB approval was obtained prior to data collection. The research flyer to participate in the study was placed in Emerge! Center Against Domestic Abuse, the local city courthouse and on social media platforms including Facebook and Instagram. The researcher requested that participants encourage people they know who may have qualified for the study to reach out to the researcher also. The individuals who qualified for the study were sent a consent form (see Appendix B) and after consent were given a number based on the order that their interview was completed, one through seven.

When interviewing participants who have been exposed to trauma, it was important to remind them that if they experienced any kind of psychological distress to let the researcher know so the interview could be terminated. None of the participants reported feeling any kind of discomfort during their interview. Local community support was provided in the debrief form that was sent following the interview (Appendix C).

The interviews were audio recorded via Skype and are maintained by the researcher by the number the participant was given. The recordings are saved on an



external hard drive that is locked and accessible only by the researcher. Many participants disclosed that their victimization had been shared with family and friends, but the researcher ensured that their identities were still protected. Names are not included in the dissertation, but minimal demographic information such as age and ethnicity are included. All communications with participants were password protected and only identifiable by their participant number. The data will be kept on a password protected external hard drive for five years, and then the drive will be cleared and all data will be destroyed. Incentives were not used for this study and there were no conflicts of interest.

### **Summary**

This chapter described the proposed study in detail in order to understand the qualitative methodology that was used. The chapter described the research tradition and rationale, and the role of the researcher as the instrument for data collection. The methodology was discussed next, including how participants were selected, instrumentation used and procedures for recruiting, participating, and collecting and analyzing the data. The issues of trustworthiness were explained next, including ethical procedures and how to address these.

Chapter four will discuss the current study and will include a description of the setting where it took place. It will disclose participant demographics and the process of data collection. The data analysis will be described and will conclude with the study results.

## Chapter 4: Current Study

### **Introduction**

Male individuals who are victims of IPV have an increased probability that they will not report their victimization experiences, because they are often stereotyped as aggressors by society instead of victims (Hoff, 2012). The labels that surround victims of violence are very different depending on gender, and it can be intimidating for individuals to come forward and admit that they have been victimized and need help. While there are many intervention options available for female victims of violence, the same options are not widely accessible for male victims (Donne et al., 2018). In addition to help not being available, male victims often have law enforcement involvement that does not always result in their favor, regardless of who is to blame (Donne et al., 2018). The purpose of this interpretative phenomenological analysis was to use qualitative methods to understand the experiences of male victims of female-perpetrated IPV with regards to experiencing their abuse and seeking help afterward. This study sought to provide an understanding of individuals' decisions to seek help through mental health interventions and what experiences they had with law enforcement if they were involved. Guided by the conceptual frameworks of Maslow's hierarchy of needs and Pleck's gender role strain paradigm, data was gathered by conducting interviews with male victims of IPV.

The research questions included: What are the lived experiences of male IPV victims with respect to being a male victim of female-perpetrated IPV? What are the

lived experiences of male IPV victims with seeking and receiving help from supportive and psychological services? This chapter will discuss the current study including the setting of where the study took place, participant demographics and the process of data collection. The data analysis process will be presented, followed by the study results.

### **Setting**

Most of the interviews conducted took place on the Internet using a free application called Skype with the researcher at home in a private office. Two interviews were completed via e-mail for the individual's comfort who wanted to participate. They stated in e-mail replies that for one, e-mail was better for their time restrictions, and the other said that even though his victimization was several years ago, it was still very hard for him to discuss. The participants that were interviewed did not state where they were while participating in the interview, but one participant said he was at work but alone in a guard shack on shift. He had to break away from the interview for a few seconds for work, but came back right away and resumed the interview. The other participants said they were alone.

The research was not conducted in any place that the researcher has had a role or affiliation, and there were no incentives for participation. To the researcher's knowledge, there were no influences of the participants or their experiences that would have impacted their involvement in the study that would affect results.

### **Demographics**

The participants self-identified as male victims of female-perpetrated IPV, were 25 years of age or older, could speak and understand English and had been out of their relationship for at least one year. The participants consisted of seven adult males (N=7). The average age of a participant was 29.28. It is important to note for data results later that of the seven participants, four of them identified as Hispanic, and the other three identified as Caucasian. Data was collected through semi-structured interviews and the free application Skype was used for audio recording purposes, as well as two e-mailed interviews. Each interview was estimated to last for a one-hour timeframe but they were typically completed in half an hour or less, depending on the participant responses and explanation of their experiences. After participant consent was received (see Appendix B), the audio portion of the interview was recorded via Skype for transcription and later data analysis. Video recording did not take place during the interviews.

Circumstances during the data recruitment and collection process were quite difficult because the researcher had to post recruitment flyers at multiple locations for visibility, when the original plan was to only post at one community intervention center. The researcher expanded to social media platforms for recruitment as well. The researcher posted flyers at multiple organizations and agencies and it took over 6 months for participants to respond to the study. Of the individuals who reached out, two were not able to participate because their victimization happened within the last five months of reaching out, and two individuals identified as being victimized by a male perpetrator.

### **Data Collection**

Seven male individuals responded to recruiting methods through flyers posted in community intervention centers and on social media platforms. Four participants said they responded to the flyer they saw on social media platforms and three saw the recruiting flyer posted in person. Data collection lasted 8 months and there were several weeks where the researcher had no interested parties. The researcher had to revise data recruitment several times in order to recruit in other in person locations and then social media to find individuals who were willing to participate. The data were recorded on Skype, a free application on the Internet. The only unusual circumstance during data collection aside from the time it took to gain participants was that two participants wanted to complete their interview via e-mail as opposed to the interview. One individual replied to the recruitment flyer via e-mail, but their victimization happened within four months of the day, so they were not eligible. Another individual replied to the recruitment flyer through e-mail, but his victimization was from a male partner, so he was not eligible either.

### **Data Analysis**

The data collected showed saturation after the seventh participant's answers were received. Semi structured interviews were used in order to understand help-seeking behaviors for male individuals who identified as victims of female-perpetrated IPV. The analysis process concluded with five main themes and sixteen sub-themes. All of the data was analyzed and coded by following the interpretative phenomenological method as

outline by Smith et al. (2009). This method suggests analyzing the transcriptions individually and then analyzing them together in order to identify possible relationships between each other (Smith et al., 2009).

