Male Victims of Intimate Partner Violence: A Mixed-Methods Exploration

Garrett O’ Connor BA(hons) Psychology, MPychSC
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Supervised by Dr. Sharon Houghton

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Declaration

I declare that this thesis is entirely my own work, other than the counsel of my supervisors, is an accurate reflection of work, and has not been submitted as part of another degree at the University of Limerick or any other academic institution.

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Garrett O’ Connor                                      Date
Acknowledgements

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Abstract

**Introduction:** Forty-five years of research points to gender symmetry in the experience of Intimate Partner Violence and Abuse (IPVA). Despite this, there is a recognised paucity of research exploring the male experience of surviving abuse within a heterosexual relationship. This study sought to address this by exploring the male experience of IPVA from preconceptions through to help-seeking and future plans.

**Methodology:** Fifty-eight men who self-identified as survivors of IPVA completed a mixed-methods survey comprising open-ended and closed questions. A convergent mixed-methods design was used to quantify, describe, and interpret the data. Template analysis formed the basis of the qualitative analysis. Quantitative and qualitative data were integrated at the point of analysis.

**Results:** The ages of the participants were normally distributed between 18 and 61+. Most participants were Irish, followed closely by English residents. Themes identified were preconceptions about IPVA; Experience of abuse; Partner/relationship; Perceptions; Help-seeking; The future; and Last words. Numerous subthemes were identified within those superthemes.

**Discussion:** The results were discussed in light of existing research in the field. Ramifications were discussed in terms of their wide-ranging clinical, policy, and research implications.

**Conclusion:** This study found that male survivors of IPVA report systematic patterns of physical, psychological, sexual, and legal/administrative abuse. This abuse has wide-ranging and long-lasting impacts, including mental health difficulties and parental alienation. Male survivors of abuse report feeling negatively stereotyped and feel abandoned and betrayed by the legal system as well as generic IPVA support services.
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Chapter 1: Introduction

Warning

Before reading this paper, please be aware that it contains explicit, jarring, and detailed descriptions of Intimate Partner Violence and Abuse. These reports are derived directly from quotes and are therefore written in the first person. I have not censored these explicit details as I feel that it is important to read the participants’ experiences in their own words untempered. However, if you are sensitive to such material, or if you have experienced similar abuse yourself, please consider this information before proceeding.

1.1: Background to the Study

The World Health Organisation defines Intimate Partner Violence as:

"... any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours." (Krug, Mercy, Dahlberg, & Zwi, 2002, p89).

In 1975 Suzanne K. Steinmetz published her seminal article on the male experience of Intimate Partner Violence (IPV) entitled "The Battered Husband Syndrome" (Steinmetz, 1975). Since then, 45 years of research has been published, indicating that males experience IPV at broadly symmetrical rates to females (Fiebert, 2018). Most of this research has found that bidirectional IPV is by far the most common form of abuse, followed by female perpetrated and then male perpetrated abuse (Straus, 2010).

By any measure, Ireland has had a horrific history of protecting the vulnerable. In the early 1990s a cultural reckoning took place and the state (and the people within it) embarked on a journey towards accepting our role in the systematic abuse of our own people. Since the
inception of the state, men, women, and children were subjected to systemic and systematic abuse from both church and civil authorities (Carr et al., 2010; Fitzpatrick et al., 2010; Maguire, 2007). Amidst this culture of abuse, horrific acts of violence, both physical and emotional were committed behind closed doors with little to no acknowledgement in the greater population.

Domestic abuse is one of the more insidious elements of this culture and has only been addressed in terms of specific laws and measures over the past 25 years (Crowley, 2017). Since then, there has been increasing recognition of the extent and severity of the problem in Irish society, but the fact remains that men, women, and children continue to suffer. On the most extreme end of the spectrum, it is estimated that almost 100 women have lost their lives to their male partners in Ireland since 1996. In the UK meanwhile, 63 women and 7 men were killed in the context of IPVA during 2017/2018 measurement period alone (ONS, 2019). Perhaps even more shockingly, on average 68 children die due to neglect or abuse in the home every year in the UK (Appleton, Harrison, & Mumby-Croft, 2020).

In Ireland, statistics provided by The National Office for the Prevention of Domestic, Sexual and Gender-based Violence (COSC) indicate that 15% of women and 6% of men experience "severe" domestic abuse. 29% of women and 26% of men experience abuse of all kinds, and 13% of women and 13% of men report physical abuse or minor physical incidents. 29% of women and 5% of men report their experience of abuse to the Gardaí (Watson & Parsons, 2005). In the UK meanwhile, 6.3% of women and 2.7% of men reported experiencing abuse at the hands of a current or former partner. Of those abused, 72.6% of women and 57% of men reported emotional and financial abuse; 3.8% of women and .5% of men reported sexual abuse, while 28% of women and 45.7% of men reported experiencing physical abuse (Elkin, 2019).
Outcomes for male survivors of IPV, much like their female counterparts, include psychological and physical health problems, difficulty with family relationships, difficulty with romantic relationships, and behavioural problems (Hines & Douglas, 2016a; Lysova, Emeka Dim, & Dutton, 2019). These symptoms are long-standing and have been reported at a nine-year follow up (Simmons, Knight, & Menard, 2018).

Help-seeking has been identified as significantly lower amongst male survivors of abuse than amongst female survivors. This situation may be attributed to a number of factors including negative perceptions of males who have been abused (Stanziani, Cox, & Coffey, 2018; Willis, Ferrucci, Painter, & Tandoc, 2019); a dearth of available resources (Wallace, 2014); and gender roles and norms (Huntley et al., 2019). When males do seek help, they are often confronted with systems that they find demeaning, victim-blaming, and female-centric (Powney & Graham-Kevan, 2019; Wright, 2018).

1.2: Study Aims and Positionality

There is a well-cited paucity of research exploring the male experience of IPV (Langhinrichsen-Rohling, McCullars, & Misra, 2012). The current study sought to address this by exploring the male experience of IPV from preconceptions, through the experience of abuse, and on to help-seeking behaviours and experiences. In order to achieve this aim, I distributed an online mixed-methods survey comprising open-ended and closed questions focusing on the male experience of IPV.

When planning a research dissertation, having an overarching conceptual framework can help to keep the project focused, as well as providing a structure for interpretation and discussion (Osanloo & Grant, 2016). Given the nature of the subject matter, the unfortunate fact is that the mere existence of female on male abuse has become a topic of some controversy. Although I began the research with an open mind, through reviewing the literature base in the
first instance, and the results of the survey in the second instance, I came to the conclusion that female on male intimate partner violence and abuse is a legitimate phenomenon. I further reached the conclusion that this phenomenon can take the form of so-called “Intimate Partner Terrorism” (Johnson, 2011) and that it is the result of biopsychosocial characteristics of both abuser and abused (Dutton, 2012). In taking this a-priori position, I am not in any way casting doubt on the near epidemic levels of domestic abuse perpetrated against women, children, and older adults in the UK and Ireland, I am simply highlighting that men can and do experience domestic abuse too.

1.3: Thesis Structure

- Literature review

In the literature review, I reviewed, described, and critiqued the available literature on IPV. In doing this, I used a funnelling technique, beginning with a broad definition and taxonomic discussion, before proceeding to discuss the literature on male victimization and female perpetration at length. Further to this, I critiqued the prevailing model of IPV – the "gendered paradigm", and suggested alternatives. Finally, I outlined the deficits in our current understanding of the phenomenon and proffered a research question.

- Methodology

In this chapter, I provided the rationale for using a mixed-methods approach, including an in-depth examination of the paradigm in terms of ontology and epistemology. I further explained the use of descriptive statistics and Template Analysis in the context of this design. Following this, I provided a detailed description of the sampling procedure and addressed ethical and practical considerations with the use of an online mixed-methods survey.

- Results
In this chapter, I provided a write up of the mixed-methods results. Demographic statistics were provided before a full description of the qualitative results. All statistics derived from the quantitative exploration were integrated within the qualitative results as appropriate.

- **Discussion**

In the discussion section, I reviewed the results in the context of available literature. I also provided significant suggestions for clinical practice, future research, and social policy. Finally, I listed the relative strengths and weaknesses of the research study.

- **Conclusion**

In the conclusion, I summed up the study findings in the context of the research question and aims.
Chapter 2: Literature Review

2.1: Chapter Preview

In this chapter, I intend to review, and then to critique the available literature on the Intimate Partner Violence and Abuse (IPVA) in general, and the male experience of IPVA in particular. In doing so, I hope to set the conditions under which this study constitutes a novel, and important addition to the literature, before formulating and stating a research question.

2.2: Literature Review

2.2.1: Literature search strategy

The process of identifying, evaluating, and citing the available literature on the male experience of female perpetrated IPVA was a meticulous one. In order to ensure rigour and quality, I followed a 12-step literature search plan. The twelve steps were adapted from those laid out by Tashakkori and Teddie in “Foundations of Mixed-Methods Research: Integrating Quantitative and Qualitative Approaches in the Social and Behavioral Sciences” (Teddlie & Tashakkori, 2009). The strategy involved the iterative identification and evolution of search terms and strategies over twelve stages. From those terms, themes were derived which determined the nature and layout of the literature review.

A wide variety of databases were used to identify and procure peer reviewed research on the topic of IPVA. Google scholar was used initially to provide as wide a net as possible. Following this, alternate databases such as EBSCO, PsychInfo, ProQuest, and PsychArticles were used. The latter sources proved more effective when searching for more specific literature such as the data on IPVA rates and “Help-seeking” by male victims of IPVA. The exact search terms evolved with the project. At first, search terms included “Male victims of domestic abuse”; “Male victims of Intimate Partner Violence” and other variations of same, however, I found this to be far too generalized and augmented them with more specific search terms such
as “legal and administrative abuse”; “male help-seeking” and “perceptions of male victims” as required. The entire search strategy is laid out in comprehensive detail in appendix A.

2.3: Overview of Intimate Partner Violence (IPV)

2.3.1: Operational definition

The World Health Organisation (WHO) defines IPV as "... any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours." (Krug et al., 2002, p89). Despite this all-encompassing definition, the phrase Intimate Partner Violence has caused a degree of confusion in the literature. In particular, the word “violence” in this context is often misconstrued to mean physical violence. This confusion makes interpreting the literature significantly more complex and complicates the process of explaining the research to those not familiar with the WHO definition. As such, I intend to use the term “Intimate Partner Violence and Abuse” (IPVA) to describe the full gamut of abusive behaviours, and to further specify which type of abuse I am referring to where appropriate.

2.3.2: Typology

In his seminal discourse on the issue of IPVA, Johnson (1995) detailed two key types of abuse prevalent in relationships. He later added a third. Johnson labelled these IPVA types as “Intimate Partner Terrorism”, Violent Resistance”, and “Situational Couple Violence”. It will be noted that Johnson’s typology predominantly refers to physical abuse, however, psychological, emotional, sexual, and legal/ administrative abuse may also involve the processes he describes (Johnson, 1995).
**Intimate Partner Terrorism (IPT)**

Intimate partner terrorism (initially referred to as patriarchal terrorism) is a form of IPVA wherein one partner (typically male according to Johnson) uses both the threat and act of physical violence in order to exert control over his partner. For Johnson, this type of physical abuse results in more severe injury, more frequent visits to the emergency department, and a higher likelihood of the victim accessing services in the form of shelters and legal recourse. As Johnson derived his sample for the existence of IPT from a clinical/shelter sample, almost all of the victims were female. This sample bias significantly influenced his view that IPT was almost exclusively male on female (Johnson, 2011). Research conducted in community samples supports Johnson’s assertion that a form of violence designed to exert long-term control over a partner exists. However, the vast majority of the evidence suggests that this, like other forms of IPVA, is broadly gender symmetrical (Graham-Kevan & Archer, 2003; Hines & Douglas, 2010b; Jasinski, Blumenstein, & Morgan, 2014; Sita & Dear, 2020; Straus & Gozjolko, 2014).

**Violent Resistance**

A second type of IPVA described by Johnson is Violent Resistance (VR). According to his original taxonomy, VR occurs when one partner (usually the female) responds to partner violence with violence of their own (Johnson, 2011). As with his views on IPT, Johnson’s views on VR are heavily influenced by the gendered paradigm which situates men as the aggressor in all cases of IPVA. Once again, the evidence supports the existence of VR; however, the phenomenon is experienced by both males and females (Hines & Douglas, 2010b). A review of the literature found that a median number of 19% of female perpetrators claimed that they abused their male partners in self-defence, refuting previous evidence citing VR as a significant contributory factor (Straus, 2012).
Situational Couple Violence (Common Couple Violence)

Situational couple violence (SCV) was Johnson’s attempt to explain the literature pointing to gender symmetry in community samples, while also maintaining the gendered paradigm (see 2.5 for more information). He asserts that this type of IPVA is characterised by lower levels of violence and is engaged in by both genders in the context of family situations. As there is no long-term control involved in this type of IPVA, females and males engage in it in equal measures (Johnson, 2011). The evidence base for the existence of SCV is overwhelming; however, it is difficult to extract it from the evidence base relating to VR. Almost all large scale community-based surveys support the finding that the most common form of IPVA is bidirectional (see chapter 2.5.1), however, separating SCV from VR proves more difficult given the wealth of evidence that both males and females engage in VR and IPT at almost equal rates (Hines & Douglas, 2018).

There is a wealth of evidence that supports Johnson’s taxonomy of IPVA as an overall structure; however, the gendered paradigm on which he bases his attribution of aetiology within that taxonomy is challenged by many contemporary researchers (Powney & Graham-Kevan, 2019). Despite its controversial philosophical foundations, the Johnson taxonomy is a useful and appropriate structure in which to view IPVA.

2.4: Male Survivors of IPVA

2.4.1: Brief overview

Over the past ten years, there has been an increased acceptance of the extent of female on male IPVA around the world. Research conducted in China (Simon & Wallace, 2017), Hong Kong (Choi et al., 2015), Iran (Sadeghi-Fasaei, 2017), Nigeria (Namadi, 2017), and Ghana (Esaaba, 2019), all point to an increasing acknowledgement that IPVA affects males and females alike. In the West, meanwhile, 45 years of research has pointed to gender symmetry in IPVA. Much of the research cited focuses on the US, however, studies carried out in Canada
(Barrett, Peirone, & Cheung, 2019), Australia (Tilbrook, Allan, & Dear, 2010), Portugal (Machado, Hines, & Matos, 2018), Sweden (Simmons, Bruggemann, & Swahnberg, 2016), France (Depraetere, Vandeviver, Beken, & Keygnaert, 2018), and Norway (Lien & Lorentzen, 2019) all point to increasing numbers of male victims and the challenges they face. For the purposes of this research, the focus will be on male victims of IPVA in Ireland and the United Kingdom (UK). The reasons for this are cultural similarities between the two nations, shared history, and (with the exception of Scotland) similar legal systems.

2.4.2: Ireland

Prevalence

The main statutory body with remit regarding IPVA is The National Office for the Prevention of Domestic, Sexual, and Gender-based Violence (An Oifig Náisiúnta um Fhoréigean Baile, Gnéasach agus Inscnebhunaithe a Chosc), known colloquially as COSC. The most recent widespread survey of IPVA in Ireland was the “Domestic Abuse of Women and Men in Ireland: Report on the National Study of Domestic Abuse” (Watson & Parsons, 2005). This comprehensive survey comprised phone interviews with 3,077 individuals living within the Republic of Ireland. Findings indicate that 15% of women and 6% of men have experienced severe domestic abuse (defined as “a pattern of behaviour with a significant negative impact”); 29% of women and 26% of men have experienced abuse when severe and minor abuse types are combined, and 13% of women and 13% of men have suffered physical abuse. Pertinently, the report also indicates that only 5% of male victims report their abuse to the Gardai, while that figure is 29% for women (Watson & Parsons, 2005).

A 2008 study sought to determine Irish attitudes towards domestic abuse. Findings of this study indicate that only 42% of people surveyed consider domestic abuse against men to be a fairly common or common problem. 54% state that it is not a problem. These findings contrast with 70% of respondents who stated that domestic abuse against women was a fairly
common or common problem. This trend is evident in measures of whether the respondent personally knew someone who had been abused, with 40% claiming that they knew a female victim, and only 23% claiming that they knew a male victim (Horgan, Mühlau, McCormack, & Röder, 2008).

**Services**

At present, there is only one full-time service for male victims of IPVA in Ireland. Mensaid (formerly known as Amen) has been in operation for over twenty years. They provide counselling services, as well as a helpline, training and education services, and practical advice. Mensaid is a private charity and receives support from a variety of private and public bodies including TUSLA, and COSC. A helpline facilitated by the Men’s Development Network has also opened recently, providing much needed relief for male survivors of IPVA around the country. There are no refuges for male victims of IPVA currently operating in the Republic of Ireland.