I transcribed each saved audio file individually after the interview was completed and used the transcriptions to make sure that the participant was the main focus of my analysis, which helped me to understand each participant and their response (Bailey, 2008). I then created a spreadsheet, which was broken down by participant and the twelve interview questions that they answered. I took direct quotes from each of the transcribed interviews and put them in the spreadsheet in order to see the responses throughout each of the 12 interview questions. I used the quotes to identify themes and sub-themes and determine what words and statements were repetitive. This step was the most time consuming, but laying out the answers to each of the 12 interview questions helped me to examine the specific word choices each participant used to describe their feelings and experience (Bailey, 2008). Finding key words that described the lived experiences of the participants identified the themes and sub-themes.

The themes that emerged from the data included: male victimization is seen as less severe than female victimization, family is not easy to talk to about experience, therapy and hospitalization were used, law enforcement officers are biased, and mental health workers are routine.

Table 1

*Themes and Sub-themes*

Male victimization is seen as less severe than female victimization	Family is not easy to talk to about experience	Therapy & hospitalization were used	LEO are biased	MH workers are routine
Hispanic culture is strict on gender roles	Family would judge them or wouldn't care	Therapy causes stress	Ethnically and culturally inconsiderate	Systematic and inhumane approach to situations
Internalized stigmatization		Therapy wasn't resulting in feeling heard or understood	Set in female victim stigma	
Emotional and verbal abuse is not as serious as physical abuse		Treatment saved a life after feeling suicidal	Sensitivity is lacking toward male victims and made them feel emasculated	
		Therapy promoted self-advocacy	Assumed who perpetrator was before gathering facts	

Discrepant cases included two participants wanting to participate but not through an interview. It was decided to gather their responses via e-mail with the understanding that the researcher could reach out to them for follow-up questions if needed. A verbal conversation was not had with these two participants and their answers were simply received via e-mail response. A difference noticed from the e-mail interviews compared to the Skype recorded interviews was the fact that there was no conversation between the researcher and the participant. The dialogue exchanged in the recordings was detailed and personal. The e-mail interviews contained brief answers but were still meaningful and contributed to the themes identified. Another slight limitation in the study involved participants generally not explaining how their experiences and situations made them feel and sometimes they answered the questions only. When asked to elaborate, they repeated their answer again.

### **Evidence of Trustworthiness**

Trustworthiness was verified in this study using credibility, transferability, dependability and confirmability. Trustworthiness is a critical tool in qualitative studies to ensure that the data is evaluated properly for accuracy.

#### **Credibility**

Credibility is a key component of establishing trustworthiness (Smith, 2004). Credibility was showed when the participants confirmed via e-mail that the information captured during the interviews was their experience and feelings regarding IPV.



Prolonged engagement, triangulation and member checks were also done to intensify the credibility of this study.

Prolonged engagement encourages the researcher taking time to get to know possible misinterpretations because they are not familiar with the participant or their experience (Lincoln & Guba, 1985). I talked to the participants prior to the interview questions by expressing my thanks as well as my apologies for their victimization. I was sure to thank them due to the sensitive nature of the topic being discussed and that the experience has the potential to help other victims. Prolonged engagement was not done with the e-mailed questions, though, because there was not an option to talk to the participants through conversation in order to get to know them and a little more about their culture. Rapport was not built with those two participants due to the limited communication as compared to the participants who interviewed via audio recording.

Having multiple participants involved in the study formed triangulation. Triangulation is the use of two or more sources, methods, theories and researchers in order to corroborate data and examine data with multiple perspectives (Smalley, Dallos, & McKenzie, 2017). This step helps to strengthen the understanding of the phenomenon by the researcher and triangulation adds credibility by confirming the results are credible.

Member checks are conducted in studies so that interpretations from the interviews are checked for credibility (Merriam & Tisdell, 2015). I completed these checks by e-mailing the participants a copy of the completed transcription and a debrief form so they could verify their responses and gave them the opportunity to make

corrections as needed. None of the participants made corrections but did confirm that they read both the transcription and the debrief form.

### **Transferability**

The external validity of the study needs authentication and that was done with participant selection and thick description. Being able to transfer results of a study to another context or situation is the goal of studies so other professionals can replicate the process. Transferability also proves that the reader can interpret the results and reflect on their experiences (Finfgeld-Connett, 2010). Thick description shows a full description of the context of the research that was conducted and what assumptions were important to the study (Lincoln & Guba, 1985). A detailed account of the experiences discussed by the participants was created and then used to find patterns that were applied in real context. Saving the audio recordings of the Skype interviews, transcribing them individually, and then analyzing them for common themes and organizing them into a spreadsheet detailed the accounts of the data. The spreadsheet included direct quotes in order to find the commonalities to identify the themes that were reoccurring throughout the data. The quotes were then organized in a second spreadsheet under identified themes, and further analyzed by sub-themes within the already identified themes.

### **Dependability**

The study conducted has to be able to be repeated in the future and dependability was reached by confirming that the findings from the interviews were clear to understand. The data is transparent so future researchers can come to the same conclusions if

attempted. An audit trail was kept to show dependability by being able to describe the events and steps that took place during the data collection process so the findings supported the data collected (Sparkes, 1998).

### **Confirmability**

The accuracy at which the data is interpreted dictates the entire study, regardless of researcher bias (Lincoln & Guba, 1985). The audio recordings generated through data collection are included in the audit trail for confirmability. The recordings were saved after the Skype interview was completed and labeled under the participant's folder, which later included the typed transcription of the recording.

### **Results**

The purpose of the study was to use qualitative methods to understand the lack of acknowledging and recognizing that males are also victims of IPV. The interviews consisted of 12 questions to respond to two research questions: What are the lived experiences of male IPV victims with respect to being a male victim of female-perpetrated IPV? What are the lived experiences of male IPV victims with seeking and receiving help from supportive and psychological services?

The participants interviewed responded to a research flyer that was posted at numerous community intervention centers and on social media platforms. After consent was provided, each participant scheduled their interview and it took place via Skype, or in two instances, an e-mail response was received. The interviews were audio recorded for later transcription by the researcher.

Twelve questions were asked during the interviews of the seven participants. Emotional and personal statements about being a male victim to a female perpetrator and the stigma surrounding the experience were gathered from the responses. Five themes emerged from the answers to the interview questions and the participant replies including: male victimization is seen as less severe than female victimization, family is not easy to talk to about experience, therapy and hospitalization were used, law enforcement officers are biased and mental health workers are routine. I identified themes based on the majority of the responses that aligned for them to appear in the study. The sub-themes identified are all direct words and quotes from the participants, whether that was something they felt, believed or experienced.