**2.4.3: United Kingdom**

**Prevalence**

The British Office for National Statistics defines domestic abuse as

“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality”. (CPS, 2020, Domestic Abuse, para 1)

According to British law, “Partner Abuse” is a subtype of domestic abuse which covers non-sexual force (e.g. physical, financial, psychological abuse); sexual force (e.g. sexual assault and harassment), and stalking between current or former partners. The most recent statistics on partner abuse come from the Office of National Statistics (ONS) report released in 2019. According to this report, 4.5% of 16-59-year olds suffered from some kind of partner
abuse in the year ending March 2018. In all, 6.3% of women and 2.7% of men reported experiencing abuse at the hands of a current or former partner. Of those, 72.6% of women and 57% of men reported emotional and financial abuse; 3.8% of women and .5% of men reported sexual abuse, while 28% of women and 45.7% of men reported experiencing physical abuse. In terms of outcomes, 31.8% of men reported receiving a physical injury, as opposed to 22.7% of women. Meanwhile, 47.5% of men reported having mental or emotional problems following partner abuse as opposed to 55.8% of women. Finally, 11% of male victims reported making a suicide attempt following their experience of abuse, as opposed to 7.2% of female victims (Elkin, 2019).

On the outset, the significant gender disparity in overall abuse figures for England and Wales seems to be a little out of place when compared to those from other countries. A possible explanation for this may be found in an ONS report that indicates that 59% of male victims of partner abuse do not perceive what happened to them to be abuse (Flatley, 2016). As the ONS study was based on self-report measures of abuse, it stands to reason that a significant number of male victims of partner abuse never self-report.

Services

At present, there are around 270 organisations providing services to male survivors of abuse in the UK. Thirty of these organisations offer refuge or safe house provision for men, however, of the 150 places on offer, only 34 are male-specific. A review in January 2018 indicates that this paucity of beds results in a situation where men must travel an average of 160 miles to access safe accommodation (Brooks, 2019). Perhaps not surprisingly given the aforementioned state of affairs, an estimated 13% of all males sleeping rough in the UK are doing so because of partner abuse (Ministry of Housing, 2017).
2.4.4: Types of IPVA experienced by heterosexual males

There are four main subtypes of IPVA perpetrated on males by their female partners. These are listed below along with pertinent statistics regarding male victimization. All definitions are taken from the US National Institute of Justice webpage on domestic abuse. These definitions were used as they were the most frequently cited in the literature. Notably, Administrative and Legal abuse is not listed on the website as a form of IPVA.

2.4.5: Physical Violence

“Physical abuse can include hitting, biting, slapping, battering, shoving, punching, pulling hair, burning, cutting, pinching, etc. (any type of violent behavior inflicted on the victim). Physical abuse also includes denying someone medical treatment and forcing drug/alcohol use on someone”. (US National Institute of Justice, 2020, Types of IPV, para 2)

Despite decades of evidence to the contrary, physical violence in the context of IPVA is often portrayed as a uniquely gendered crime. In reality, men and women experience physical violence in their relationships at broadly similar rates. As part of the large-scale Partner Abuse State of Knowledge (PASK) study in 2012, a review of the literature indicated that 33.6% of people experienced some type of physical violence in the context of a heterosexual relationship. Two hundred forty-three articles that focused on female victims, and 91 articles focusing on male victims were analysed in all. Results indicated that 23.1% of females and 19.3% of males experienced physical violence in the context of a heterosexual relationship (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012a). A further study indicated a 25.3% rate of self-reported perpetration of physical abuse. Of these, 28.3% of women, and 21.6% of men reported perpetrating abuse within a relationship (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012b).
A wide-ranging analysis of outcomes for a help-seeking sample (N=611) of male victims of IPVA conducted by Hines and Douglas indicates that not only does the experience of physical abuse result in significant physical and psychological harm, but it also exacerbates the harm caused by other forms of abuse (Hines & Douglas, 2016a). Further to this, a study of male victims of IPVA, illustrates that they experienced all three types of abuse identified by Johnson, and that those who experienced Intimate Partner Terrorism, reported significantly more symptoms than those who experienced other types of abuse (Hines & Douglas, 2018).

2.4.6: Psychological/Emotional Abuse

“Psychological/emotional violence traumatizes the victim by acts, threats of acts, or coercive tactics (e.g., humiliating the victim, controlling what the victim can and cannot do, withholding information, isolating the victim from friends and family, denying access to money or other basic resources). In most cases, emotional violence has been preceded by acts or threats of physical or sexual violence”. (US National Institute of Justice, 2020, Types of IPV, para 5)

Findings from the PASK study indicate that the overall prevalence rates for emotional abuse within heterosexual relationships are around 80%. Of these, 40% of women and 32% of men report experiencing expressive aggression (i.e. verbal abuse or emotional violence), while 41% of women and 43% of men report experiencing some degree of coercive control (Carney & Barner, 2012). A Canadian report reviewing data from the 2014 General Social Survey (victimization) data (N=36,000) reveals that 10.1% of males and 6.8% of females report experiencing at least one form of psychological abuse within the context of a heterosexual relationship (Dim & Elabor-Idemudia, 2017). In the UK, meanwhile, 72.6% of women and 57% of men surveyed reported experiencing non-physical abuse in the form of emotional and/or financial abuse (Elkin, 2019).
Outcomes for psychological and emotional abuse are reported to be as, if not more deleterious than those for physical abuse (Hamel, Jones, Dutton, & Graham-Kevan, 2015). A 2016 study of 661 Portuguese students revealed that 75% of male and 72% of female students reported experiencing psychological abuse at the hands of a partner. The study further found that experiencing psychological abuse predicted the onset of affective and post-traumatic symptoms at a statistically significant level (Comecanha, Basto-Pereira, & Maia, 2017).

2.4.7: Sexual Abuse

“Sexual violence can be divided into three categories: (1) the use of physical force to compel a person to engage in a sexual act unwillingly, whether or not the act is completed; (2) an attempted or completed sexual act involving a person who, because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure, is unable to understand the nature or condition of the act, decline participation, or communicate unwillingness to engage in the act; and (3) abusive sexual contact”. (US National Institute of Justice, 2020, Types of IPV, para 3)

Of all the subtypes of IPVA discussed, the question of sexual abuse within relationships is possibly the most gendered. For many people, the idea that a female partner could sexually victimize a man is anathema to their understanding of gender norms and roles (Depraetere et al., 2018). Despite these widespread misconceptions, significant numbers of men are subjected to sexual abuse within their relationships every year. In the US, NISVS statistics indicate a lifetime prevalence rate of 8% (9 million individuals) for male sexual victimization within a relationship (Breiding et al., 2015). Further to this, a systematic review of the literature from 2018 indicates that 65% of males have experienced some form of sexual abuse at the hands of a female (Depraetere et al., 2018).
A 2016 study by Hines and Douglas sought to detect the prevalence rates of sexual abuse within a help-seeking sample of male survivors of IPVA. They found that half of their sample (N = 611) reported experiencing sexual abuse at the hands of their partner, with 28% reporting “severe sexual abuse”. The nature and severity of the sexual abuse correlated positively with the severity of the physical abuse experienced. Exposure to sexual abuse was found to result in significant mental health (e.g. depression, PTSD symptoms), and physical health issues for both the male who has experienced it, and his children (Hines & Douglas, 2016b).

“Forced to Penetrate”

A key issue in the debate regarding female sexual victimization of men is the definition of “rape”. In many jurisdictions within the west (including the UK and Ireland), rape is defined as an act of “penile penetration” by the rapist (Weare, 2018). This definition precludes a woman from being investigated, let alone charged for rape (or attempted rape). As such, many activists and legal scholars have been pushing for the phrase “forced to penetrate” (FTP) to be included in the definition of rape (Weare, 2020). Changing the law in this manner would go some way towards bringing equality to the legislation and would likely lead to better reporting and subsequent recording of sex crimes perpetrated by women against men.

A study conducted in 2019 sought to assess the experience of being forced to penetrate. 50% of the male sample studied reported that their FTP experience occurred in the context of IPVA, and 2/3 of those involved repeated victimizations. Sequelae of experiencing this type of IPVA include mental health issues, emotional problems, difficulties with relationships, and difficulty in the victims’ personal life (Weare & Hulley, 2019).
2.4.8: Legal and Administrative aggression

Legal and Administrative aggression (LAA) was first identified as a form of IPVA following a qualitative study of the male experience of domestic abuse conducted in Australia (Tilbrook et al., 2010). LAA occurs when one partner uses the legal and administrative system to the detriment of their partner (Hines, Douglas, & Berger, 2015). Tilbrook et al. report that this form of abuse is almost uniquely restricted to female on male IPVA due to the prejudices and stereotypes inherent in the application of the gendered paradigm of IPVA, i.e. that males are always the aggressors. Examples of this type of IPVA include but are not limited to the threat of losing their homes, losing contact with children because of false claims of abuse, false claims of sexual assault (of both children and partner), and the false use of barring/ protection orders (Cook, 2009).

In one study of LAA, 67.3% of male respondents reported being threatened with parental alienation by their partners. 67.2% reported that their partner had falsely accused them of abuse, while 38.7% reported that their partner had taken out a protection order under false pretences. 48.9% reported that their partner had falsely accused them of hitting their children, and 15.4% reported that their partners had falsely accused them of sexually abusing their children (Hines, Brown, & Dunning, 2007). An analysis of what prevents abused men from leaving their partners indicated that the threats inherent in the use of Legal and Administrative abuse played a key role (Hines & Douglas, 2010a).

Apart from the previously cited effect of constraining the victim within an abusive relationship, LAA has been shown to be a direct predictor of poor outcomes in the physical health (including poor general health, poor sleep, fatigue, aches and pains), and mental health (depression, PTSD) domains (Hines & Douglas, 2016a). Further to the direct effect on the victim, evidence also suggests that LAA can result in significant adverse outcomes for the children. A 2016 study indicates that both actual and threatened LAA predicted affective and
oppositional defiant problems in school-aged children after accounting for other variables (Berger, Douglas, & Hines, 2016).

### 2.4.9: Outcomes for male survivors of IPVA

The subject of outcomes for male victims of IPVA has been a cause for some controversy in the literature. As will be discussed more comprehensively in the section on controversies within the literature, the question of outcomes is often brought up to support the assertion that female on male IPVA is somehow less serious than male on female. Take, for example, this passage from the COSC webpage on male victims of abuse

> “While, at first glance, the above seems to suggest that women and men experience similar levels of domestic abuse, one must bear in mind that the impact and severity of abuse experienced by women is much greater than that by men particularly for more severe behaviours” (COSC.ie, 2019, para 5).

One has to consider how a male survivor of abuse, or a man who is actively experiencing abuse feels when confronted with such a statement on a webpage designed to help them. Despite this commonly held, and official position, male survivors of IPVA often report significant adverse outcomes in multiple domains.

There is a well-cited dearth of research into outcomes for male survivors of IPVA (Lawrence, Orengo-Aguayo, Langer, & Brock, 2012). Despite this paucity, there have been a number of studies conducted that focused on the male experience. These studies indicate that male survivors of IPVA experience substantial adverse outcomes in a variety of domains including injury; physical health; mental health; sexual problems; relationship difficulties; and damage to their relationship with their children.
UK figures for physical injury at the hands of a female partner from 2018 indicate that 31.8% of male victims of IPVA suffered a physical injury (as opposed to 22.7% of female victims). These injuries include black eyes, broken bones, bites and scratches (Elkin, 2019).

There is a wealth of evidence supporting the assertion that male survivors of IPVA suffer a wide range of physical health issues as a result of their abuse (Hines & Douglas, 2009; Hines & Douglas, 2016a). These negative outcomes include problems with general physical functioning as well as more specific health issues (Simmons et al., 2018), and are evident both in the short term (Lysova et al., 2019) and at a nine-year follow up (Simmons et al., 2018).

Mental Health sequelae of IPVA include depression, PTSD, anxiety, suicidal thoughts, confidence and self-esteem issues, shame, fear, guilt, and confusion (Hines & Douglas, 2016a; Simmons et al., 2018). A 2005 study on PTSD symptoms in response to IPVA indicated that 24% of female and 20% of male victims reported PTSD symptoms following their experience of abuse (Coker, Weston, Creson, Justice, & Blakeney, 2005). A 2019 study based in Canada meanwhile indicates that both male and female victims experienced long term PTSD like symptoms at equal rates (Lysova et al., 2019). 2018 statistics from the UK indicate a small difference in the rates of psychological effects between males (47.5%) and females (57.8%); however, significantly more males (11%) reported attempting suicide following abuse than females (7.2%) (Elkin, 2019).

Many men who have experienced IPVA report subsequent difficulties with sexual performance, as well as “sexually deviant behaviours”. They also report higher rates of STDs (Simmons et al., 2018).

When asked, most men who have experienced IPVA report having significant relationship difficulties. These difficulties include mistrust, fear, and longing for a return to the abusive relationship (Bates, 2019a).
One of the most deleterious outcomes for male survivors of IPVA is the effect it can have on their relationship with their children. As discussed in the section on LAA, men often find themselves alienated from their children despite being the victim within an abusive relationship. This alienation can have significant adverse effects on the relationship itself, as well as exacerbating adverse outcomes for the father and children alike (Berger et al., 2016; Harman, Kruk, & Hines, 2018; Hines & Douglas, 2016a; Hines et al., 2015).

The lack of available studies significantly hinders research into outcomes for male victims of abuse. As a result, findings can be challenging to interpret. As part of the PASK study cited previously, Lawrence et al. reviewed 122 empirical studies, and ten reviews to assess overall IPVA outcomes. Although their findings indicate that females experience more deleterious effects of abuse overall, there was a significant disparity in the number of studies available to review (Lawrence et al., 2012). Further to this, findings must be interpreted in the context of research that suggests that over half of abused men do not realise that they have been abused (Flatley, 2016). Finally, many studies involve a help-seeking sample, precluding the majority of male victims, who never seek formal help.

2.4.10: Help-seeking

There is a wealth of literature indicating that males who have endured IPVA struggle with help-seeking (Barrett et al., 2019; Dutton & White, 2013; Huntley et al., 2019; Tsang, 2016; Tsui, Cheung, & Leung, 2010). There are many reasons for this, some of which are internal, and some are external (Douglas & Hines, 2011).

Several internal barriers to help-seeking have been identified in the literature. First and foremost is masculine identity. For many male survivors of abuse, taking on the role of “victim” is considered to be contrary to their identification as masculine (Huntley et al., 2019; Tsui et al., 2010). This contradiction leads many men to refuse to consider their experiences in the
context of IPVA (Arnocky & Vaillancourt, 2014; Walker et al., 2020; Wallace, Wallace, Kenkre, Brayford, & Borja, 2019). It can also lead to feelings of shame, guilt, confusion and emasculation (Huntley et al., 2019; Simmons et al., 2016; Walker et al., 2020).

A second internal barrier to help-seeking is the fear of losing contact with their children. As cited in the section on LAA, many female abusers use their children as a secondary means of abuse (Walker et al., 2020). The fear that this instils leaves many male survivors of abuse feeling that any attempt at disclosure will result in them losing access to their children (Douglas & Hines, 2011; Huntley et al., 2019). Other internal barriers to disclosure identified are despondency; commitment to the abusive relationship; not wanting to harm their partner; fear of not being believed; ambivalence; and fear of repercussions (Huntley et al., 2019; Tsang, 2016; Walker et al., 2020).

Those men who make the decision to seek help after experiencing IPVA often find themselves confronted with significant barriers. First of all, there is a serious lack of services that cater to men, let alone that are dedicated to them (Tsui et al., 2010; Wallace, 2014). Due to the predominance of the gendered paradigm, many governments and NGOs do not accept the possibility that males can be victims of IPVA, leading to a scenario whereby services are simply not funded (Douglas & Hines, 2011; Powney & Graham-Kevan, 2019; Wallace, 2014; Wallace et al., 2019; Wright, 2018). This lack of funding has resulted in a significant disparity in the amount of services available to male survivors of abuse compared to female survivors. In terms of signposting, the literature suggests that medical professionals and the police often do not recognise the male experience of abuse, and therefore do not refer to IPVA specific services (Huntley et al., 2019; Wallace, 2014; Wallace et al., 2019).

When males do seek help, the majority do so from informal sources such as friends and family. One study indicated that of 258 male survivors of abuse in Australia, 91.6% had sought
help informally (Walker et al., 2020), while UK statistics indicate that only 50.6% of men told a family member or friend (Elkin, 2019). Of these, the majority found the experience to be unhelpful, describing shock; surprise; downplaying, indifference, and victim-blaming as the usual responses (Walker et al., 2020). Other studies indicate a more positive response to informal help-seeking, including the use of online support services (Douglas & Hines, 2011).