**Research Question 1: What are the lived experiences of male IPV victims with respect to being a male victim of female-perpetrated IPV?**

There were two themes identified under this research question, which were male victimization is seen as less severe than female victimization and family is not easy to talk to about experience, according to the participants.

**Theme 1: Male victimization is seen as less severe than female victimization**

Participants discussed how they thought society perceives male victims of IPV and responses included cultural assumptions, female victim stigmatization, that they should man up and that emotional and verbal abuse are not as serious as physical abuse.

**Subtheme: Hispanic culture is strict on gender roles.** Four of the participants interviewed were Hispanic and all stated that their culture impacted their victimization

and experience on a large scale. P2 said, “I’m Hispanic and it sounds like it shouldn’t be a factor and it’s not true. It does happen and I was blinded of it for a while because I thought I was just crazy for overreacting.” P3 stated, “I am Latino and the culture and gender roles are very strict and of macho nature.” P6 talked about family judgment and that his father thinks there is “no such thing as violence perpetrated by a female and the idea is nonsense because only females are victims.” Participants discussed feeling judged and persecuted because they did not know who to turn to. They discussed feeling like less of a man and emasculated because they did not feel comfortable being sensitive about such a “feminine experience,” according to P1. P7 said that he did not think he would be believed at all because of his gender.

**Sub-theme: Internalized stigmatization.** All the participants stated that they believe society thinks that IPV victims are generally female, so when male victims are acknowledged, people do not know how to handle or interpret it. Societal norms make it difficult for people to adapt to new ideas, including the idea that a male can be a victim of partner violence, according to P6. Participants described that they feel as though society views them as “weak” or that it was a “light-hearted experience”. Participants 1 and 3 stated that they believe society thinks that abuse “shouldn’t affect you because that’s a female behavior” and that generally society expects for women to experience victimization, but not men.

P1, P3, P4, P5 and P6 all discussed stigmatization in regard to them feeling like other people think they should be masculine and thick-skinned, that they should not be

sensitive to any kind of abuse. They said they felt like they were supposed to man up and be strong. P3 said, “It’s not expected for males and people expect for women to experience victimization” and P6 said “it felt emasculating to define myself as a victim of any kind because it seems looked down on if it is not ignored entirely, taken with a grain of salt or looked at as pathetic or a whiner.” P6 discussed feeling like even if he were to discuss his experience that he would not be able to advocate for himself because no one would understand male victimization over a female stigmatized experience. P5 stated that he felt like he was complaining, and that he is “supposed to be strong and take things like a man.”

**Sub-theme: Emotional and verbal abuse is not as serious as physical abuse.**

Participants stated that they felt that physical abuse is not “as serious” as verbal or emotional abuse and this is how they think others view them. P1 said that “abuse shouldn’t affect you because that’s female behavior” and P4 discussed seeing people laughing at a “dude that’s in an abuse relationship and further emasculating them for going through with their relationship.” P1 went on to discuss his thoughts regarding having to be resilient and in his experience, “as a man, verbal or physical abuse shouldn’t affect you.” P1 said he didn’t think it should affect him because he is a man and his emotions should not escalate to what a woman’s would if the situation was reversed.

**Theme 2: Family is not easy to talk to about experience**

Participants stated that they preferred talking to their friends instead of their family due to lack of understanding and meaningful acknowledgement. Sharing their victimization experience with family and friends was asked about.

**Sub-theme: Family would judge them or wouldn't care.** Participants discussed why they went to their friends to talk to instead of their family. P1 stated that his parents were supportive and listened to him, but they really didn't understand what he was going through due to him not going into a lot of detail. P2 said, "I felt uncomfortable talking about it to my family at first and like I should have been the macho guy who shouldn't have gone through that. I felt ashamed." He said that he opened up to his sister long after his relationship had ended but he waited because he wasn't sure how she would react. P3's answer was, "After I told my family finally, it was hard because I don't think they understood and I think it hindered their ability to care and because they already had an expectation for me and my life, it was hard to express myself with them and they didn't show any kind of affection." P3 clarified that he thought his family would judge him. P3 said he felt that it was hard to talk to his family even afterward because of the lack of affection. He stated that he was not looking for sympathy but he wanted support.

P3 said he shared with his friends first because they were easier to talk to, as well as P4 and P5. P4 noted that his friends were easier to confide in because they were not biased and didn't sway toward societal norms. P4 said that his friends had been exposed to his victimization firsthand and saw his relationship so they knew it was not a good situation for him to be in and he trusted them. Family wouldn't care or understand

according to P3 and P6. P6 said he talked to his immediate family and they made him feel “ashamed and dishonest even though I know what I experienced had happened.” He said he felt unimportant and melodramatic and he didn’t think anyone else would believe him if his family didn’t. P7 said that his family and friends were both very supportive of his situation.

**Research Question 2: What are the lived experiences of male IPV victims with seeking and receiving help from supportive and psychological services?**

There were three themes identified under this research question, which were therapy and hospitalization were used, law enforcement officers are biased, and mental health workers are routine, according to the participants.

**Theme 3: Therapy and hospitalization were used**

Participants identified using therapy and being hospitalized due to their victimization experiences. While therapy has the intention of helping individuals, P1 had a difficult experience with seeking help.

**Sub-theme: Therapy causes stress.** P1 stated that he “attended one or two sessions with a counselor with someone my mom recommended. She was willing to talk to me but I don’t think it helped because it stressed me out more than it helped me.” He said that he regretted seeking help because it added more for him to think about and more stress, so it did not help him. P1 felt stressed out because the therapist was not listening to him and was instead assuming what he was thinking and feeling and not hearing the words he was saying. P1’s stress exceeded the stress he was already feeling due to his



victimization and he was thinking about everything more than he would have if he didn't talk to someone about it. P3 stated his stress came from the paralysis he felt due to his overwhelming emotions from his female partner. He stated his stress later caused depression and he fell into a hole that took him a long time to get out of.

**Sub-theme: Therapy wasn't resulting in feeling heard or understood.** P3 and P6 stated that therapy did not result in them feeling heard or understood like they assumed it would. P3 said he was hospitalized after his victimization because it was a "state of mind and that led me to a very depressive paralysis of will." He explained that he went through several therapies and he felt the individual treating him works based on their personal mission of what they think the treatment plan should look like instead of asking for his input, because they have their own preferences and then they lean heavily on the pharmacological route as well. P3 said he met good people who were being treated and it made him feel like he was not alone. He said it was the greatest thing he could have done for himself and it changed the way he thinks. P3 stated he has always been an advocate for seeking mental health treatment, and because he is a behavioral health technician himself, he understands the importance of asking for help when it is needed to get better.

**Sub-theme: Treatment saved a life after feeling suicidal.** P5 opened up about feeling suicidal after his victimization and getting help afterward. He did not talk to his family about his relationship because he wanted them to like the girl he was seeing. He explained that he went to three different counselors or therapists, noting that he did not

have good experiences with male counselors because he felt that they judged him and were not listening to what he was saying, but the females were receptive to listening. P5 said that seeking treatment and talking to someone saved his life. P3 said that he had been to therapy multiple times throughout his life, and his victimization was another instance that made him feel suicidal. P3 discussed his depression hitting so hard that if he wasn't in treatment, he may have hurt himself. P3 talked about the treatment providers wanting to "stuff pills down his throat" and that contributed to his depression. P3 said that therapy ultimately saved him because he made really good friends while he was there who were going through similar situations. P3 said he adapted to the staff and learned a new way to think through the therapy, where he could represent himself in society without feeling ashamed.

**Sub-theme: Therapy promoted self-advocacy.** Therapy promoted self-advocacy for a few of the participants. P3 said he felt like he could advocate for himself better and he felt powerful and empowered after seeking therapy. P4 stated his experience would have impacted his own self-confidence and helped him to regulate himself and it carried over to other aspects of his life aside from relationships. P4 also believes that talking to a therapist should be as normal and common as going to the dentist or the primary care doctor and he is a huge proponent of seeking help no matter what the subject is. P6 talked about being happy with who he is today even if it meant he would not be such without having been where he was. P7 knew that he wasn't acting like himself and his attitude and outlook on life were different due to his situation. He said he

was able to confirm a lot of things that he felt and gained a better understanding of himself in order to move on with his life.

#### **Theme 4: Law enforcement officers are biased**

**Sub-theme: Ethnically and culturally inconsiderate.** Participants had either very negative experiences or no experience with law enforcement officers. The participants who had experiences with law enforcement felt like they would get in trouble even though they were not the offender, which made them feel like they could not call for help and were stuck. P2 said the officers looked at his ethnic background and did not take the time to hear the situation or his side of the story before they assumed he was the perpetrator and not the victim. P3 discussed his opinion regarding law enforcement officers being jaded because there are societal norms around male individuals and they are held to a certain expectation of being strong. P1 talked about stereotypes affecting cultural opinions of law enforcement officers in his experience as a police officer himself, but he tries to be aware of his thoughts while on the job.

**Sub-theme: Set in female victim stigma.** P3 said officers have a preconceived stigma that men cannot experience trauma, especially when inflicted by an intimate partner. He discussed an idea where females are always the victims but it really works both ways. P1, P2 and P6 said that they do not think officers can easily move past females being the typical victim because of their assumptions that males are always the perpetrator. These four participants said it made them feel like it would be difficult for law enforcement to move forward and adapt to IPV being a two-sided crime where males

are victims too. P3 and P6 talked about officers being trained, while P1 stated police have general training to interact with the public and use their investigative tools for any crime, regardless of the gender of victim.

**Sub-theme Sensitivity is lacking toward male victims and made them feel emasculated.** P3 talked about men experiencing emasculation and it being difficult to say that law enforcement would not operate based on their own outlook. While P4 did not have any direct contact with law enforcement, he said that he didn't think an officer would take him seriously if they identified as a victim. P4 said that he had heard of anecdotal evidence of police not responding the same to male victims who were his friends, as they did a female victim, so he was not confident that the situation would be different for him. P1 did not have interactions with law enforcement but said, "I hope they can remain professional and not jump to conclusions that males will always be the perpetrator and females will always be the victims." He said that as a police officer by trade, he knows to gather facts before they start writing reports.

**Sub-theme: Assumed who perpetrator was before gathering facts.** All of the participants said that law enforcement officers could make this experience easier for them by not assuming who the party at fault is and to not falsely accuse before understanding what unfolded. Don't assume before getting the facts, ask more specific questions and talk to both parties before thinking the female is in trouble, do not assume that everyone's experience is the same and to be a listening ear. False accusations and assumptions were another topic that was discussed during the interviews. P7 stated that because they

thought male victimization was less severe than female victimization, they would not be believed if they were to speak up about their experience. P2 stated that he felt like if he called the police, it wouldn't be as bad as if it was the other way around, meaning the female victim would have more sympathy from the responding party.

#### **Theme 5: Mental health workers are routine**

While many of the participants sought mental health treatment, they also felt that the workers they encountered were routine in their day-to-day operations.

**Sub-theme: Systematic and inhumane approach to situations.** P1 said, "I wasn't 100% open to talk but she was telling me what my problem was instead of listening to what I had to say and that's what irritated me the most. She was drawing conclusions based off my experiences as opposed to listening to my story and what I had been through. It kept me closed off from wanting to talk to anyone else." He said he wished she had listened to his experience instead of drawing conclusions that may be a common answer to victimization in general.

P3 said his experience was very cookie cutter and systematic, like it was not designed for an individual. P3 went on to say that he felt like he was a variable in an equation and it was a one-size fits all approach instead of having a personable aspect, which did not make him feel like he was making progress in his personal growth. He noted that there should be structure, but it is important for the workers to remember, "every individual is different." P4 said that because mental health is such a taboo topic to talk about it's hard to find a way to humanize this kind of situation and bring it to light.

P7 said, “They need to stop making assumptions about people based on a few questions and sessions. Listen to the person and try to understand what they are going through or have been through.”

### **Summary**

The participants in this study consisted of seven adult males who identified themselves as victims of female perpetrated IPV. They were all at least 25 years old, could speak and understand English and had been out of their relationship for at least one year. There was no contextual data from the participants’ experiences obtained during the interviews. The participants were recruited using a recruitment flyer that was posted in numerous community intervention centers that work with male victims of partner violence and on social media platforms. After the participants gave consent for participation, the semi-structured interview took place over Skype and was audio recorded.