Males who seek help from formal bodies find the experience to be almost uniformly unhelpful (Tsang, 2016). Many refer to a gendered system which has been established to cater for women, with no consideration for the male experience, or the unique needs of male survivors (Arnocky & Vaillancourt, 2014; Tsui et al., 2010; Wallace, 2014; Wallace et al., 2019; Wright, 2018). Those who access IPVA specific services report finding them to be more harm than good, with many reporting that they experienced being treated as an abuser; being met with disbelief; insensitivity; ridicule; and ignorance (Douglas & Hines, 2011; Huntley et al., 2019; Machado, Santos, Graham-Kevan, & Matos, 2016). Those who seek help from the police and the legal system meanwhile, report being treated like the abuser; disbelief; ridicule, and indifference (Machado, Santos, et al., 2016; Walker et al., 2020). This bias can have the effect of revictimizing and retraumatizing the survivor of abuse (McCarrick, Davis-McCabe, & Hirst-Winthrop, 2016).

2.4.11: Perceptions

Underpinning many of the issues preventing male survivors of IPVA from disclosing abuse/help-seeking, are societal perceptions of men in general, and male survivors of abuse in particular. There is a wealth of evidence indicating that, when presented with a pair of vignettes, where that abuser is male in one and female in the other, neutral observers (both male and female), rate the male abuser and the male abused in more negative terms. Furthermore, men are found to be more morally responsible for both. This effect has been witnessed in legal settings (Stanziani et al., 2018), amongst the general public (Bates, Kaye, Pennington, &
Hamlin, 2019; Terrance, Plumm, & Thomas, 2011; Willis et al., 2019), and even amongst psychologists (Follingstad, DeHart, & Green, 2004). One study (N=1942) exploring attitudes towards male victims found that the public attributed their abuse to the male having a weak personality (62.4%); being physically weak (27.6%), and being a negative internalizer (29%) (Eckstein & Cherry, 2015). In another study, female abusers were described as being justified in their abuse, regardless of the context (Wilchek-Aviad, Neeman-Haviv, Shagan, & Ota-Shushan, 2019).

2.4.12: How do men describe their experience?

Much of the research cited thus far has focused on large-scale quantitative surveys designed for the general population. Although this type of research is very effective for measuring a phenomenon, it does not tell us a lot about the lived experience of being a male victim within an abusive relationship. There is, however, a growing body of mixed-methods and qualitative methods-based research literature that goes into this element in more detail. Of these studies, two by Bates from 2019 are discussed in detail below.

Two studies conducted by Elizabeth Bates in the University of Cumbria looked to explore the male experience of IPVA in 2019. These studies used mixed-methods questionnaires to evaluate the in-vivo experience of abuse; the impacts of abuse; the experience of help-seeking; societal perceptions; and obstacles to leaving the relationship (Bates, 2019a, 2019b).

Multiple studies indicate that male survivors of IPVA report a diversity of experiences of abuse (Allen-Collinson, 2009; Bates, 2019b; Gadd, Farrall, Dallimore, & Lombard, 2003; Morgan & Wells, 2016). Bates distinguished these experiences between “aggression”, and “coercive control”.

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Verbal aggression was common, with many respondents citing “shouting” and “screaming” as frequent examples. Some also pointed out that verbal aggression often escalated into physical aggression, particularly if the victim refused to retaliate (Allen-Collinson, 2009). 78% of respondents reported that they never retaliated. Physical aggression took the form of biting, scratching, punching, kicking, and the use of weapons. Attacks to the genitals were commonplace, and physical aggression was reported to often take place when the man was in a vulnerable position, such as in bed. (Bates, 2019b; Bates & Taylor, 2019).

Controlling behaviours were described as being significantly more harmful than physical aggression. Examples of controlling behaviours included control over freedom of association, for example, monitoring social interactions, phone usage, and time spent at work. Financial abuse, wherein the female partner-maintained control over family finances, was also common. LAA was cited, particularly in relation to access to children and false accusations. Some men also reported that their partners threatened to harm the children if he left the relationship. Denigration and humiliation using sexual and gender-based insults were particularly common as a means of control. Gaslighting, the process whereby an abuser convinces the abused that their experiences are not real and/or their own fault, was described by most respondents, although they did not use that phrase. One of the most common elements of control reported was the overall sense of fear and uncertainty they experienced as they rarely knew when, or why, an outburst would occur (Bates, 2019b; Bates & Taylor, 2019).

Bates’ sample described numerous examples of the impacts their experience of abuse had on them. Physical health issues reported included cuts, scratches, stab wounds, black eyes, and broken bones. Mental health issues, including suicidality, depression, and loneliness and isolation, were also reported. In terms of relationships, difficulty with future relationships, including finding it impossible to trust women, paranoia, hypervigilance for red flags, and still being in love with their abuser were commonplace.
The single most severe impact of abuse cited by the men in Bates’ sample was the effect it had on their relationship with their children. Fathers within the sample discussed the effects of parental alienation and witnessing abuse had on both they and their children (Bates, 2019a).

Obstacles to leaving the relationship reported by Bates’ sample include dedication to their children; commitment to the marriage/relationship; and poor self-esteem.

Corbally described another perspective on the male experience of abuse in a 2015 qualitative study. In her biographical narrative analysis of the male experience of abuse, Corbally interviewed an Irish sample of help-seekers. She found that three abuse narratives were prevalent. These were the “fatherhood narrative”, whereby male victims of IPVA described themselves as competent and capable fathers. Within this narrative, there was also a subtheme of stolen fatherhood, reflecting the pain of parental alienation. The second narrative she found was the “good husband narrative”. Within this paradigm, males described themselves as good, loyal partners and providers. This self-narrative resulted in significant confusion in light of their experience of abuse as the men could not grasp why it was happening. The final narrative identified was the “abuse narrative”. Within this, male victims described their difficulty identifying as victims of abuse, and their lack of appropriate language to describe the experience. Corbally further distinguished between 1st wave abuse, as in that committed directly by the abuser, and 2nd wave abuse, as in that committed through an intermediary (e.g. children, legal system) (Corbally, 2015)

2.5: Controversies within the literature

There are two significant and interrelated controversies within the study of IPVA. These are the existence of “gender symmetry” in IPVA perpetration and victimhood, and the pre-eminence of the “gendered paradigm” to explain the aetiology of the phenomenon.
2.5.1: Gender symmetry

In 1975, Murray Straus and others conducted the National Family Violence Survey (NFVS) with a view to quantifying the newly recognised public health crisis in domestic abuse (Straus et al., 1980). Expecting to find only female victims of male abuse, Straus and colleagues were shocked to discover that not only were women not the sole victims, but in some areas, they made up the majority of perpetrators. In fact, the 1975 NFVS illustrated that the majority of IPV was bidirectional, with unidirectional abuse carried out by men on women in 12% of cases and perpetrated by women on men in 11.6% of cases. Further to this, Straus discovered that 4.6% of attacks perpetrated by women on men were categorized as “severe”, whereas 3.8% of attacks by males met that criteria (Straus, 2010).

By his own admission, Straus was sceptical of the findings and sought to explain them away as they contravened established science and policy of the time. Feminist scholar Suzanne Steinmetz did not baulk at the evidence, and in 1975 she published the seminal article “The Battered Husband Syndrome”. In this ground-breaking expose of female on male IPV, Steinmetz reviewed the evidence available at the time while also addressing public perceptions of male survivors of abuse, and the reasons that they are less likely to come forward (Steinmetz, 1975). Steinmetz’s work served as a watershed moment in the investigation of IPV. Up to that point, the prevalence of female on male IPV was either unknown or ignored. “The Battered Husband Syndrome” gave voice to the thousands of men who had suffered at the hands of their female partners, and opened an entirely new avenue of investigation and treatment for IPV. Despite this, Steinmetz found herself to be ostracized in many of the schools of psychology, sociology, and criminology of the time. She was overlooked for tenure, and even experienced having a bomb threat called into the church in an attempt to cancel her daughter’s wedding (Straus, 2010).
Since 1975, numerous other researchers have investigated gender symmetry in IPV. There is now over forty years of cumulated evidence supporting gender symmetry in IPV. Martin Fiebert has developed a bibliography of peer-reviewed research articles with an accumulated sample size of 371,600, all of which shows the same general trend. This research illustrates that by far, the most common form of IPV in heterosexual relationships is bidirectional, followed by female on male, and then male on female (Fiebert, 2018; Straus, 2015). In 2007, Straus and Ramirez once again found no statistical difference in the perpetration of IPV between the genders. In a study with a large sample size of 1,544 couples, they found that 71.2% of IPV was bidirectional, 19% was perpetrated by the female only, and 9.8% by the male only (Straus & Ramirez, 2007). A large-scale review of the literature conducted as part of the PASK study in 2012 analysed the results of 48 studies conducted with six individual group sets. With an overall sample size of 157,603, the researchers found an overall rate of 55.9% for bidirectional IPV. This was further broken down to a 14.8% rate for male on female IPV, and a 29.3% rate for female on male IPV. Once again supporting previous evidence that men are more likely to be the victims of IPV than the perpetrators (Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012).

The latest statistics from the US National Intimate Partner and Sexual Violence Survey also support the gender symmetry theory, indicating almost exact symmetry on measures of physical violence (31% of males, 30.6% of females), and psychological aggression (34.2% of males, 36.4% of females). Overall, 1 in 3 females (43.6 million) and 1 in 3 males (37.3 million) reported having “experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime” (Smith et al., 2018).

Bidirectional IPV

There is now 45 years of evidence that the majority of IPV is bidirectional (Winstok & Straus, 2016). As such, it is important to discuss the nature of this bidirectional abuse. A
A 2007 study looked at bidirectional IPV intending to further our understanding of the phenomenon. With a sample size of 11,370, the researchers found IPV to be present in 23.9% of relationships. 49.7% of this violence was bidirectional, with 67.7% of women studied, and 74.9% of men studied asserting that the woman was the instigator (Whitaker, Haileyesus, Swahn, & Saltzman, 2007).

*Gender symmetry v gender parity*

Many opponents of the gender symmetry paradigm make pains to distinguish gender symmetry from gender parity. For them, symmetry relates to a statistical equivalence, whereas parity relates to an equivalence of outcomes. For example, if we were to take two couples. In couple A, the wife punches the husband, while in couple B, the husband punches the wife. An examination of these couples would support the gender symmetry model because there has been an equal number of incidents for each gender. However, given the differences in size, strength, and punching ability, it is likely that the husband in couple B would have done significantly more damage than the wife in couple A. Therefore, there is no parity despite there being symmetry (Winstok, 2017).

Recent evidence from the world of experimental biology indicating that males have in the region of 172% more punching power than women on average would seem to support this assertion (Morris, Link, Martin, & Carrier, 2020). Further to the punching power disparity, some evolutionary biologists also point to sexual dimorphism in the bone structure of the hands (Morgan & Carrier, 2013) and face (Carrier & Morgan, 2015) to support the view that males have evolved attributes that exist for no other reason than to punch and be punched by other *males*. As the section on “Outcomes” illustrates, the assumptions about parity are not as clear cut as they may seem; however, the distinction remains valid. One of the possible results of sexual dimorphism with regard to fighting/punching prowess is the use of weapons by female perpetrators.
Use of weapons

In a review of the literature from 1993 – 2011, Catalano found that 27% of male victims had a weapon used against them as opposed to 18% of female victims. A closer look at this shows that twice as many male victims (8%) than female (4%) were shot or stabbed by their partners (Catalano, 2013). In light of the evidence pointing to the significant disparity in punching power/ prowess between the genders, many women likely use a weapon to redress this imbalance.

2.5.2: Gendered model v the Biopsychosocial model: An aetiological impasse?

With the huge wealth of data supporting the “gender symmetry” model of IPV, one must ask the question of why it has proved to be so controversial. The answer to this question is that it contradicts the prevailing model of IPV – the “Gendered Paradigm”.

What Is the Gendered Paradigm of IPVA?

The “gendered paradigm”, also referred to as the feminist paradigm, or patriarchal theory of IPVA was developed in the mid-seventies by feminist scholars seeking to explain the apparent epidemic of IPVA perpetrated by men against their wives and girlfriends. The gendered paradigm of IPVA aetiology makes four key assumptions (Bell & Naugle, 2008; Dixon & Graham-Kevan, 2011). These are:

1. IPVA is almost exclusively perpetrated by men against women. This abuse is common and occurs in the sociocultural context of a “patriarchal society”. According to the rules of this society, women are forced to accept a subordinate role to their dominant male partners. As a result of changing attitudes and increasing liberation of women, males abuse their partners in order to exert power and control over them. According to this theory, IPVA, particularly physical and sexual abuse, is considered to be significantly distinct from other types of violence (Dobash & Dobash, 1979; Dobash & Dobash,
2004; Yllo, 2005). As previously mentioned, feminist scholar Michael Johnson developed a taxonomy of IPVA. According to this taxonomy, Intimate Partner Terrorism (IPT) corresponds to this form of IPVA, and is almost exclusively perpetrated by males with the aim of exerting power and control over females (Johnson, 1995).

2. When confronted with the evidence of bidirectionality and female perpetration of IPVA, proponents of the gendered paradigm developed the theory that women only perpetrate IPVA in self-defence or retaliation when being abused by their male partners (Henning, Jones, & Holdford, 2003). Johnson referred to this form of IPVA as “Violent Resistance”. He would later add “situational couple violence” to his taxonomy to explain what he considered to be less severe forms of mutual IPVA (Kelly & Johnson, 2008).

3. Because of gender roles, and patriarchy theory, women are trapped in their abusive relationships. Feminist scholars argue that this entrapment is predicated on systemic oppression and discrimination.

4. Intervention programmes for perpetrators of IPVA must be psychoeducational, and focus on educating the *men* involved on patriarchal gender roles, and how they influence the perpetration of IPVA (Dixon & Graham-Kevan, 2011).

The gendered paradigm of IPVA is by far and away the most influential model throughout the western world. It has influenced the laws of many countries, and is the predicate on which the vast majority of IPVA specific services are based (Powney & Graham-Kevan, 2019). One of the outcomes of this hegemony is that the “Duluth Model” for intervention programmes has become the de-facto gold standard which is implemented in prisons and offender programmes throughout the world (Dixon, Archer, & Graham-Kevan, 2012).
What is the Duluth Model?

Based on the gendered paradigm of IPVA, the Duluth model is considered to be the gold standard for IPVA perpetrator programmes around the world (Dixon et al., 2012). Devised in Duluth, Minnesota in the late seventies, and early eighties, the model is considered to be psychoeducational in nature and lays the sole responsibility for IPVA at the feet of the perpetrator, who is exclusively male. Using the “Power and Control Wheel” (fig. 1), the male perpetrator is forced to admit his use of a variety of power and control techniques designed to subjugate his partner. The use of shame and confrontation tactics are encouraged with the aim of challenging the male perpetrator’s assumed patriarchal worldview, and thereby change his behaviour. Along with the emphasis on changing the perpetrator’s behaviour, the Duluth model strives to incorporate itself within all relevant community structures, including the legal system, physical and mental health services, and IPVA specific services. The overall structure of the model has the stated aim of changing male behaviour while supporting female victims of abuse (Gondolf, 2007; Pence & Dasgupta, 2006; Pence & Paymar, 1986).
Figure 1: The "Power and Control Wheel"

Critiques of the model

Critiques of the gendered paradigm focus on two key issues. First of all, the aforementioned trend towards gender symmetry in perpetration and victimization would seem to rule out IPVA as a gendered phenomenon. After all, if IPVA is exclusively perpetrated by males, how can one explain the hundreds of studies that point to bidirectionality and gender symmetry in perpetration and victimization? Secondly, there is a wealth of studies that evaluate and assess motivations and risk factors for the perpetration of IPVA. Of these, power and control are only one element of a much bigger aetiological picture.

As far back as 1994, Canadian psychologist Donald Dutton referred to the patriarchy theory of IPVA as an “Ecological fallacy”. To support this assertion, he pointed to three key factors that dispute the theory. These were 1. Gay women report higher levels of IPVA
victimization than straight women; 2. There is no direct relationship between power and violence in relationships, and 3. In order to motivate IPVA, patriarchy would have to interact with psychopathological influences (Dutton, 1994). These findings were later supported and expanded upon by research exploring female perpetration of IPVA, child abuse, and bullying (Koller, 2013). Since 1994, a considerable amount of research has been conducted, which substantially rejects the male power/control theory. Examples of this are a 2014 study with a sample of 1104 wherein females were found to be more physically abusive within relationships than males, and no difference in the use of power and control was found between the genders (Bates, Graham-Kevan, & Archer, 2014). A 2016 study meanwhile addressed the nature of IPVA in terms of bidirectionality and the fluid nature of the perpetrator/victim dyad (Bates, 2016). Another 2016 study once again supported research indicating symmetry in controlling behaviours within terroristic relationships (Bates & Graham-Kevan, 2016; Straus & Gozjolko, 2014, 2016).