The interview process concluded with several themes coming to surface to answer the two research questions that lead this research study. Male victims of female perpetrated IPV identified their lived experiences through the themes: male victimization is seen as less severe than female victimization, family is not easy to talk to about experience, therapy and hospitalization were used, law enforcement officers are biased and mental health workers are routine. Chapter five offers an explanation of how this study’s findings can promote social change as well as results for law enforcement and mental

health workers to consider will be provided. Lastly, the limitations of the study are discussed and how this study could contribute to future research.

## Chapter 5: Discussion

### **Introduction**

The goal of this interpretative phenomenological study was to gain a comprehensive understanding of the experiences of male victims of female perpetrated IPV. The researcher sought to help provide an understanding of the experiences they faced after their victimization with law enforcement and mental health services. Males who are victims of female-perpetrated IPV are not as supported as female victims are due to societal expectations of masculinity and the stigma that males should be strong (Morgan & Wells, 2016). Early models of IPV have framed this crime where gender-based violence against women is committed so that men are able to control and dominate women (Bates, 2019). This control is historical and social in society where gender norms continue to exist (Bates, 2019).

The seven participants in this study had identified as experiencing IPV from a female partner. Discussions with them revolved around male victimization being seen as less severe than female victimization, that their family was not easy to talk to about their experience, therapy and hospitalization were used, law enforcement officers are biased and mental health workers are routine. These themes from the analysis will be analyzed alongside existing research and literature. The chapter will summarize the research results, review the limitations of the current study, provide implications regarding the results of the study and will afford suggestions for prospective research in the same topic.

### **Interpretation of the Findings**



The literature review on this topic did not provide a large amount of knowledge regarding male victims and their lived experiences. Many studies provided information on defining IPV (CDC, 2015; World Health Organization, 2012;), the types of IPV (Johnson & Leone, 2005; Carlson & Jones, 2010), the effects of IPV (Hines & Douglas, 2011; Hines, Douglas & Berger, 2015), and the experiences of male victims of IPV (Overup et al., 2017; Addington & Perumean-Chaney, 2014), but research was not found discussing law enforcement and mental health interactions and a more in depth understanding of male victims' feelings. Despite the findings in current existing research on males being IPV victims, the victim label does not weigh the same on men as it does for women (Seelau, Seelau, & Poorman, 2003). I will now discuss each of the themes in relation to the current literature base.

### **Theme 1: Male victimization is seen as less severe than female victimization**

As indicated by existing research (Vernon, 2017; Barkhuizen, 2015), the male participants described feeling alone, vulnerable, misunderstood and like they often times had no one to turn to because they did not think anyone would believe them or care about their victimization. Although supportive services are available in a limited capacity, male victims sometimes do not report their victimization because of societal perceptions and personal embarrassment (Barkhuizen, 2015). The participants all stated they think that male victimization is viewed by society as less severe than similar female experiences, and it is viewed as light-hearted and not taken seriously.

Participants expressed their personal feelings on society perceiving male victims as weak or not believed. Many participants stated that it is not expected for males to be victims, and that it is not as commonplace or accepted discussed stigmatization. IPV is recognized as a continuing public health concern, but female and male violence discussions continue regarding the impact they have and severity and attention levels (Morgan & Wells, 2016). One participant stated he felt emasculated to identify as a victim of any kind, because he felt looked down on and if it were not ignored entirely, it would be taken with a grain of salt. Participants discussed their thoughts regarding victims being only female and not male because they think society perceives IPV as abuse that only affects females, because males' experiences are seen as not as bad as females'. Victims do not always feel like they are able to stand up for themselves or get out of a situation if they are male because they have already been abused and manipulated. Because of the stereotype of their predominately perceived as-strong gender, the situation is not in their favor when trying to tell their side of the story (Morgan & Wells, 2016). Two participants stated that they were told to man up and deal with it by their family.

### **Theme 2: Family is not easy to talk to about experience**

All four Hispanic participants in this study heavily discussed cultural assumptions. Socialized norms dictate that men cannot express their feelings or identify as a victim because of culture's constricted definitions of gender (Morgan & Wells, 2016). One male stated that he thought he was going internally crazy because he thought

he was just overreacting, while another said that gender roles as a Latino are very strict and macho and his family would never understand.

Participants reported that talking to friends was easier than talking to their family after their victimization. Because society places an unrealistic expectation on males and how culture portrays them (Barkhuizen, 2015), participants discussed feeling like their family wanted them to be the head of the house and masculine. Family and friends were uniquely relied on by each of the participants. One participant talked to friends and family, stating they were all supportive. Three participants said they could not go to their family and went straight to their friends because it was easier to talk to them, there was less pressure, and some of the friends had seen them being victimized in their relationship. Participants turned to family and described support but that they didn't understand what he was going through in the sense that they could not relate to him or empathize. Another participant talked about his family's ability to care due to their expectation for his life and that victimization was not part of that path.

Culture has been researched to determine what kind of impact it has on victimization. This relates to the present topic due to cultural and societal stigma affecting males discussing and reporting their victimization experiences. Situational contexts of violence against Hispanics are typically least reported due to police reporting, presence of a weapon, injury and type of abuse (Rennison, 2010). Rennison's study was about general violence but findings could also apply to IPV. Family members' knowledge of victimization is hard to deal with according to participants because they

felt like revealing their situation would mean they did not live up to whatever image their family had of them prior to learning of their IPV encounter. In the current study, more than half of the participants stated that their Hispanic background played a factor in not talking to their family about their victimization due to their culture portraying men as masculine and strong and not capable of being victimized. Although the current study focused on IPV specifically, this relates because victims may have felt that they were too proud to report or that police would not believe their reports.

### **Theme 3: Therapy and hospitalization were utilized**

Participants discussed their experiences with mental health workers and seeking therapy. The primary services available for victims of IPV include shelters, emergency housing, therapy, support groups, victim advocacy support, and legal advocacy (Messing et al., 2015). These services are not equally available for male victims and if they are, the mental health workers' training and experience is not strong for the male gender. If an agency offers services for males, it has been found that the clinicians are not as strong or effective as someone who supports a female group of victims (Berger et al., 2013). Male victims find it hard to seek help due to masculinity and perception issues which is also rooted in the fact that they have to identify as a victim (Wallace, 2014). One participant described internalizing societal norms so he himself felt like he should not complain. This is not just society telling him no, it is him believing that they are right.

Internalizing feelings after victimization is very common for individuals who go through this type of trauma. Victims often ask "why me?" and question what they did or

did not do to deserve what abuse they had to go through. Self-blame can lead to depression and other behavioral and social correlates including feeling helpless, withdrawing and peer interactions (Schacter, White, Chang & Juvonen, 2015). Timid behavioral responses and submissive responses could also affect victims who choose to internalize their feelings instead of share and seek help. Participants discussed society's impact on their victimization despite society not having any influence on their actual experience. Therefore it may be the case that participants internalized feelings of self-blame, which contributed to them finding it hard to seek help and report. Behavioral responses relate to the findings in this study due to victims discussing feeling that they had to internalize their experiences due to societal judgment and being afraid to seek help.

Because not all agencies are prepared to work with male victims, it should be noted that training for staff should be a priority so they do not have a feminist view when providing services (Wallace, 2014). Another participant fell into a hole of depression and was suicidal at one point in his life due to the impact of his victimization. Another participant almost attempted suicide before calling a friend and asking for help. That same participant did not want to tell his family about his ongoing victimization because he wanted his family to like the girl that he was dating. One participant felt persecuted and could barely talk to his friends about his feelings because he did not think his family would understand or care.

#### **Theme 4: Law enforcement officers are biased**

Each participant that did have interactions with law enforcement due to their victimization described it as scary and intimidating because it was an emasculating situation to be in. Law enforcement officers are important in the experience following victimization because they have to start connecting the victim to their victim assistance program services (Addington & Perumean-Chaney, 2014). Instead of male victims feeling like officers support them and can help, they discussed being afraid and cautious when involving law enforcement in their situation. They thought they would be falsely accused as the perpetrator when they were actually the victims.

Participants discussed not reporting their victimization to law enforcement because they felt like their emotional and verbal abuse were not as serious as if they had been physically abused. Males do not like to report their victimization because they do not want to be accused of being the perpetrator, they do not want to subject themselves to the situation and persecution and embarrassment are a huge possibility (Drijber et al., 2013). One participant said he did not want to call because talking to another male about being victimized would be embarrassing. One participant said that after he had called for help, he was falsely accused of being the perpetrator and he had to repeatedly explain the situation and force the responding officers to listen to him so they would understand what really happened. This is in line with previous research, where it was seen that, when some men report, they have to prove their innocence after being falsely accused of being the perpetrator because the police think that they were at fault (Hines, Douglas & Berger, 2015).

Participants stated that they wished law enforcement officers would not assume before going into a situation and to use their training to evaluate and investigate the calls they respond to. It is important that officers note their personal and professional acknowledgement of sex differences in IPV situations and understand what prevention measures are relevant to the situation (Addington & Perumean-Chaney, 2014). One participant identified as a police officer and said that he has had training on how to respond to calls and gather facts before writing a report. He said that because of his training, he knows what questions to ask and how to assess situations prior to coming to conclusions about what he is investigating. Four participants discussed not having law enforcement involvement, but encouraging officers to remain professional, not jump to conclusions, to take their personality out of the situation and treat males as any other victim, and to take male victimization as seriously as the do female victimization.

#### **Theme 5: Mental health workers are routine**

Participants encouraged mental health workers to listen to their unique experience before jumping to conclusions or treating them like any other patient that they are seeing. Potential challenges that intervention agencies face when providing services for men include funding, societal views and acceptance of males as victims, understanding male victims' needs, determining if the male is the victim or perpetrator and lack of research that identifies males as victims and their needs (Wallace, 2014).

A negative aspect of seeking treatment includes mental health workers treating every patient like the next. It can be difficult as a clinician to know the patient and treat

them as an individual, as opposed to treating them as just another person in the system. When people use healthcare services, they still want to feel dignified during a stressful period in their lives and experiences in healthcare can be unique in ways that either help or hinder the healing process (National Clinical Guideline Center, 2012).

Two participants were hospitalized and said they felt like they were just another person coming in and out of treatment. One of those participants said he felt like he was being forced to take medication instead of having someone take the time to listen to them. Two participants stated their overall experience was good and they learned how to advocate for themselves and met good people who helped them change the way they think in terms of their self-worth. One participant said that going to seek help literally saved his life. Another participant strongly encouraged therapy and mental health being routine like seeing a primary care physician or the dentist.

### **Conceptual Framework**

Maslow's hierarchy of needs and Pleck's gender role strain paradigm were the theories used to guide this study. The current study was affected by both of these theories because they helped to highlight the needs of survivors following victimization in relation to the hierarchy of needs, the relationship between being a male victim, and how gender roles affect that perception. In Maslow's hierarchy of needs, an individual's psychological needs must be met so they can also manage and keep personal safety and basic needs (Winston et al., 2017). Throughout this study, participants reported not feeling like their psychological needs were being met and they did not feel safe or heard.



Participants did not feel like the criminal justice or mental health systems recognized their experiences at face value. Because their basic safety needs were not being met, psychological needs cannot be met. The hierarchy of needs displays a hierarchy of prevalence including psychological needs, safety needs, love and belongingness, and esteem needs (Maslow, 1987). The tiered model of the hierarchy displays the satisfaction of humans and what an ideal full pyramid looks like for an individual. Other needs that the male victims identified included not feeling heard, not feeling believed, feeling unsafe and like they could not advocate for themselves. Participants discussed that because their needs were not met, they felt like they could not move on and they did not know how to get help in order to get back to where they were prior to their victimization. Participants talked about not feeling heard by clinicians, not believed by law enforcement and feeling like they were not in a safe space to talk to family and sometimes friends about their victimization.

GRSP is the perception of gender roles in society that reflect cultural standards. Expectations on these roles strongly include masculinity, which is a term used to describe the psychological profile of being a man (Pleck, 1981). Male victims stated several times that society does not view male victimization with the same label and sensitivity that they view female victimization. They talked about society assuming they should not be affected by this experience and that they should man-up and brush it off. This study helped to display gender role research and the discrepancy with gender having a negative relationship with self-esteem. The participants discussed feeling like they were

questioning their sanity at times and that they did not feel like it was “right” or “normal” to be a male victim of this crime.

Gender role norms are behaviors that are socially and psychologically supported as ideas of being a male or female living in today’s society (Levant, 1996). Self-perceptions are huge with gender role strain and more than one participant talked about their personal expectations of themselves were questioned and fell short of expectations that they have for themselves due to being exposed to victimization. The GRSP identifies being a man as a societal structure and that the idea is not equal because relationships within masculinity has different definitions of power and dominance (Wetherell & Edley, 2014). GRSP advocates for male gender roles because social limitations and culture influences depict what should be as opposed to what is, and male victims do not need to fit into the same box as every other man who may not have been exposed to being a victim of female perpetrated violence.