In a series of papers dated between 2005 and 2012, Dutton, Nicholls, and Corvo laid out their primary reasons for refuting the gendered paradigm and associated Duluth Model of intervention, while also making suggestions for an alternative approach. The first paper in the series highlighted the incompatibility of the gendered paradigm with contemporary empirical evidence regarding gender symmetry in perpetration, victimization, and outcomes of abuse (Dutton & Nicholls, 2005). The second paper evaluated the Duluth model and the gendered paradigm on which it is based as a model for intervention. Dutton and Corvo began by describing the model before critiquing it in terms of inadequacy (recidivism rates are between 35% and 40% - significantly above controls) and its ideological basis (since the model is unsupported, and in fact refuted by the evidence, its wholesale acceptance is based on ideology rather than empirical evidence). Finally, the authors suggest pursuing a more psychologically sound means of addressing the problem of IPVA (Dutton & Corvo, 2006). The final paper in
the sequence highlights a significant issue found in the literature supporting the gendered paradigm. In this paper, Dutton addressed work by Johnson, Dekeseredy, and Gondolf, which sought to support the gendered paradigm. In doing so, Dutton pointed out that the samples assessed by Johnson and Dekeseredy involved only female victims, and that completed by Gondolf involved only male perpetrators (Dutton, 2012). This paper reiterates the critique levied by Straus in 2010 that proponents of the gendered paradigm resort to the use of manipulated data and methodologically unsound research designs to support what is fundamentally an ideological position (Dixon et al., 2012; Straus, 2010).

Further rejections of the gendered paradigm are found in two studies conducted by Felson and colleagues. In the first study, a survey of inmates who had committed murder and/or assault (N= 18,316), revealed that there were few discriminating risk factors between those who assaulted their partners and those who had assaulted non-partners. Referred to as the “violence perspective”, this research concluded that generic predictors of violence such as substance abuse, and having been the victim of child abuse, also predicted IPVA. These findings directly contradict the gendered perspective, which considers IPVA to be a unique crime with a uniquely gendered aetiology (Felson & Lane, 2010). The second study was carried out with 13,459 Finnish teenagers. The teenagers were asked to describe their parents’ aggression towards each other and the children. Findings suggest that women were more likely to be aggressive within both relationship types, and that men overwhelmingly required a higher level of provocation before responding with aggression than women did (Felson, Savolainen, Hughes, & Ellonen, 2015).

*If IPVA is not motivated by power/ control, what does motivate it?*

The 2012 PASK study sought to determine the causative factors for IPVA. A review of 74 individual studies comprising 75 different samples sought to determine the relative impact of seven key factors in motivating IPVA. These factors were 1. Power/ control; 2. Self- defence;
3. Expression of negative emotion; 4. Communication difficulties; 5. Retaliation; 6. Jealousy; and 7. Other. Findings indicate that the main causative factors for IPVA perpetration were retaliation, expression of anger, communication difficulties, and seeking attention from the partner. Twelve studies examined the role of power/control; however, only 7 used statistical analysis. Of these studies, three showed no difference between the genders in the use of power/control; one showed that women were more motivated by power/control, and three showed that men were more motivated by power and control. Effect sizes for the latter three studies are described as being “small” (Langhinrichsen-Rohling, McCullars, et al., 2012). This comprehensive review illustrates the heterogeneity of motivations for the perpetration of IPVA, as well as the relatively low importance of the power/control narrative. It also points to significant similarities in the motivations for perpetration between the genders.

A more inclusive alternative

Taking into account the vast literature pointing towards gender symmetry in IPVA perpetration, as well as the growing literature indicating that other variables apart from power/control motivate people to commit IPVA, many psychologists and researchers have sought to develop a more inclusive model of IPVA perpetration, victimization, and intervention (for both the abuser and the abused). The biopsychosocial model of IPVA combines research on the biological, psychological, and sociological aetiology of IPVA into a unified model (Bell & Naugle, 2008; Loue, 2000).

Biological factors that may contribute to the perpetration of IPVA include neurotransmitter dysregulation (Corvo & Dutton, 2015), and behavioural genetics (Barbaro, Boutwell, & Shackelford, 2019). Psychological influences may include personality disorders (80% - 90% of court-referred and self-referred male perpetrators had a diagnosable personality disorder) (Dutton, 1994), attachment disorders (associated with both perpetration and victimization) (Dutton & Corvo, 2006), family systems/social learning theory explanations
(e.g. children who witnessed and/ or experienced abuse are significantly more likely to become abusers) (Copp, Giordano, Longmore, & Manning, 2019; Dixon & Graham-Kevan, 2011; Felson & Lane, 2010; Straus, 2016), negative emotionality (Moffitt, Robins, & Caspi, 2001), trait aggression (Clements, Clauss, Casanave, & Laajala, 2018) and/ or substance abuse disorders (Espinoza & Warner, 2016). Sociological and contextual variables may include those cited by Langhinrichsen- Rohling et al. (2012) above, as well as the use of alcohol and other substances (Leonard & Quigley, 2017). A final factor that may contribute to IPVA perpetration is “assortative mating”. Assortative mating is the theory that similar types of people tend to become involved with each other. For example, aggressive women tend to be attracted to aggressive men and vice versa (Moffitt et al., 2001; Straus, 2015). This theory may go some way towards explaining relationships involving high levels of bidirectional abuse.

Taking all of the available evidence into consideration, Espinosa & Warner suggest a three-pillar approach to bridging the gap between science and practice regarding IPVA. This model begins with the integration of psychological research into the field, followed by addressing stigmas and misunderstandings, and finally, using the science to inform services (Espinoza & Warner, 2016).

2.8: Problem statement

There is a well-cited dearth of research into the male experience of female perpetrated IPVA. This paucity has directly contributed to the adoption of an incomplete model of the phenomenon, resulting in significant unnecessary suffering. Further to this, misconceptions, stigma, and misunderstandings have resulted in services that are not suited to catering for male survivors or female perpetrators. These factors conglomerate to contextualize a system whereby many male survivors never come forward and describe their experiences, access IPVA specific services, and/ or report their abuse to legal and administrative authorities.
2.9: Research questions

How do male survivors of female perpetrated IPVA describe their views on IPVA before, during, and after their own experience with the phenomenon? Did their opinions change with experience? How do they feel they are perceived? What are the barriers to and facilitators of help-seeking?

2.10: The current study

The current study aims to explore the experience of being a male who has been subjected to Intimate Partner Violence and Abuse by a female. We hope to do this by disseminating an in-depth mixed-methods survey incorporating both closed and open-ended questions. This method may help us to formulate a more comprehensive understanding of the phenomenon from a psychological perspective. In turn, this will allow us to develop more appropriate services for those affected.

2.11: Chapter Summary

Evidence presented thus far in the literature review indicates that female on male IPVA is a serious issue worldwide. Sequelae include social exclusion, parental alienation, depression, stigma, and complex PTSD. Further exacerbating this issue is the status of the gendered paradigm, which situates the male in any relationship as the most powerful component and therefore excludes male victims, as the preeminent model of IPVA. This philosophy has been enshrined both legislatively and in the public zeitgeist resulting in significant difficulties for men who seek help. The status quo has resulted in misunderstanding and misattribution in terms of clinical interventions, legal support, and pragmatic social supports for male victims. This research aims to develop a better and more comprehensive understanding of the male experience of being victimized by an intimate female partner. We did this by distributing an online survey comprising open-ended and closed questions to males who have self-identified as having been in an abusive relationship. The survey was distributed through support services.
for male victims, including Mensaid in Ireland and “The Mankind Initiative” in the UK. In order to attract participation from those who have not sought support, more broad social media was used, including the “Men’s Rights” subreddit on Reddit, Twitter, and Facebook. It is hoped that by studying the experience of female on male intimate partner violence and abuse, we can contribute to the development of bespoke clinical, legal, and social interventions.
Chapter 3: Methodology

3.1: Chapter Introduction

In this chapter, I will describe the methodology, providing rationales at each stage of the process. Following this, I will provide detailed descriptions for the sample, and the procedure used to procure the data, before describing and critiquing the measure used. Finally, I will address the ethical checks and balances utilised to safeguard the anonymity and confidentiality of the participants and their information. Throughout this chapter, bespoke explanations will be used to apply general concepts to the unique needs of this study.

3.2: Research Design

3.2.1: Overview of the design

This study utilised a “convergent mixed-methods design” (Creswell & Plano Clark, 2017). Using this design allowed the author to assess the phenomenology of male survivors of IPVA qualitatively, while also quantifying the experience in terms of age, nationality, type, and frequency of abuse. The aim of using this specific methodology was to allow us to obtain as complete a picture of the male experience of IPVA as possible.

3.2.2: Background to Mixed-Methods Research

Mixed-methods research designs evolved in the 1980s as a response to criticisms levied at both quantitative and qualitative designs. For proponents of the qualitative paradigm, the positivist focus of the quantitative paradigm represented a reductionist view of reality, bereft of humanity, context, and experience, whereas, for the proponents of the quantitative paradigm, the constructionist focus of qualitative research was unscientific, ungeneralizable, and inherently biased. Each side accused the other of lacking validity and reliability, and a uniquely acrimonious dichotomy formed (Doyle, Brady, & Byrne, 2009).
In the midst of this acrimony, a new paradigm emerged based on the philosophy of pragmatism. Pioneered by researchers such as Creswell, Plano-Clarke, Tashakkori, Teddie, Leech, and Onwuegbuzie, mixed-methods research designs seek to combine both qualitative and quantitative approaches in a manner intended to accentuate the positives of both paradigms whilst also ameliorating their deficiencies.

Mixed-methods research designs have evolved significantly since their reactionary origins, resulting in an explosion of popularity over the past few years. This increase has been particularly apparent in the social and behavioural sciences. A recent study indicated that the use of mixed-methods had increased by 800% since 2004. (Timans, Wouters, & Heilbron, 2019).

3.2.3: Ontology and epistemology of Mixed-Methods research

The philosophical underpinnings of a research design are crucial to understanding how the researcher views reality (ontology), and the nature of the relationship between the researcher and that which is being researched (epistemology). Four fundamental paradigms exist within the mixed-methods research literature, including Positivist/Postpositivist; Constructivism; Transformative; and Pragmatism (see table 1 for more details). These are not the only approaches, however, and mixed-methods researchers are increasingly incorporating more innovative paradigms such as dialecticism, and critical realism. By its very nature, researchers who utilise mixed-methods designs often find themselves holding two or more underpinning philosophies “in tension” so as to accentuate the benefits and ameliorate the deficiencies of both. For the purposes of this research, a pragmatic-critical realist perspective is taken.
Table 1: Research Paradigms (Creswell, 2013)

<table>
<thead>
<tr>
<th>Philosophical Question</th>
<th>Postpositivism</th>
<th>Constructivism</th>
<th>Transformative</th>
<th>Pragmatism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontology (What is the nature of reality?)</td>
<td>Singular reality (e.g., researchers reject or fail to reject hypotheses)</td>
<td>Multiple realities (e.g., researchers provide quotes to illustrate different perspectives)</td>
<td>Multifaceted and based on different social and cultural positions (e.g., researchers recognize different power positionalities in our society)</td>
<td>Singular and multiple realities (e.g., researchers test hypotheses and provide multiple perspectives)</td>
</tr>
<tr>
<td>Epistemology (What is the relationship between the researcher and that being researched?)</td>
<td>Distance and impartiality (e.g., researchers objectively collect data on instruments)</td>
<td>Closeness and subjectivity (e.g., researchers visit with participants at their sites to collect data)</td>
<td>Collaboration (e.g., researchers actively involve participants as collaborators, build trust, and honor participant standpoints)</td>
<td>Practicality (e.g., researchers collect data by “what works” to address research question)</td>
</tr>
<tr>
<td>Axiology (What is the role of values?)</td>
<td>Unbiased (e.g., researchers use checks to eliminate bias)</td>
<td>Biased (e.g., researchers actively talk about and use their personal biases and interpretations)</td>
<td>Based on human rights and social justice for all (e.g., researchers begin with and advocate for this premise)</td>
<td>Multiple stances (e.g., researchers include both biased and unbiased perspectives)</td>
</tr>
<tr>
<td>Methodology (What is the process of research?)</td>
<td>Deductive (e.g., researchers test a priori theory)</td>
<td>Inductive (e.g., researchers start with participants’ views and build “up” to patterns, theories, and interpretations)</td>
<td>Participatory (e.g., researchers involve participants in all stages of the research and engage in cyclical reviews of results)</td>
<td>Combining (e.g., researchers collect both quantitative and qualitative data and mix them)</td>
</tr>
<tr>
<td>Rhetoric (What is the language of research?)</td>
<td>Formal style (e.g., researchers use agreed-upon definitions of variables)</td>
<td>Informal style (e.g., researchers write in a literary, informal style)</td>
<td>Advocacy, activist-oriented (e.g., researchers use language that will help bring about change and advocate for human rights and social justice)</td>
<td>Formal or informal (e.g., researchers may employ both formal and informal styles of writing)</td>
</tr>
</tbody>
</table>

**Pragmatism**

Pragmatism originated in the US in the late nineteenth century and is considered to be one of the three key streams of philosophical thought. Early developers of the worldview include Charles Sanders Peirce (1839–1914), William James (1842–1910), John Dewey (1859–1952), and Jane Addams (1860–1935). In research terms, pragmatism emerged as a “third way” which was said to exist outside of the paradigmatic continuum between positivism on one end of the spectrum and pure interpretivism on the other. For pragmatic researchers, the principal aim is to use a methodology that works to answer the research question in the most
effective and ethical manner. In keeping with this philosophy, it has been suggested that “pragmatism is aimed at producing useful knowledge rather than understanding the true nature of the world” (Mingers, 2004, p297).

Critical Realism

Critical realism is a philosophy developed by Roy Bhaskar in collaboration with several other researchers in Britain (Gorski, 2013). One of its fundamental axioms is that qualitative and quantitative methodologies can co-exist within one research design. Critical realism can be said to be ontologically realist in so far as it accepts that an objective reality exists, while being epistemologically critical, in that it accepts that although reality exists, our knowledge of it is fundamentally informed by our ability to interpret it. Despite its tendency towards a degree of relativism, critical realists such as Bhasker reject postmodernism's embrace of judgemental relativism. In doing so, critical realists accept that some interpretations of reality are better than others (Johnson & Duberley, 2000). The father of critical realism, Roy Bhasker, believed that reality consists of three layers. These layers are “The Empirical Layer” – that which can be observed and measured; “The Actual Layer” – that which exists in time and space; and “The Real Layer” – that which goes beyond facts, perceptions and experiences (Mearns, 2011).

As it exists in the space occupied by both positivist and constructivist paradigms, critical realists accept the existence of an inalienable truth, but assert that this truth cannot be accessed objectively as the senses we use to interpret the world/ reality are inherently contextually biased.

Combining Pragmatism and Critical Realism

Pragmatism has been critiqued as being ontologically and epistemologically agnostic. Due to this agnosticism, pragmatism has been described as lacking foundation (Heeks, Ospina,
Combining pragmatism and critical realism has been cited as a way to address the shortcomings of pragmatism alone. By tying pragmatism to a naturally commensurate paradigm such as critical realism, researchers can address the agnosticism of pragmatism in a manner designed to contextualise pragmatism as a third paradigm truly. Pragmatic Critical Realism (PCR) (Johnson & Duberley, 2000) embraces the practical and ethical approach to answering a research question espoused by the pragmatists, with the ontological and epistemological foundations of critical realism. In doing so, we now have a solid foundation on which to base the quest for knowledge in practical, non-dogmatic terms. As Johnson & Duberley phrased it:

“While the truth may well be ‘out there’ we may never know it in an absolute sense because we lack the necessary cognitive and linguistic means of apprehending it. [However] . . . from the pragmatic critical realist stance we can develop, and indeed identify, in a fallible manner, more adequate social constructions or reality by demonstrating their variable ability to realise our goals, ends or expectations since our practical activities allow transactions between subject and object” (Johnson & Duberley, 2000, 163)

As it pertains to this project, PCR was deemed appropriate after a prolonged reflexive process. The fundamental research question is “what is the male experience of IPVA and subsequent help-seeking?” A positivist perspective would be purely quantitative, disregarding the lived experience of the phenomenon, while a purely constructivist approach would make it impossible to measure the objective reality of the situation that these men experienced. Adopting a PCR approach allowed me to address the research question in terms of the integration of the participants’ “real”, “empirical”, and “actual” realities. In summation, it is the best means of effectively, efficiently, and comprehensively answering the research question.
3.2.4: Why choose a convergent mixed-methods design?