### **Limitations of the Study**

A number of limitations in this study root from the fact that it was a qualitative research design. Using an interpretative phenomenological analysis leaves room for subjectivity and participants’ interpretations of the world (Smith et al., 2009). Subjectivity allows for specifying details through the data collection phase, which was done by asking participants to describe their feelings after their experience. The trustworthiness of this study was a high priority in order to ensure the results were reliable and valid, and able to be duplicated if attempted.

Interpretative phenomenological research relies on the researcher being an instrument for collecting data and that they will have a knowledge base and preconceived thoughts about the topic. I attempted to remain neutral through the entire study by acknowledging my history with working with victims. Previous education helped me as a researcher to focus on the findings of this study and report the facts with caution to personal bias. My personal bias that had to be considered was previous work in victim advocacy where male victims were on my case load but I was unable to offer and provide services for them because there were very few available in our city. If available, they were full due to the low priority of male victimization as opposed to helping female victims. This means that another researcher can attempt this study and possibly identify different themes based on their research questions used combined with their background and biases.

One limitation of the study includes the parameters that participants had to meet in order to be interviewed. If there were different inclusion criteria, a bigger pool of individuals may have been involved. For example, one male individual reached out with interest to participate but his victimization happened four months prior to contact. This limitation needs to be considered because the findings could have shown more vulnerable results or greater detail of situations with participants whose victimization was more recent. The researcher had to thank him for his interest but decline due to criteria stating that the victimization had to happen at least a year prior to make sure that they were less likely to be triggered by talking about their experiences.

Another limitation from this study included two participants who preferred to answer the interview questions via e-mail and not participate in an audio-recorded interview. These two participants were able to participate via e-mail with the acknowledgement that if the researcher had additional questions, they would respond via e-mail with clarification or more detail. This was a limitation because these interviews were different in the sense that the data collected was a question and answer response with no conversation about the answers, which left the researcher to interpret their answers at face value. The length of the interviews could also be a limitation because not all of the participants wanted to elaborate on their feelings when asked to be more descriptive. Reasons for this could include not wanting to talk in much detail or that they did not know what words to use to describe their experiences. Probing questions and clarification statements were used in an attempt to get more detail but did not always yield results.

The length of the completed interviews could also be a limitation because some participants were more eager to talk than others, and the researcher did not want to push too hard to get more information past asking once or twice. I attempted to ask questions in a different way in order to see if the answer would change. For example, one participant said he felt like his Hispanic culture negatively affected his interaction with his family when he told them about his victimization. When asked how it negatively affected the situation, he responded by saying it was bad and he did not like it. I then asked him what was bad about it and how did his family make it bad. He then responded

with describing how his family did not understand how he could be a victim of violence because it should not have affected him enough for it to be a “big deal.” This tactic was attempted with five of the seven participants and generally produced more detailed answers. Some of the participants had a hard time describing their feelings, which made it difficult to interpret their phenomenological experience. Putting feelings into words can be difficult, especially when talking about a traumatic event that one has experienced. I identified key words that the participants were using to help them focus on a topic and elaborate as best as they could.

### **Recommendations**

Current research on the lived experiences of male victims of female perpetrated IPV is very limited. Quantitative studies could be conducted with random sampling and wider established inclusion criteria. If these criteria were used for future research, it would add more participants to the data collection because more individuals would meet criteria. Random sampling would increase the statistical population so every possible sample has a predetermined probability of being selected.

This study identified law enforcement and mental health professionals lacking on their provided services and more studies could further explore the claim by discussing the training and experience they have. These professionals could be interviewed individually to see what their perceptions are regarding IPV and then their personal experience with male versus female victims. Law enforcement could discuss their personal bias, which

would be a vulnerable subject, while then discussing the training that prepares them to respond to these types of calls.

This study discussed in detail the societal stigma that exists around male victimization compared to female victimization and future research could be done on random members of society and asking them about their first-hand thoughts of males being victims of IPV. This could explore what the different perceptions are, and the public could be educated on those perceptions to bring more awareness. Victims internalize the societal stigma and norms that exist today and participants in this study discussed feeling like they could not reveal their experience. Identifying societal stigma and norms could be identified and victims could discuss what they internalize and why.

Two participants discussed speaking with female therapists over male therapists due to feeling more comfortable with a female. Transference could be studied to understand why male counselors are not preferred over females when male victims are discussing their IPV experiences. Participants discussed feeling intimidated to report to law enforcement because they already felt emasculated and did not want to talk about their victimization with an officer of the law and interacting with law enforcement agencies could expand this on. Research could be conducted to determine what makes law enforcement intimidating and if that is a geographical concern or if crime statistics in the area play a role in intimidation when calling for help.

## **Implications**

Important implications for social change are identified for this research.

Participants consistently discussed established societal stigma and social norms that were not in favor of males being victims of IPV because they should “man-up” and be “thick-skinned.” Males reported that because their gender is not commonly victimized, it is difficult for people to respond to hearing about it when they find out. They stated that being falsely accused of being the perpetrator and having to describe their victimization to law enforcement are fears of theirs. One participant stated, “talking to a police officer about being victimized felt emasculating after an already emasculating situation.”

Another participant discussed feeling like he was just another patient when seeking treatment because he was not listened to and did not feel validated by his therapist while he was talking about his experience. The implication is that human interaction needs to change so individuals do not feel defenseless talking about vulnerable situations to professionals who took an oath to help. Transforming cultural and social institutions should be a priority so everyone has access to the same services after identifying as a victim of IPV.

This research provides a base for mental health staff and law enforcement to understand the impact they have on male victims and how they play a part in their overall experience. The implication here is that unmet needs and service satisfaction of victim support needs to change. Being a victim of violence can have a number of consequences including emotional, psychological and social effects that have a direct impact on daily

living. Male victimization is not as common as female victimization, so law enforcement officers may not be regularly exposed to it like they would be with female victims. Mental health workers may not provide services to male victims regularly or at all, which should motivate them to educate themselves on how gender plays a difference in victimization and treatment.

These findings should highlight the stigma and gender role issues that are not in favor of male individuals when considering their victimization. Society should continue to push toward breaking societal norms and adapting to the constantly changing world, while professionals who swear an oath to help others should continue to work toward upholding that promise. Quality of life should be a huge motivating factor in helping these men to get back to a normal sense of life; whatever their “normal” is defined as. Role functioning, life satisfaction and well-being are important aspects that help any person to go about their daily duties. Society needs to get rid of the stigma and societal pressures that are placed on male victims because violence does not discriminate when it comes to gender and men should be able to report the same way that women do. When life is disrupted by trauma or violence, it can be a very lonely road to get back to their normal without help from their personal support systems as well as professional services.

### **Conclusion**

This study was used to evaluate current literature regarding male victims of female perpetrated IPV and then expand it in an effort to understand their lived experiences. The interpretative phenomenological analysis offered a deeper



understanding of the seven participants' feelings and interactions with professionals who played key parts following their victimization. From two research questions, the five themes that came from the data included: male victimization is seen as less severe than female victimization, family is not easy to talk to about experience, therapy and hospitalization were used, law enforcement officers are biased and mental health workers are routine.

These five themes could also be used for further research in helping males when they become victims of IPV. All seven of the participants shared similar experiences struggling with personal acceptance, preconceived societal stigma and support from family, friends and involved stakeholders. Male victims should be afforded the same experience with law enforcement officers and mental health workers that female victims are provided. Their victimization should not be taken lightly solely because they are male and not female. There are definitely law enforcement officers and mental health professionals who work within the parameters of their role and are not part of the negative experiences these men went through. Until this is a uniform experience for all male victims, as female victims are treated, research should continue to help push new ideas and considerations. Without acceptance and lifted stigma, this crime will continue to affect male victims in the same way. Hopefully this research will help to continue to close the gap that still exists in research regarding male victims of IPV. To all the male victims of IPV, may you find comfort in knowing you are being advocated for.

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## Appendix A: Recruitment of Participants

PARTICIPANTS  
NEEDED FOR  
RESEARCH STUDY



SEEKING MALE INDIVIDUALS WHO ARE VICTIMS  
OF INTIMATE PARTNER VIOLENCE

You may be eligible to participate in this study if you can answer YES to all of these questions:

- I am a male at least 25 years of age
- I am or have been a victim of IPV
- I have been out of my relationship for at least one year
- My English is fluent enough to conduct an interview.

If interested, please contact:  
[arielle.woodyard@waldenu.edu](mailto:arielle.woodyard@waldenu.edu)

## Appendix B: Recruitment of Participants

### Consent Form

You are invited to take part in a research study about understanding the lived experiences of intervention experiences of male victims of intimate partner violence. I am looking for adult males who have not been a victim of intimate partner violence within the last year, who are no longer in their intimate relationship, to take part in this study. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by me, Arielle Woodyard. I am a doctoral student at Walden University.

#### **Background Information:**

The purpose of this study is to understand the intervention experiences of male victims of IPV. The responses will help to identify the experiences from the victim’s perspective, including the decision to seek mental health services or not. The results will help to identify how stakeholders, including law enforcement officers and mental health providers, can improve their approach to IPV victims being male individuals as opposed to known female individuals.

#### **Procedures:**

If you agree to be in this study, you will be asked to:

- Participate in an interview using a free internet-based software, Skype.
  - The interview will last no longer than one hour.

- The audio of the interview will be recorded and later transcribed to help with data analysis.

Some sample questions of the interview:

- What law enforcement officer assumptions about male victims of IPV have you experienced?
- What could mental health professionals do to help promote awareness for male victims of this crime in order to make the experience more comfortable to deal with?

To verify that I interpreted your responses accurately, I will send your responses to you via email to make sure that my interpretation is correct. The email will also allow for questions or concerns to be relayed if you have any.

**Voluntary Nature of the Study:**

This study is voluntary. You are free to accept or turn down the invitation. No one at Walden University will treat you differently if you decide not to be in the study. If you decide to be in the study now, you can still change your mind later. You may stop at any time. The researcher will follow up with all volunteers to let them know whether or not they were selected for the study.

**Risks and Benefits of Being in the Study:**

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress or becoming upset. Being in this

study would not pose risk to your safety or wellbeing. This study involves a sensitive topic, victimization, which could be a trigger for distress or depression.

**Payment:** There is no payment or incentive for participating in this research.

**Privacy:**

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secured by password protection and stored on an encrypted storage device. The device will be locked when not in use and only available to the researcher. The university requires that the data be stored for five years and then the drive will be cleared and destroyed.

**Contacts and Questions:**

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email at [arielle.woodyard@waldenu.edu](mailto:arielle.woodyard@waldenu.edu). If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is 10-29-18-0363987 and it expires on October 28<sup>th</sup>, 2019.

Please print or save this consent form for your records.

**Obtaining Your Consent**

If you feel you understand the study well enough to make a decision about it, indicate your consent by replying to this email with the words, "I consent."

### Appendix C: Debrief Form

Thank you for your participation in this research study about understanding experiences of male victims of IPV. This form is part of the “debriefing” process, which

helps to remind you as the participant the details of the study and provide supportive information in case you experience anguish.

I, Arielle Woodyard, a Walden University doctoral student, am conducting this study.

**Background Information:**

The purpose of this study is to explore the lived experiences of male individuals who are victims of IPV. This will help to address the gap in literature by understanding their victimization and the ability to access community services.

**Privacy:**

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secured by password protection and stored on an encrypted storage device. The device will be locked when not in use and only available to the researcher. The university requires that the data be stored for five years and then the drive will be cleared and destroyed.

**Risks and Benefits of Being in the Study:**

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress or becoming upset. Being in this study would not pose risk to your safety or wellbeing. This study involves a sensitive topic, victimization, which could be a trigger for distress or depression.



**Contacts and Questions:**

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email at [arielle.woodyard@waldenu.edu](mailto:arielle.woodyard@waldenu.edu). If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is 10-29-18-0363987 and it expires on October 28<sup>th</sup>, 2019.

**Member Checking:**

Upon completing the transcription of the interview, I will be contacting you via email with a summary of your responses. This will provide you with an opportunity to ensure that your answers have been properly recorded, as well as to provide clarification that is needed regarding your responses to the interview. If you have any questions or concerns, please contact me at [arielle.woodyard@waldenu.edu](mailto:arielle.woodyard@waldenu.edu).

Please print or save this form for your records.

**Source of Support:**

-Mental health emergency: call 911