The convergent mixed-methods design takes PCR to its natural conclusion. It aims to “obtain different but complementary data on the same topic” (Morse, 1991, p122) by addressing the relative strengths and weaknesses of both qualitative and quantitative methodologies. Converging both methodologies congruently allows the researcher to collate different categories of data to provide a more complete and complex understanding of the research problem.

Four key steps in the use of a convergent mixed-methods design have been identified (see fig. 2). These are:

1. **All data are collected at the same time**: For this project, an online survey was distributed. This survey included both closed and open-ended questions.

2. **Both data sets are awarded parity of esteem.** Although the qualitative component naturally required significantly more input and analysis than the quantitative component, this should not be interpreted as awarding them differential levels of esteem. In point of fact, both datasets provided invaluable and essential information.

3. **When both data sets have been collected, they must be integrated in a manner respectful of both paradigms.** Integration was not difficult as the data gathered were complimentary of each other.

4. **The researcher interprets the data. This may involve analysing how the datasets diverge and/or how they converge.** This must be done in a manner designed to answer the research question. As stated above, this process was straightforward as the data complemented each other (Creswell, 2013).
Strengths of the convergent design include ease of use, efficiency, and the ability to compare fixed statistical data as prioritised by the researcher (e.g. questionnaire data) with open, freely provided information prioritised by the participant. Challenges include the difficulty in integrating statistical data with experiential data. This issue is particularly salient when results are divergent (Creswell & Plano Clark, 2017).

On reviewing the various mixed-methods designs, it became readily apparent that a parallel convergent design was best suited to this research. Utilising this design allowed me to collect, integrate, and interpret both quantitative and qualitative data simultaneously, and in a manner respectful to both. Given the time constraints inherent in a Clinical Psychology PhD
dissertation, the parallel convergent design proved to be the most efficient manner of completing the research efficiently, effectively, and ethically.

3.3: Analysis

3.3.1: Quantitative Analysis

Closed questions were analysed descriptively using SPSS 26, allowing me to quantify the phenomenon in positivist terms. Quantitative data gleaned from the survey included demographic data such as age group; nationality; country of residence, as well as specific data about the type, duration, and severity of abuse. We also accumulated data on help-seeking and perceptions. As the author had taken several advanced statistical analysis classes, external assistance was not required for this element of the analysis. Once all data were analysed, demographic data were reported individually, before being fully integrated into the qualitative data.

3.3.2: Qualitative Analysis

One of the biggest conundrums in the planning stages of this research was the specific methodology to be used to analyse the open-ended survey data. After going back and forth for some time, it was decided to leave this decision until the data were in and we could make the determination from an informed position. As the data came in, it became clear that the richness and emotion apparent made the use of Template Analysis (TeA) most appropriate.

3.3.3: Template Analysis

Template analysis (TeA) is a subtype of Thematic Analysis (TA) originally conceptualised by Crabtree and Miller in their 1992 book “Doing Qualitative Research” (as cited in King & Brooks, 2016), and further developed by Nigel King and others in the late nineties (King, 1998). Falling into the category of a “Codebook Analysis”, TeA differs from generic, or “reflexive” TA, such as that espoused by Braun & Clarke in several ways (Braun & Clarke,
First and most pertinently, in TeA, a-priori themes based on available literature can (at the researcher’s discretion) be identified prior to the analytic process. This brings an element of deductive reasoning to the process of analysis. Secondly, in template analysis, a template is devised based on a subset of the data. This template consists of themes and/ or codes extracted from the data and provides a foundation from which the overall data analysis can commence. The template (and a-priori themes) are flexible and may change through the iterative process of thematic analysis. As such, the final codebook may look quite different from the template, depending on how representative the original subset was (Brooks, McCluskey, Turley, & King, 2015). The third and final key difference between template analysis and reflexive TA is in the nature of the themes. In TeA, an almost limitless number of hierarchical themes are utilised rather than the two or three suggested by proponents of reflexive TA (Braun, Clarke, Hayfield, & Terry, 2019). These multi-level themes may be represented hierarchically and/ or in the form of mind maps or other diagrams (King & Brooks, 2016).

3.3.4: Ontological and Epistemological considerations of TeA

TeA, much like traditional thematic analysis, is often described as being a generic method of analysis as opposed to a methodology (King & Brooks, 2016). The difference between a TeA and an interpretative phenomenological analysis or other “methodology” is that TeA is not bound to any one philosophical school of thought (Brooks & King, 2012). This flexibility can be viewed as an advantage. Despite being a generic approach, TeA is not atheoretical; it is simply not bound to any one philosophical school. From an epistemological and ontological perspective, TeA can span the gamut of paradigms from post-positivist on one end of the spectrum to radical constructionist on the other (King & Brooks, 2016). This flexibility should not be misconstrued, and the researcher must consider the philosophical underpinnings of their research in terms of their philosophical position, the nature of the research question, and their method of data collection.
In terms of this study, a pragmatic critical realist (PCR) approach to the analysis was taken. PCR has been described in more detail above; however, it must also be explained in the context of the TeA. For the purposes of this analysis, PCR is considered to be appropriate, given the pragmatic combination of realism and reflexivity. The approach allows for reflexivity while also holding the researcher to a high standard of rigour, including the use of regular quality checks. PCR in template analysis also allows for the combination of a “top-down” (deductive) and “bottom-up” (inductive) approach, meaning that themes can be extracted from the data in the context of existing theories and literature (King & Brooks, 2016).

3.3.5: Rationale for use in this research

TeA was chosen for this research as it was considered to be the best contextual fit. The approach brings rigour and quality to the reflexive process endemic in qualitative research. The structured approach also made integrating qualitative and quantitative data in the context of the overall mixed-methods design more effective and efficient. In terms of a-priori codes, I felt that existing literature should be taken into account. By doing this, a comparison of sorts could be made between the data collected in this study and that collected in previous studies. Finally, the use of hierarchical, multi-level themes allowed for the full nuance and detail of the data to be explored.

3.3.6: Detailed procedure

Like reflexive TA (Braun & Clarke, 2006), TeA is carried out in a proscribed fashion in six main stages. These stages are derived from King & Brooks (2016) and must be carried out reflexively and in a recursive, iterative manner. In advance of stage 1, a-priori themes were identified based upon the available literature (see appendix B). These a-priori themes were adapted and expanded upon throughout the process, and significantly informed the structure of the template.
Stage 1: Familiarisation with the data

As with other forms of TA, familiarisation with the data is the first stage of TeA. Unlike other forms of TA, however, TeA permits the researcher to take a representative subset of the data and begin the process of familiarisation on that. For this study, I made a point of reading each survey response as it came in. I then selected a subset of 10 surveys, constituting almost 20% of the overall dataset, and used that to begin the process of devising a template.

Stage 2: Preliminary coding

“Coding is the process of identifying aspects of the data that relate to your research question” (Braun & Clarke, 2016). Coding the ten surveys that made up the initial template was a slow and meticulous process. Each survey was exported from Qualtrics into Microsoft Word and analysed using the line by line method. At this stage, a “complete coding” method was used to extract all information from the dataset that could be relevant to answering the research question. Further to this, both semantic and latent coding was used. Semantic coding involves extracting codes from the words of the participant, while latent coding involves researcher derived interpretations of the data. It became apparent even at these initial stages that although the a-priori codebook was relevant, it lacked significant nuance that was apparent in the actual data. As such, revision of the template commenced almost immediately.

Stage 3: Clustering

Clustering is the process of organising themes as they are extracted from the data and defining how they relate to each other. Once initial coding was complete, I was left with a significant amount of codes with little organisation. I began the process of clustering by colour coding emerging groups of codes within Microsoft Word (see appendix C). I then utilised a series of mind maps to organise the codes into themes and transferred them to a notice board using post-it notes. These post-it notes reflected the colour coding of the clusters.
Stage 4: Producing an initial template

Once clustering was complete, an initial template was derived. This template represented the subset of the data, which was itself, selected on the basis of it representing the overall data set.

Stage 5: Applying and developing the template

Once I had derived the initial template, I began the iterative and recursive process of applying it to the rest of the dataset. This application was done in a careful and reflexive manner as I had to be careful not to use it by rote. The initial template in TeA is to be seen as a guide and not a prison. As such, the researcher must be careful and reflexive in how it is applied. As TeA is not designed as an idiographic method of analysis, template redesign occurred roughly every five surveys. This approach meant that the evolving template reflected the dataset as a whole rather than on a case by case basis. As with previous stages, I found that my initial template grew with my dataset. Some themes became subthemes, while integrative themes such as “emasculation” grew in significance as the process went on. By its final iteration, the theming process had gone through six clear iterations from the skeletal a-priori codebook to an initial template, and then the final analysis (see appendix D).

Stage 6: Final Interpretation

Reaching the point of “final interpretation” was a daunting task. After the analysis was complete and the template reached its final form, I applied it to the data set as a whole to ensure that it accurately reflected the literal and interpreted (semantic and latent) data presented in the surveys. As such, I made the final decision to proceed with the write up of the analysis after a process of iteration, reiteration, reflexivity, and doubt. The entire analytic process took roughly six weeks.
3.3.7: Quality checks

Quality checks can be an essential element in ensuring the overall quality of an analysis. King & Brooks (2016) detail several checks which can be made when using TeA. Three of these were used for this study.

1. Use of supervision. I sent my supervisor a copy of my evolving template as well as the final Qualtrics report containing the full dataset. This allowed us to discuss emergent themes and subthemes together.

2. Keeping an audit trail. As the entire analysis was iterative in nature, I meticulously documented every step of the process (see appendices). In doing so, not only did I have a readymade point of reference for each updated template, but I also had evidence of the full completion of each stage of the analysis.

3. Full description and use of appropriate quotes: When finalising the template, I made full and frequent use of quotes from the text. These were easily accessible through the colour coded Word and Excel files.

3.4: Participants

3.4.1: Inclusion criteria

Participants must be male residents of Ireland and/or the UK above the age of 17, who self-identify as having been victimised by their partner in the context of a heterosexual relationship.

3.4.2: Exclusion criteria

Anybody who did not meet the inclusion criteria was, by definition, excluded from participating in this research. Males in same-sex relationships and those below the age of 18 were excluded as evidence suggests that their experiences are qualitatively different to those in
heterosexual relationships. Similarly, those resident outside of the UK and Ireland were excluded as those countries have similar cultures and legal systems.

3.4.3: Sample description

Fifty-eight individuals completed the survey in total. This sample size is in line with Braun and Clarke’s assertion that a sample of between 30 and 100 completed individual surveys is sufficient for a doctorate level thematic analysis (Clarke & Braun, 2018). In terms of mixed-methods research involving a convergent design, a compromise must be found whereby each methodology is given ample respect and value. If the sample size is too big, an in-depth qualitative review becomes increasingly tricky. If it is too small, the quantitative analysis lacks power and generalizability. Examples provided in Cresswell and Plano Clarke include a study on female victims of domestic abuse in Ireland which used a sample size of 25 (2017). In qualitative research, data saturation is often cited as the point at which sampling should cease (Fusch & Ness, 2015). Data saturation can be defined as the point at which coding is no longer eliciting any new information (Faulkner & Trotter, 2017). As the sample in this study proved to be relatively homogenous, data saturation began to become evident midway through the analysis and was apparent by the end. (Further sample description is provided in chapter 4).

3.4.4: Participant Recruitment

For the research to accurately represent the experiences of abused males, it was necessary to elicit participation from men who *had* accessed services as well as those who *had not*. Various support groups for male survivors of IPVA in Ireland and the UK were initially contacted to ascertain the likelihood that their service users would participate in the study. Through this initial groundwork, it became apparent that acquiring a sample would prove difficult due to the perceived stigma associated with being a male victim of female IPVA.
Through an iterative process between myself, my academic supervisor, and the organisations themselves, we decided that the best way to attain a sample would be to provide the interview in the form of a mixed-methods survey. Once the details of the survey were agreed upon, the support groups were sent an email with a poster (see appendix E) and information sheet (see appendix F) explaining the study in detail. They were also sent a link to the survey, which was hosted on Qualtrics. These organisations then forwarded the details on to their service users, and the purposive sample grew through “snowballing” from there. This process provided us with access to a help-seeking sample. In order to access a sample who may not have sought help from services or authorities, the poster was distributed through social media (e.g. Twitter, Facebook, and Reddit), as well as being posted in public places.

3.5: Measures

The survey schedule was the result of a prolonged iterative process involving myself, my supervisor, the support services, and the University research coordinator. The goal of the survey was to elicit as much detailed information as possible, whilst also protecting the participants’ right to confidentiality and anonymity (see appendix G for informed consent form). The end result was a 31-question survey (see appendix H) incorporating both closed and open-ended questions. This survey spans the entirety of experiences indicated by the available literature on the male experience of IPVA. As such, there are separate questions on physical, sexual, psychological/emotional, and legal administrative abuse, as well as more generic questions. Most participants completed the parts of the survey, which were relevant to them and did not complete the parts that were not applicable.

Pros and cons of using a mixed-methods questionnaire

The survey was hosted by Qualtrics, an online service which guarantees full anonymity and confidentiality. Further to this, the site prevents ballot stuffing by ensuring that each
responder can only complete one survey. There are several advantages to this method of data
collection as well as several disadvantages. The list below is taken from Clarke and Braun
(2016) and applied to this project.

Advantages:

1. Using the survey allowed the researcher to collect both quantitative and qualitative data
   simultaneously. This convergence was imperative given the time and resource
   constraints inherent in the completion of a thesis such as this.
2. Guarantee of anonymity and confidentiality. This assurance was essential given the
   preliminary research that indicated significant stigma in being a male victim of abuse.
3. Wider demographic population pool. Using an online survey allowed me to reach a
   more diverse population in terms of geographic location than may otherwise have been
   possible.
4. No need for data entry or collation. As the responses did not require transcription, the
   entire process of analysis was more efficient than utilising an interview schedule. There
   were advantages to this in terms of speed; however, I also felt that something was lost
   in terms of developing an organic understanding of the data itself. To ameliorate this, I
   made sure to read each response as it came in as well as during the actual analytic
   process.
5. Ability to start coding within the program. As soon as the data were in, I exported it
   into Microsoft Word. This workflow made the coding process more efficient as I simply
   had to select and colour code relevant excerpts from the text.

Disadvantages

1. Required access to a computer and skills. This requirement was an undeniable issue for
   some, who may have found the use of an online survey intimidating. Three individuals
requested the survey in hard copy, and I posted it to them, however, the overwhelming majority were completed online (55/58).

2. Risk of excluding marginalised groups. As I was not present to help the participant through the process, literacy skills were essential to the completion of the survey. In Ireland alone, this likely excludes roughly 18% of the overall population. Further to this, Ireland and the UK incorporate diverse populations, and although Qualtrics offers translations in several different languages, it stands to reason that some who would otherwise have wished to participate may not have been able to.

3. Follow up data less possible. This was a clear disadvantage to the use of surveys. Although we endeavoured to design the survey in a manner conducive to full disclosure, there was simply no way to tease out more information in the way that an interview may have allowed.

4. Difficult for anything other than textual responses. In other formats (e.g. interviews), there is a wealth of information not contained in language alone. Body language, linguistic emphasis, and facial expressions are all invaluable sources of information which are simply unobtainable in a survey.

Given the specific context of this research, I felt that the advantages of using an online survey far outweighed the disadvantages. Through the use of the survey, we were able to obtain and analyse a large amount of information simultaneously from a comparatively large sample. To return to the research question, this method of data collection proved efficacious in obtaining the information we needed in an effective, efficient, and ethical manner.

3.6: Ethical Considerations

Ethical approval was provided by the University of Limerick School of Education and Health Sciences research ethics committee (ref 2019 11 19 EHS). From the outset, it was apparent that conducting this research would pose significant ethical challenges. Before
commencing the study, I made contact with the support groups in order to determine the feasibility of the project, as well as potential ethical issues. All groups who responded were crystal clear that they would only participate if the safety, wellbeing, confidentiality, and anonymity of their service users were respected above all else. Our values aligned in this regard, so the study was designed in a manner that held the safety, and wellbeing of the participants to be paramount. Specific issues identified at this stage of the process were a) the stigma associated with being a male survivor of IPVA; b) the likelihood that in-camera legal proceedings were ongoing; and c) fear of repercussions from current or former partners.

Addressing these ethical issues meant re-evaluating the entire methodology. Implementing the initial plan would have meant meeting the participants face to face for a questionnaire and semi-structured interview. Based on the initial contact with the support groups, this would likely have contravened many of their concerns. With input from several different stakeholders, the decision was made to elicit the required information in the form of an in-depth mixed-methods survey instead of through semi-structured interviews. This method removed the necessity for face to face interaction, and more importantly, allowed us to make the study fully and irrevocably anonymous. In doing this, issues of stigma, confidentiality, anonymity, and fear of repercussion were comprehensively addressed. The use of an online questionnaire also addressed the issue of in-camera legal proceedings as the survey was fully and irrevocably anonymous.

3.6.1: Effects of participation

Due to the in-depth nature of the survey and the subject matter of the study writ large, participation was likely to elicit feelings of pain, discomfort, and trauma. Although the sample was partially acquired through support groups, many participants had never accessed services and found out about the survey through social media, posters, and snowballing. As such, the
contact details of available support groups in Ireland, Scotland, Wales, and England were provided at the end of the survey (see appendix I).

3.6.2: Children

In an initial draft of the survey, participants were asked about children in the relationship. It was decided to remove this question as it brought an element of child safety into the equation. As the survey is irrevocably anonymous, it would be impossible to follow up on any indications of child abuse, so it was decided to exclude this line of questioning.

3.7: Chapter Summary

In this chapter, I described and critiqued the research design and procedures used to procure the sample and analyse the data. Each stage of the procedure was described in detail and documented in the appendices. Ethical considerations were addressed in terms of anonymity, confidentiality, and safeguarding, with due care taken at every stage of the dissertation.
Chapter 4: Results

Warning

Before reading this section, please be aware that it contains explicit, jarring, and detailed descriptions of Intimate Partner Violence and Abuse. These reports are derived directly from quotes and are therefore written in the first person. I have not censored these explicit details as I feel that it is important to read the participants’ experiences in their own words untempered. If you are sensitive to such material, or if you have experienced similar abuse yourself, please consider this information before proceeding.

4.1: Chapter Overview

In this chapter, I provided a detailed report on the results of this mixed-methods study. In as far as it is possible, all quantitative results were integrated into the relevant qualitative reports (see appendix J for full quantitative tables). Not all respondents answered every question, so the sample size varied depending upon the specific question asked. Qualitative analysis is hierarchical in nature and is the product of an iterative evolution over six templates (see appendix D). Key themes were reported chronologically based on their place in the context of the experience of IPVA. These Superthemes were: Preconceptions; Experience of Abuse; Partner/Relationship; Impact of Abuse: Perceptions; Help-Seeking; Future; Last Words. Most superthemes contained themes and subthemes (see table 2.). All quotations are referenced based on their position in the final Qualtrics report. For example, response five from question 25 would be cited as Q25R5.
<table>
<thead>
<tr>
<th>Supertheme</th>
<th>Theme</th>
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Table 2: Hierarchical linear representation of Superthemes: Themes: and Subthemes
4.2: Descriptive statistics

4.2.1: Age Groups

In all, 58 men completed the survey to an interpretable degree. The largest age group who participated was the 41-50 group (N=18), followed by the 18-30, and 51-60 age groups (N=12 for both), then the 31-40 group (N=11), and finally, the 61+ age group (N=5) (Table:3).

Table 3: Distribution of age groups across the sample

![Simple Bar Count of Age](image)

4.2.2: Nationalities Represented in the Data

In terms of the nationality of the abused individual, 35 (63.6%) were from the Republic of Ireland, 13 (23.6%) were from England, 4 (7.3%) were from Scotland, 2 (3.6%) from Northern Ireland, and 1 (1.8%) from Wales. 4 individuals declined to identify their nationality or country of residence.
4.3: Integrated results

4.3.1: Supertheme: Preconceptions about abuse

In this supertheme, respondents described their preconceptions about IPVA – i.e. what, if anything, they thought about the topic before they experienced it themselves. Replies were mixed, but most reported that the idea of males being subjected to abuse had never occurred to them. For many, IPVA was not something they had given a tremendous amount of consideration to at all, stating that they never thought it could happen to them:

“I thought it was sad, but I can’t say I ever really thought about it much. I didn’t think it was really something that could happen. What struck me during and after, is how insidious abuse was. It just crept up on me, it wasn’t like I just woke up in an abusive relationship, the normalization occurred over months, in little ways. But the worst part of my abuse experience was that it felt like it used the best parts of my personality, like
caring for someone, against me. Made it felt like a weakness, I started to realize that I was feeling sad all the time, I was terrified.” (Q14.R31)

For others, IPVA was something that men did to women, not the other way around. Their experiences changed that viewpoint:

“I always viewed it as the man being the perpetrator and the woman the victim. Life has taught me nothing is ever as black and white” (Q14.R32)

Those who had considered the possibility of males being the subject of abuse repeated the refrain that they never thought it could happen to them. For these respondents, there was a degree of confusion about what was happening:

“Yes, I would hear about abused men and couldn’t understand how it was possible and would think to myself that there is no way that could be me. But when it was happening to me, I found myself in a difficult position, here was I a large male, unable to defend myself because she was a woman, I was taught never to hit a woman under any circumstance, this was a conflict emotionally as I was also feeling like I needed to defend myself but couldn’t as there was always that protocol not to.” (Q14.R50)

A few had witnessed abuse in the home and developed preconceptions based upon this:

“I watched my mam get beaten up every day when I was a child. I thought it just happened to women and I promised myself I would never do it. I never in a million years thought it would happen to me.” (Q14.R38)

4.3.2: Supertheme: Experience of Abuse

In this supertheme, the respondents described their experience of abuse in detail. This included the types and frequency of abuse, as well as some details about the context.
**Theme: Multiple forms of abuse:**

The vast majority of respondents (52/57, one declined to answer) reported experiencing multiple forms of abuse (see table 5). Most (N=21) experienced three different forms of abuse, with 20 experiencing all four types listed.

<table>
<thead>
<tr>
<th>FORMS OF ABUSE?</th>
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</tr>
<tr>
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</tr>
<tr>
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</table>

One respondent described this experience succinctly:

“Mental abuse, blamed for her failures and frustrations, physical abuse, assaults with knives and hands. Emotional abuse, nothing I did was ever good enough, she was never at fault. Threats, manipulation, lies, cheating and public humiliation” (Q10.1.R15)

**Theme: Physical Abuse**

Fifty-one individuals (89.5%) reported experiencing physical abuse at the hands of their female partner. These experiences were described along two key subthemes: Use of the body, e.g. punching, kicking, and use of weapons, e.g. stabbing, throwing things at the individual.
**Subtheme: Use of body**

Physical abuse using body parts such as punching, kicking, biting, scratching, and spitting were prevalent across the dataset. This abuse often occurred when the respondent was in a prone or weakened position:

“There was significant physical violence which included punching, pulling hair, boxing (especially when I was asleep). She used to wake me up punching me” (Q10.1.R24)

Most respondents were subjected to multiple forms across numerous episodes:

“Repeatedly had items thrown at me, crockery, pots, pans, books, whatever was to hand. Once I was repeatedly punched as I retreated until I could not retreat any further, she gave up when her hands became too sore.” (Q10.1.R20)

**Subtheme: Use of weapons**

Weapons were often used along with, or instead of body parts to attack the respondents. Weapons reported as being used include knives, cutlery, ashtrays, and general throwable implements:

“She would hit me. She tried to stab me. She broke my ribs” (Q10.1.R2)

“she threw a heavy glass ashtray at me. I left that weekend She used to say I was not a man cos I wouldn’t fight her! Just protect myself from punches and kicks. Hard little fists for a woman, especially the gold rings she wore. Chased me up the street with a frying pan, stabbed me with a kitchen knife.” (Q15.R17)

This use of weapons elicited significant fear in the individual being abused:

“Having knives pointed at my throat was when I was most afraid” (Q16.R54)

“After she pulled a knife on me, I was very much afraid for my life.” (Q16.R36)
**Theme: Psychological Abuse**

Fifty-four individuals (94.7%) reported experiencing psychological or emotional abuse. These experiences were described in terms of gaslighting, verbal abuse, and control/manipulation. Many respondents described the psychological/emotional abuse as being worse than the physical abuse:

“To be honest this is too long to list but the emotional/psychological assault was the worst. Freezing me out, breaking up with me in order to get me to behave how she wanted, gaslighting, not allowed have a social life or friends, she was constantly paranoid, kid games etc. Really damaging stuff and had a massive impact on my mental health and actually I can trace the onset of my depression to these events and being in a relationship with Her” (Q11.1.R27)

**Subtheme: Gaslighting**

Gaslighting is a form of psychological abuse designed to manipulate the victim into doubting their own beliefs, sanity, or interpretation of events. Many respondents reported experiencing gaslighting at the hands of their partners. This often took the form of convincing the respondent that they were to blame for the abuse:

“Told me repeatedly over a long period that I was paranoid and controlling and possessive, made me think that I was those things, brought me to see a psychiatrist to treat me - it turned out I was none of those things, but she was gaslighting me to control me, and hide her own affairs with other men.” (Q11.1.R28)

For others, gaslighting took the form of convincing their partner that he was experiencing mental health issues which resulted in paranoia or delusion:

“My girlfriend humiliated me and tried to brainwash me into thinking I was mad or paranoid. She cheated on me all the time and when I confronted her about it, she said that
it must be because I was depressed and that I was being paranoid. She kept telling me it was all in my head and I was in the wrong, but she did it in front of my friends” (Q11.1.R37)

**Subtheme: Verbal abuse**

Most respondents reported experiencing verbal abuse to some degree. For many, the constant cycle of humiliation and denigration resulted in significant mental health issues at the time of the abuse, and later on. One respondent described this experience in a manner that summed up many of the participants’ experience of verbal abuse:

“Verbal assaults occurred more than one time a week and could often last the majority of the day until she was either tired or satisfied, sometimes reducing me to tears and breaking me down to the point where I felt I couldn't cope, I was practically catatonic and constantly anxious that I might crack an eggshell. I tried to leave the house on more than one occasion, but she followed me down the road shouting at me until I was embarrassed and returned to the house to stop the humiliating experience.

She would often insult me as if I was incapable to caring for myself, sometimes referring to herself as "my mother". .............On one occasion she was raising her voice at me about the state of the living room and when I pointed out that all of it was her things and I'd done my share she became enraged, whatever she felt she deserved I would have to give in to her regardless of whether it was rooted in reality, I had to obey and wasn't allowed to critically think or else I would be punished with tantrums and aggressive and often degrading behaviour.

She would mock and belittle me through any argument trying to and successfully undermining my self-confidence. Throughout an argument, which typically revolved around my failings as a person, she would yell and when I asked her to please not raise her
voice, she would respond that she wasn't. She would do hurtful impressions of me, making me out to be a "retard" and a "little bitch".

When I asked for a break from the argument to collect myself or to cool down, she wouldn't relent. There was nowhere in our tiny house I could hide. She would follow me from room to room berating me and when I tried to walk away, she would get in my personal space, blocking me from walking through doors and shoving me while gesticulating wildly and yelling throwing me completely off. On more than one occasion I had to barricade myself in the bathroom where she would stay on the other side of the door venting loudly and insulting me.

These behaviours were constant enough and came on slowly enough that by the time I had made my mind up to leave I had become trapped. I threatened to leave on multiple occasions outlining that her aggressive behaviour is too much for me and that I can't cope with it. She would often make excuses of "low blood sugar" after a tantrum and promise to change and "be more mindful" but was quick to relapse into insults and mockery and eventually outright aggression. At one point she remarked "what're you going to do, threaten to leave again?" and I have never felt more suffocated and trapped." (Q11.1.R25)

While another respondent described verbal abuse as a form of public humiliation:

“Screaming at me non-stop for 2 hrs before I left the house for events, 1 hr after. Enjoying swearing at me in private and in public which she found hilarious. Constant barrage of non-stop calls on my work phone, half a dozen abusive voice mails\txt's daily, this increased after the divorce.” (Q11.1.R47)

**Subtheme: Control/ Manipulation**

The most frequently described form of psychological/ emotional abuse was control/manipulation. A large number of respondents described patterns of behaviour designed to
control and manipulate the abuse survivor, including isolation, fake suicide attempts, emotional blackmail, and threats. Respondents were often made to feel weakened and dependent upon their partner:

“I felt terrible from being repeatedly put down and feel worthless. Low confidence and self-esteem. Didn’t feel I could defend myself from the physical abuse and uncontrollable rages. Isolated from friends too so had no one to turn to.” (Q16.R6)

Others described multiple extremes that their partner went to with the goal of controlling their behaviour:

“Faking a pregnancy to extort money and to explain violent and unacceptable behaviour. Para suicide attempts when drunk. Manipulation to encourage me to assault a previous boyfriend followed by verbal abuse when I wouldn’t.” (Q11.1.R32)

Threats of suicide were often used to keep the abuse survivor in the relationship, and to justify ongoing abuse:

“There were threats that I would be humiliated, directed towards my parents, relations, and friends. Every second night in bed she spoke of suicide and that my family would know I was responsible if that happened. She would bully and intimidate me, using insulting phrases. In the last six months of our relationship she never said a single kind word to me. She would break into my e-mail (she used my phone number to get into the email) and spy on me. She would ask me to slap her, so that she could feel something. I refused. And she would say, why don’t you help me, help me feel something. She said she thought about hurting the child, and when I told her parents they didn’t believe me.” (Q11.1.R31)
**Theme: Sexual Abuse**

Twenty-six individuals (45.6%) reported experiencing sexual abuse within their relationship, while 5 (8.8%) answered “I am not sure”. Experiences of sexual abuse described included physical sexual abuse (including coercion), verbal sexual abuse, and withholding sex or intimacy as a means of control or punishment.

**Subtheme: Physical Sexual Abuse**

In all, 14/58 respondents reported experiences of physical sexual coercion or abuse. For some, the coercion took the form of being “forced to penetrate”:

> “On the DATE REDACTED, she raped me in our bedroom. I had no interest in having any physical contact with her, and I tried to push her away. However, she's a lot bigger than me and forced me to penetrate her. I reported the fact to the rape crisis centre and to the authorities, and they laughed it off.” (Q12.1.R26)

While for others, they awoke to find their partners having sex with them without consent:

> “Coerced me to have sex by using threats of false rape claims and false DV claims to the Gardai. Told me no one would believe me. I had woken up more than once to her straddling me, having sex with me in my sleep without my consent” (Q12.1.R18)

Alcohol played a role in many of these incidents:

> “On two occasions, my girlfriend got very drunk and sexually assaulted me, persisting despite my repeated protestations. I had to fend her off physically and flee the apartment.” (Q12.1.R22)

**Subtheme: Verbal Sexual Abuse**

Verbal abuse in the context of sexual abuse, usually took the form of sexual humiliation and denigration. For some, this took the form of sexual insults and humiliation:
“Remarks about my penis when cold, ignoring my no when I’m not in the mood”

(Q12.1.R28)

“Mostly involved humiliation, I would cry occasionally after sex. Before sex most of
the abuse was insults, sometimes slapping, and then she would initiate sex. She would
sometimes initiate it when I was asleep. I never stopped it, I thought that at least we
were being kind to each other when we were having sex.” (Q12.1.R16)

While others found themselves compared unfavourably to former partners:

“Constantly compared to her ex partners in relation to sexual performance. Constant
threats of her going to meet some guy she was chatting to online if I didn’t ‘step up to
the plate’: Taunts about not being man enough and up to the task the same as her ex
was in relation to sexual performance. I was turned off sex with her due to her behavior.
She would then threaten to see other men she was speaking to online” (Q11.1.R19)

**Theme: Legal and Administrative Abuse**

Legal and Administrative Abuse occurs when an individual uses the legal system or the
threat thereof as a weapon of abuse against their partner. Thirty-nine individuals (69.8%)
reported that they had experienced legal and administrative abuse, while 3 (5.4%) reported that
they were not sure. False accusations of abuse were prevalent throughout the dataset, as were
reports of children being used to inflict pain on the respondent.

**Subtheme: Children**

The use of children as a means of inflicting pain or control over their partner was a common
theme throughout the dataset. This often took the form of emotional blackmail:

“She will threaten to stop me seeing kids if I do not “do as I’m told”. Threatened me
to take the child way, so I was forced into a marriage for the sake of having legal right
over the child.” (Q13.1R2)
The abusive use of children was frequently combined with exploitation of the legal system to deny access:

“Attempted to use police when she was abusive, hidden video evidence was shown to police and I was not arrested, abuse continued when police left. She was not arrested. During the divorce she attempted to use doctors and psychologists to accuse me of abuse both physical and sexual, of the children. Thankfully none found any evidence of that, but the children did show signs of PTSD and talked about witnessing her abuse of me” (Q13.1.R42)

Subtheme: Legal System

The legal system was used as a tool of abuse by many of the respondents’ partners. This abuse took the form of false accusations of abuse of the partner:

“There were threats that she would accuse me of sexual assault. She warned me that she could always call the police. She used the child in these threats, and in the legal dispute after. And said that I would pay for all this, that I'd have nothing without her” (Q13.1.R25)

Threats of false accusations of child abuse were also prevalent:

“Reported me to social services as a risk to the children to prevent access. Investigation and conversation with children proved there was no risk. Partner advised regarding her alcohol use while supervising children” (Q13.1.R8)

The family courts system came in for significant criticism as it was reportedly used in an abusive manner:

“Untrue allegations of abuse made against me. Took years of court cases to clear my name. Court Ordered Access denied by the other parent. When brought to the attention of the court was told "Family Court is not in the business if imprisoning mothers, and


despite have proved your case fully, I will not be sending Mrs ........ to jail today, case dismissed” On at least 3 occasions the children were illegally removed from the state and the central authorities had to become involved.” (Q13.1.R4)

**Integrative Theme: Emasculation:**

Emasculation in this context may be defined as “being deprived of the respondent’s male role or identity”. For many respondents, being abused in public, and particularly in front of friends and family made them feel like their masculinity was threatened. Regardless of the type of abuse suffered, emasculation was an ever-present characteristic. In some cases, this was the main target of abuse:

“Frequently, isolated, humiliated with name calling and telling people in my presence, about my alleged shortfalls. Withholding affection/not returning it. Gaslighting, lying about cheating but making sure I saw the evidence.” (Q11.1.R20)

while in others, it was the result:

“I was humiliated, broken down, afraid, depressed. I cried like a baby. I am still afraid that she will do it again, but I still love her.” (Q16.R39)

**Integrative Theme: Fear**

Fear of their partner was described across the dataset and was a common component of all forms of abuse.

“Having knives pointed at my throat was when I was most afraid. As well as when I slept. I was also afraid of when the major physical abuse started of what the children were seeing. I found it very difficult and demoralising as well, if it were a man punching and kicking me, I would do my best to defend myself, but as this was a woman, my wife and mother of my children, I would freeze up as there was nothing I could do but take the hits” (Q16.R54)
“I was afraid to sleep at times, I moved into another room, I was afraid she might while
drinking lose it and murder me” (Q16.R42)

Theme: Witnesses

Thirty-nine individuals (70.9%) reported that somebody had witnessed the abuse as it
was happening. Reactions by these witnesses ranged from worry/concern to laughter and
dismissal. In some of these cases, the witnesses were from law enforcement:

“No one except the cops, who afterwards, as we were walking away, said, 'If I were
you man, I would never go back to that apartment again.'” (Q19.R28)

A common thread was the assertion by witnesses that the man in the relationship must have
done something to deserve the abuse:

“People seen the verbal (cutting jokes at my expense) and physical (slaps) abuse on
nights out. They would laugh telling me not to step out of line and what did I do now.
Some said I deserved it” (Q19.R6)

Theme: Last Straw?

Many respondents described the process of coming to terms with the fact that they were
in an abusive relationship. For some, this was a slow process of gradual realisation and attempts
at appeasement:

“It was just this slow decline. I was terrified. I kept trying to make it better, I felt that if
I just did something more, if I did something better, I would fix it. I never reported it to
anyone, except eventually to my family and friends. I didn't know how to explain to
people what was happening, I didn't think anyone would believe, I thought it would get
better, but it kept getting worse. Every day was the worst day ever. The day before the
incident I described in Q 15 I decided to look up about abusive relationships online,
and I found a checklist of things to see if you are in an abusive relationship and I read
it and checked almost all of them. For a second, I thought it wasn't abusive, until I read below that if I checked any of them, I might be in an abusive relationship. I eventually left, I believed that if I stayed, I was not going to survive” (Q16.R32)

Others came to the realisation after a specific incident:

“I broke down from constant screaming, fighting and abuse. I collapsed to the floor and said out loud I wanted to end my life, I felt suicidal but she actually walked over the top of me sneered, made nasty, hurtful comments and walked away commenting that I wouldn't even be able to do that right, slammed the door and left” (Q15.R3)

4.3.3: Supertheme: Relationship/Partner

The focus of this supertheme was on the nature of the relationship, whether substance abuse played a role in the abuse, and their partner’s response to their acts of abuse.

Theme: Relationship and IPVA duration:

The amount of time participants spent in the relationship ranged between 6 months and 30 years. The IPVA reportedly lasted between 1 isolated incident and 22 years. Forty-seven individuals (82.5%) reported having left the relationship, while 10 (17.5%) had not, one declined to answer the question. For many, the presence of children kept them bound to their partner:

“As there was children involved, I felt obligated, duty bound to stay, for them, for their safety and protection despite what I was having to experience.” (Q15.R5)

Theme: Substance Abuse

Substance abuse was cited as a contributory factor by over half of the participants (N=30, 53.6%), while 2 (3.6%) stated that they were not sure if it was. Alcohol was the substance most commonly discussed, with some participants intimating that it was the main predicate for abuse:
“this was a frog in a saucepan affair, she was loving kind & then slowly turned up the heat. The final incident: she turned up at 1am drunk, demanded sex, fell asleep then started beating on me at 3am-i was asleep, I physically picked her up put her outside the house & she called the police accusing me of battery, thankfully I had other people in the house-she did not know this & they told the police the true events” (Q15.R52)

“The punching when drunk, when people are drunk it shows the true self” (Q15.R44)

“I was only afraid of her while she drank because she became physically abusive and was capable of doing anything.” (Q16.R20)

**Theme: Expression of Regret**

Thirty-nine individuals (79.2%) reported that their partner had never expressed any degree of remorse or regret, with most stating that they were blamed for the abuse:

“No. She believes I was abusive of her. While we were separating, she engaged with women’s aid. A charity for abuse sufferers. As part of this she started keeping a diary of all the things that I allegedly did to her. All fictitious. It was withdrawn by her when I said that if she included it, I would require social services to engage with the children to ask them about living in the home” (Q24.R10)

Of those that did reportedly express remorse or regret, many of the participants felt that this was performed in the context of manipulation, or as a temporary measure to stop them from leaving:

“She only expressed remorse when I broke up with her and this was a ploy to get me to rescind my decision. She didn’t care, acknowledge or even realise what she was doing. It was total disregard for another human with feelings”. (Q24.R28)
Theme: Help

Forty-four (81.5%) individuals reported that their partner had never sought any kind of help to deal with their abusive behaviour:

“Nope she has no issues, that’s what she says” (Q25.R36)

Of the 14.8% who had sought help, many respondents reported that this was done in the context of manipulation:

“Yes, she sought help from her doctor who prescribed depression pill for her, this made little or no change only gave her the excuse she was depressed to fuel the fire, this led to more abuse” (Q25.R39)

4.3.4: Supertheme: Impact of Abuse

In this supertheme, participants described the effects that their experience of abuse had on them. These effects were described in social, interpersonal, and psychological terms.

Theme: Psychological

For many, the impact of their experience on their mental health/ psyche was devastating. Many symptoms were reported, but the most frequent themes are listed below.

Subtheme: Depression

Depression and hopelessness were common threads throughout the data. Many of the respondents drew direct causal lines from their experience of abuse to their experience of depression:

“I developed severe depression and hopelessness because of it. I am also weary of getting into relationships in case it turns out to be the same as her.” (Q28.R27)

Others described feeling depressed long after their experience of abuse had ended:
“I was slapped a number of times, I was 20 at the time. It really damaged me, and that was only the physical aspect. The psychological was far worse, I still suffer with depression/anxiety 10 years later.” (Q10.1.R26)

Subtheme: Trauma

Almost all of the respondents reported being traumatized by their experiences to some degree. For some, this came in the form of an official PTSD diagnosis:

“I was terrified. I tried lots of placatory behaviour: I suffered with PTSD and Trauma after. Prescribed Prozac for a while.: I progressively got more and more desperate, spending time away from home.” (Q20.R17)

For others, trauma was described in terms of increased paranoia and hypervigilance:

“Spent a good few months literally looking over my shoulder - out the window etc to see if I had been followed” (Q18.R41)

“Yes. I am much more wary when dating now and I am much more attuned to people with mental health issues. I have been depressed for the first time in my life and I find it harder to be happy. I find it harder to trust people.” (Q28.R26)

A notable minority blamed themselves to varying degrees:

“Traumatizing, demoralizing and heart-breaking. Now I wonder how I could have been so soft and foolish” (Q18.R13)

Subtheme: Suicidality

Along with depression/hopelessness and trauma, many respondents described feeling suicidal as a result of their experiences.

I felt trapped and like I was cursed to live the rest of my life in misery. I contemplated suicide a lot but didn't follow through for my daughter's sake” (Q18.R32)
This often came in the context of feelings of depression and hopelessness:

“Hell. I was thinking of killing myself, I felt depression and hopelessness for the first time.”
(Q16.R28)

**Subtheme: Shame/ Embarrassment**

Many respondents reported experiencing significant feelings of shame and embarrassment as a result of their experiences:

“afraid ashamed embarrassed belittled confused-why? why would someone do this?”
(Q16.R53)

“Emotionally, I still feel pretty worthless, and ashamed that I could allow myself become a victim of that shit. Never again!” (Q28.R28)

**Theme: Relationships**

Apart from the romantic relationship with their abuser, many respondents described significant effects their abuse had on their relationships with children, friends/family, and future romantic partners.

**Subtheme: Children**

By far, the most devastating consequence described was the damage that their partners’ IPVA had on the relationship with their children. This often came in the form of modelling abusive behaviours:

“My children suffer the most, my daughter became violent towards my son for a while, and once when talking to my daughter about not hitting her little brother, she kicked me in the stomach and when I told her we don’t do that she said “well mommy does it”. My son has become afraid of anything resembling violence (rugby, martial arts training etc.)”
(Q19.R53)
Maintaining access after separation was also a common problem:

“I'm trying to get a separation, I get the kids for 7 days, every other week. It is hard to get help and to get out of the relationship. As no data comes from the family court, she will most likely become the custodian, I will have no say in their future.” (Q18.R20)

**Subtheme: Romantic**

Future relationships suffered, with many participants describing paranoia and hypervigilance:

“She eventually moved out then we went through a few years of stress in many ways, in the courts, with extended family and friends getting involved. I lost friends and it took a lot out of me. My work suffered. My health suffered. I find it hard to have a relationship with a woman now, as I'm afraid it could all happen again.” (Q18.R37)

There was a general wariness about women in general but future partners in particular:

“It has made me distrustful of people. Like there's a nasty piece of shit hiding behind every pair of eyes that'll abuse you if you let your guard down. That'll happily lie to your face even when you know the truth and will never apologise or offer any sort of satisfaction but only victimisation. That other people will never accept themselves as being in the wrong, it always going to have to be me.” (Q28.R25)

**Subtheme: Family**

For some, their family’s inaction, or disbelief in the face of abuse led them to become estranged:

“the abuse continued after we split: she told everybody, my family, my employers that I was abusive to her, I lost work, friends & family member” (Q18.R43)
Theme: View of the World

92.5% of respondents reported that their experience of abuse had significantly changed their view of the world. These were almost exclusively negative:

“Yes definitely. I’m less trusting. I feel less safe and secure. I’m less likely to put myself out there for fear of being taken advantage of. I’ve lost confidence, control or self-esteem and am now a shadow of my former self. I feel forever changed. I feel I lived in a quite safe and balanced life where people loved and took care of each other. Where you support and cherish your loved ones. I guess I was just very lucky but naive. I now know that how much you love, give, share or support someone that doesn’t mean they’ll do that in return. I can me they see weakness and will take advantage of it” (Q28.R3)

Theme: Post-traumatic growth

A small but notable theme seen in some responses was post-traumatic growth. These participants described their experience of abuse as a watershed moment which led to growth and increased self-efficacy:

“I would never let another woman have that much control over me again. It has made me stronger and told me I don’t really need anyone and I’m someone worth loving. I have grown since and I have great respect for myself and have a great relationship with my adult children” (Q18.R8/ Q69.R9 – same respondent)

4.3.5: Supertheme: Perceptions

In this supertheme, the respondents described how they feel they, as abuse survivors, are perceived. They described how they feel perceived by men, women, and by society at large.
**Theme: Men**

The overwhelming majority of respondents reported that they felt negatively judged by other men. When asked how they felt perceived by other men, the word “weak” was used no less than 20 times. Other phrases such as “pathetic” and “lesser” were also frequently used. One quote summed up this cohort quite well:

“I think other men laugh at us. They think we are weak. Most men would say you should hit her or leave her” (Q26.R36)

Although responses were overwhelmingly negative, there was a small but notable theme of change:

“Increasingly, men are aware and supportive of other men who have suffered domestic abuse. This can be best seen in informal online communities, within the so-called Manosphere.” (Q26.R44)

**Theme: Women**

Although the participants provided a more ambivalent report of how women perceive male survivors of IPVA, the word “weak” still came up 14 times. Other variants included “beta males” and “easy prey”. Some felt that women either did not believe in male abuse:

“I think other women would be sceptical and doubting. I feel most females think it is on male on female” (Q27.R3)

or blamed them for their abuse:

“Women see male victims of IPV as perpetrators. "If she did that to you, you must have done something wrong to her. Shame on you" (Q27.R49)

Still more believed that women were more understanding of their predicament:
“I think women have a more nuanced view of other women and understand fully how much harm they can cause. Especially from experience in school with bullying and interpersonal conflicts. Other women might think it's completely normal. Violence against men is often played for laughs.” (Q27.R25)

**Theme: Society**

The overwhelming majority reported feeling that they were negatively perceived by society as a whole:

“In short: - Being abused as a man is not seen as an issue in Ireland. - In Ireland, women are always right, and the burden of the proof is always on the man. If they said that a man is wrong, he has to prove that he’s not. If a man says that a woman is wrong, he has to prove that she is. - It’s impossible to call the authorities against a woman. The Garda told me that, if I pressed charges, they would have to arrest ME, because "if she did something to you, you must have done something wrong first". - Judges and the whole court system are biased as well. In court, the man is always wrong. - Don’t expect help from anyone, ever, in Ireland, as you will always be seen as the abusive, violent man who just got what he deserved.” (Q18.R46)

**4.3.6: Supertheme: Help-seeking**

In this Supertheme, the respondents described their experience of help-seeking in response to their experience of IPVA. The subject of help-seeking provoked some of the most ambivalent responses. Extremes were found on both ends, with some desperately trying to find help wherever they could. On the other end of the spectrum, some of the male respondents reported significant frustration and anger towards a system which they feel is designed to position them
as the abuser regardless of the actual circumstances. Help-seeking behaviours and experiences were divided into formal, i.e. legal and support services, and informal, i.e. family and friends.

**Theme: Informal**

Informal help-seeking involves approaching family and friends for help, advice, or support following their experience of abuse. Thirty-Four (63%) respondents reported that they had spoken to family and/or friends about the abuse. The majority reported finding their family and friends to be supportive:

“Yes, eventually. My parents were scared that there might be an allegation of rape or assault used against me. I felt terrified before, terrified during, and terrified after. I didn’t realise how badly I was psychologically until I was finally away from her and safe with my family. It was like I had been deep underwater, with the pressure of diving deep, surrounded and permeated with negativity, and then I came out into the air. I was surprised how supportive my friends were. My friends didn’t really have any experience, but they listened and supported me.” (Q20.R31)

Some, however, reported being met with suspicion and/or blame:

“Yes. Only a few. "Oh..." "How did you get yourself into this mess?" "Wow, how could you throw her out?" "It was your choice to get involved with her..." I think I have been labelled the 'bad guy'. " (Q20.R50)

**Theme: Formal**

Formal help-seeking involves contacting formal authorities/support services such as the legal authorities, medical services and/or bespoke IPVA services for help, advice, and/or support.

**Subtheme: Legal**

Thirteen respondents (23.6%) reported having sought legal support in the context of their experience of abuse. Some described calling the Guards/Police:
“She became violent and launched a sustained assault that lasted for about 45 minutes, including hitting me over the head with objects (I still have a bump from where she bottled me), throwing objects at me and trying to stab me with a glass. Eventually I had to phone the police after sustaining wrist injuries from trying to hold a door closed to stop her from reaching me while she swung on it with all her weight. When the police arrived, she was belligerent with them, and they asked if I wanted to press charges. I was unsure and worried about courts and their biases and didn’t want to “ruin her life” (she wanted to work in the legal sector), so I declined. The police told me they could not remove her without pressing charges so in the end I left.” (Q21.R25)

While others sought legal help in the context of Legal/ Administrative abuse:

“I hired three solicitors, two of which sided with my ex against me during the court hearing. The third just didn't do anything, and wasted 8 months of time in pointless phone calls. As I wrote, the Garda turned my back on me ("we will arrest YOU, because for sure it's your fault"), the courts did the same, for the same reason” (Q21.R50)

These experiences were described as being overwhelmingly negative:

“Yes, I tried with the police and they refused to assist unless I was the aggressor at which point, I would be arrested. ..... they handed her a pamphlet on domestic abuse for women. They sent me to a DV liaison officer who then spent an hour trying to convince me I was the perpetrator, refused to watch the video and when I left, told me “we’ll be watching you”. The courts when deciding on child custody initially tried to place me as the abuser, refused to watch the videos until the au pair who was my primary witness spoke about what she saw. I tried a few help lines, but they were more interested in accusing me of being the abuser and demanding to get in contact with my ex to see if she was ok.” (Q21.R53)
Subtheme: Psychological and Emotional Support

More people (26, 47.3%) sought psychological/emotional help after their experience of abuse. Some of this came in the midst of the abuse:

“Yes, I have been through a few psychologists who would not recognise the abuse, both in marriage counselling before the divorce and after as 1:1. All were supportive of my ex and would never address or even acknowledge the abuse. I am currently seeing a psychologist who has been treating my children as she is aware, but even she admitted she struggles to reconcile how I “allowed it to happen” but she has done some research and has become very supportive.” (Q22.R52)

While others described seeking help for cognate psychological problems after the fact:

“I sought counselling on two occasions, one with AMEN and another with a private counsellor with VHI. I’m currently being treated by my GP for PTSD and am taking anxiety medication. I intend to return to counselling soon as I’ve went through a sociopath experience” (Q22.R20)

For the most part, this psychological support was described in positive terms:

“I got support from Amen and another support group, I may not be around today if it was not for them, pity there is very little support for men” (Q21.R41)

Subtheme: Barriers

The respondents identified numerous barriers to seeking help. Chief amongst these was the perception that services, both legal and IPVA specific, were set up to support women and not men:

“I looked up where to go to domestic abuses places in REDACTED, as that’s where I live, but they are all for women. The only one I saw for men was Amen based up in
Kildare, but I never went further than looking it up and thinking about calling” (Q23.R18)

Other reasons cited were the lack of services:

“No. Less than a handful people know.: No. There was no such thing as support for males. Everyone I told was critical, not supportive” (Q23.R31)

A prominent internal barrier to help-seeking was a sense of shame or that they would not be believed:

“Male victims are not taken seriously by practitioners, the system at large, the Gardai or society. These support a female perpetrator portraying herself as the victim. This is devastating for male victims. I have reams of information on this and if I as a male did a small percentage of what she has done I would be convicted and in jail now. She has suffered no sanction” (Q18.R7)

“No, I was too ashamed of myself to tell anyone, not so much about the physical abuse as the mental, controlling stuff for all that time.” (Q20.R28)

Subtheme: Facilitators

Very few men reported what specific factors facilitated them seeking help, however, of those that did, it appeared that necessity was the main component:

“At around the time of all this a Coercive Control law was passed in Irish law. I spoke to my solicitor about it and she said it wasn’t worth pursuing as it was almost impossible to prove. We both had agreed and signed up for Mediation to sort out access/maintenance for our children. Her solicitor advised her not to, stop me from seeing our children until we got a court date 3months away, which she did. It cost me 13000euro in total over 4 court hearings.” (Q21.R19)
4.3.7: Supertheme: The Future

The focus of this supertheme was how the respondents feel about the state of affairs with regard to male survivors of abuse – what needs to change, and what advice they would give to their peers/younger males.

Theme: What Needs to Change

Respondents were asked what they feel needs to change in Ireland and the UK. Answers were varied but focused on two key themes: The need for legal, legislative change, and the need for attitude change on a societal level.

“More support services for men, more education about the signs of abuse and telling people they can report abuse. Prosecution of an abuser will always be difficult without supporting evidence, so if people are more willing to report abuse there will be more chances to gather supporting evidence rather than getting into a he said, she said scenario which currently favours women who are traditionally seen as the victim in any abuse claims.” (Q29R20)

“Recognition that male victims and female perpetrators are such a large portion of the problem. Stop always using media images of a male perpetrator and female victim (the research of same sex IPV seems to be ignored). My understanding if that funding for IPV goes 97-98% to female only support organisations. That needs to change. Public education on the wider support problem” (Q29.R8)

“Remove the barriers of male bad-female good, train police to recognise both male and female victims, not just female. Get physicians and psychologists trained in recognising that even though they are a minority, men can be victims and women abusers and remove the bias” (Q29.R51)
“Better training and awareness for judges, solicitors, GP's, TULSA. Parental Alienation should be a crime. Mothers and her solicitors should be held accountable for the damage inflicted on dads by mothers through their kids. More help groups formed to help male victims of IPV” (Q29.R19)

**Theme: Advice for Males**

When asked what advice they would give for a room full of males, the primary response was to recognise abuse as abuse, and to get out of the relationship as soon as it manifests itself.

“The very second you notice your partner ….trying to perform any kind of emotional, psychological, financial, sexual, or violent manipulation of you, turn on your heel and walk away. No second chances, no forgiveness. Somewhere out there is a woman who will love you and look after you.” (Q30.R44)

“I would try to explain how abuse isn’t a sudden drop. It’s a flight of stairs, and one step at a time you end up on this journey, each step is something abusive. And then, without realizing it, you are in an abusive relationship. It’s not about being macho, it’s not about strength, it’s about control and manipulation. And I’d try to tell them what are the signs of abuse, what is a healthy relationship. Talk about sex and how abusers use your best features against you” (Q30.R31)

“We believe you. You are a victim of criminal offences. You deserve support. There are people who will help you get through this. Don’t give up on yourself. Tell your story to the Gardai and the support organisations. If they do nothing call them out and tell the support organisations.” (Q30.R8)
4.3.8: Supertheme: Final Words

For the final part of the survey, respondents were asked to add any final words that they wished to communicate. Some used the opportunity to thank me for doing the research:

“Thanks for doing this research, my experiences really messed me up. I hope these issues are brought to the front to highlight abuse against men and the long-term implications” (Q31.R17)

while others made a desperate call for change:

“One thing I experienced was how False allegations can do a lot of damage to the other person and when proven to be false there is no penalty to the accuser. They know this before they make the accusation and therefore know they can say what they want and get away with it. We need to make a clear statement legally, that if you make a False allegation that you will be punished in either fine or Jail. Then again very few women get jail for any breach in family law, perhaps the penalty would be losing custody of the kids, if they have kids” (Q31.R27)

One respondent summed up much of what the others had said about the effects that their experience of abuse had had on them:

“We’re very very much a silent group. Not visible anywhere. Not on tv, movies etc. It seems like we don’t exist or fit into society. We are dirty little secret, and nobody would believe us anyway. I was a strong minded, confident outgoing person. Very popular, very sporty. Athletic, good looking, good physique, good job etc. Always popular, loads of friends and a big role in my family. I captained every sports team I played in because of my strength, courage, commitment, communication and leadership and also became a coach of many successful teams due to these same characteristics but even I became a shell of myself. I became scared, felt weak, powerless, vulnerable etc. Felt no way out
apart from taking my own life. I used to feel like a king or a Rockstar. Loved, admired and adored by all my friends, family and colleagues but through years of abuse I became so lost and low I tried to take my own life. That’s the level of power abuse can have and if it can happen to me then nobody is immune from it” (Q31.R2)

4.4: Chapter Summary

In this chapter, I provided a statistical breakdown of the demographic distributions of the sample, before providing a detailed breakdown of the prevalent themes found throughout the dataset. Mixed-methods findings from the survey were integrated to quantify, describe, and interpret the data.

The men who responded to the survey described a wide range of experiences from preconceptions to hopes for the future. They experienced sometimes horrific abuse at the hands of their partners, and many described significant revictimization at the hands of the authorities and support services. The survivors of abuse also described overwhelmingly negative perceptions that they felt were prevalent in society. The word “weak” was used 34 times to describe how they felt perceived by others, while phrases such as ashamed, embarrassed, and humiliated were used to describe how they perceived themselves. There was anger, passion, fear, frustration, and despondency throughout the report, however, there was also a small glimmer of hope that things can and will change
Reading through and analysing the survey responses was one of the most difficult things I have had to do as a researcher. Not least because of the current situation with regard to self-isolation/quarantine, I found the process to be extremely emotional. The men who responded expressed pain, anguish, hopelessness, grief, abandonment, frustration, and anger in the most florid terms. At times, I found myself experiencing vicarious anger and pain, at other times incredulity. When I read stories of growth, I found myself overcome with pride and joy for people I had never met.

I am a man, and I found myself asking many, many questions of myself. How would I react if it happened to me? How many of my friends have experienced this? What are my perceptions and preconceptions about abuse, and how do I integrate them with my own experience of witnessing IPVA as a child?

As scientist practitioners, we are in the constant state of wearing two hats. On the one hand, as a researcher, the data was everything I had hoped for and more. But on the other hand, as a clinician, I desperately wanted to do something to help. Reading through the replies, I found myself wondering who these men were and what brought them to their situation. How did they meet their partners, and was there anything about them that made them more vulnerable? Who are these women? Are they predatory or are they the victims of their own life experiences? What can we do for both?

Despite the difficulty, and the unanswered questions, I had to maintain my critical realist philosophy. Using a structured mixed-methodology such as I did, helped me with this. I particularly found the template analysis approach to be uniquely appropriate. I worked in logistics for many years before studying psychology, so the structure and order of the template approach gave me comfort, and allowed me to apply order to myself, and the analytic process.

As an empathetic human being first, and a psychologist second, I found myself taking frequent breaks during the analysis. I had taken up photography as a means of giving myself something other than psychology to think about during my studies. The combination of self-isolation and the emotion evident in the reports reinforced the importance of having this outlet. Regardless of how dark the data became, I frequently took the time to photograph flowers, birds, my partner, and my pets to remind me that there is beauty in the world.
Chapter 5: Discussion

5.1: Chapter Overview

In this chapter, I will summarize the results of the study and contextualize them in light of previous research. I will then address the strengths and limitations of the study before suggesting clinical, research, and policy implications of the findings. In doing this, I will make specific suggestions based on the evidence. Following the sections on implications, I will reflect on my journey throughout the project, before addressing my final conclusions.

5.2: Review of the research question

This study aimed to explore the male experience of IPVA. I hoped to do this by investigating preconceptions about IPVA held by the respondents prior to their experience, before exploring their experience of abuse and subsequent help-seeking. The research questions encapsulated these aims as follows: “How do male victims of female perpetrated IPVA describe their views on IPVA before, during, and after their own experience with the phenomenon? Did their opinions change with experience? How do they feel they are perceived? What are the barriers to and facilitators of help-seeking?”

5.3: Summary of Findings

In all, 58 men completed a fully anonymized online survey. This survey was hosted on Qualtrics and included open-ended and closed questions about IPVA in general, and their personal experiences and opinions in particular. Survey results were analysed using a mixed-methodology. Quantitative results were analysed descriptively using SPSS, while qualitative results were analysed using Template Analysis. Efforts were made to integrate quantitative and qualitative results where possible. The results of the study indicate that male survivors of abuse, and males who continue to experience abuse, describe their experiences in eight overarching superthemes.
The first of these superthemes “Preconceptions I held about IPVA”, described how the respondents felt about the phenomenon of IPVA before they experienced it themselves. The second supertheme “Experience of Abuse” detailed the lived experience of abuse as it was happening, including types of abuse, the presence of witnesses, and the realisation that they were being abused. The third supertheme was titled “Partner/ Relationship” and focused on the context of the abuse. This included the length of the relationship, the length of the abuse, the role of alcohol in the abuse, and whether their partner professed remorse. The fourth supertheme “Impacts of Abuse” detailed the effects that their experience of abuse had on respondents’ mental health, relationships, and view of the world. The fifth theme “How I am Perceived” discussed how male survivors of IPVA feel men, women, and society perceive them. The sixth theme “Help-Seeking” focuses on the respondents’ views about and experience of help-seeking as male survivors of IPVA. In the seventh supertheme “The Future”, respondents described what they feel needs to change and offered advice to other males. The final supertheme “Last Words” was an analysis of a completely open-ended final question, wherein respondents were requested to provide a final comment of their choosing. Some participants offered thanks for the opportunity to discuss their experiences, while others used the opportunity to call for change.

5.4: Discussion of the Results

5.4.1: Demographic Findings

In all, 58 self-identified male survivors of IPVA completed the survey. Just over half of the respondents had never sought formal help. The combination of help-seeking and community samples provided the space for a wide variety of responses and experiences. The sample was relatively homogenous, with a normally distributed age grouping. The majority of respondents were from the Republic of Ireland, with English people having the second-highest response rate.
5.4.2: Supertheme 1: Preconceptions

Many respondents reported having ambivalent ideas about IPVA before experiencing it themselves. For some, the phenomenon was thought to be predominantly or exclusively male on female. This misconception is common and may be attributable to media representations (Willis et al., 2019) and the predominance of the gendered paradigm of IPVA (Dutton & Nicholls, 2005). Even those who had considered the possibility of female on male IPVA, reported never having considered that it could happen to them. This shock is prevalent in the literature, as many reports indicate that men can be naïve as to the risks of abuse (Morgan & Wells, 2016). One thing that stood out was the stark contrast between the respondents’ self-reported preconceptions about abuse, and their perceptions of how others viewed abused males (see below).

5.4.3: Supertheme 2: Experience of Abuse

The respondents reported a wide range of abusive experiences. This supertheme was divided into three themes. These were “diversity of abuse”; “witnesses?” and “last straw?”.

In terms of the diversity of abuse afflicted upon the respondents, there were prevalent and frequent reports of physical abuse (using both the body, and weapons), sexual abuse (including sexual coercion/ rape, and sexual humiliation and denigration), psychological abuse (including gaslighting, verbal abuse, and control/ manipulation), and legal/ administrative abuse (including using access to children, the court system, and the legal authorities as tools of abuse). These results were not surprising in and of themselves as similar experiences had been described in the literature (Bates, 2019b; Bates & Taylor, 2019; Dim, 2020; Machado et al., 2018).

Most of the respondents reported experiencing multiple forms of abuse. Of the entire sample, only five reported experiencing one type of abuse, while 20 reported experiencing all
four. These findings correspond with those from previous research indicating that multiple forms of abuse are commonly reported (Bates, 2019b; Bates & Taylor, 2019; Brooks, Martin, Broda, & Poudrier, 2017; Machado et al., 2018).

When viewed as a whole, the respondents described their abuse in terms of systematic patterns of Intimate Partner Terrorism (Johnson, 1995) and coercive control (Bishop & Bettinson, 2017). These reports would seem to challenge the assertions of Johnson, Dobash, Gondolf and others who proclaim that IPVA in general, and Intimate Partner Terrorism in particular, is almost solely the responsibility of men, and is conducted in the context of power/control (Dobash & Dobash, 1979; Gondolf, 2007; Johnson, 2011).

One of the more surprising findings was the prevalence of sexual coercion. Although the literature would suggest that female perpetrated sexual abuse is more prevalent than generally reported or believed (Anderson, 2020; Breiding et al., 2015; Hines & Douglas, 2016b), the fact that over 25% of respondents described behaviours that may constitute rape if the genders were reversed was a shock. These findings highlight the need for the laws governing rape and sexual assault to be reviewed to incorporate “forced to penetrate” (Weare, 2018a, 2018b; Weare & Hulley, 2019). Another pertinent element to this finding is the fact that only one respondent actually used the word “rape” to describe their experience. This ties in with previous research indicating that males often have difficulty identifying themselves as victims, particularly as it pertains to sexual abuse (Depraetere et al., 2018).

A unique element to this research was the inclusion of legal and administrative abuse. To the best of my knowledge, this study represents the first time that this form of abuse has been studied with an Irish sample. Findings indicate that the majority of respondents experienced some degree of legal/administrative abuse, reinforcing research conducted in other jurisdictions such as Australia (Tilbrook et al., 2010), the UK (Bates & Taylor, 2019) and
the US (Berger et al., 2016). Parental alienation was also reported in the context of legal/administrative abuse. The separation of children from a parent has been shown to have deleterious effects on both the parent and child and is becoming endemic in Western society (Harman et al., 2018; Harman, Leder-Elder, & Biringen, 2016).

Many respondents described the responses of people who had witnessed their abuse. Responses described were at best ambivalent, and at worst victim-blaming. This tendency to blame the male victim of abuse is well cited in the literature and ties in closely with perceptions of male abuse survivors described in more detail below (Douglas & Hines, 2011; Huntley et al., 2019; Walker et al., 2020).

For some respondents, the realisation that they were in an abusive relationship came straight away, but for most, it was a slow, gradual process of incremental degradation. This awareness often led to confusion, doubt, and shame. Recent literature describes the realisation that they are an “abuse victim” as something that many men struggle with (Corbally, 2015). This reluctance to accept their victimhood status, along with preconceptions about abuse may have contributed to the delay between the first incidents of abuse, and the realisation that what was happening actually constituted abuse. This gap seems to be particularly evident for men who experience abuse as over half do not realise that they have been abused at all (Flatley, 2016).

5.4.4: Supertheme 3: Partner/Relationship

Almost all of the respondents reported having left the relationship. For some, this constituted leaving marriages that had lasted decades, whereas, for others, the relationship had lasted only months. In a similar vein, many men described patterns of abuse that lasted years, while others reported one or two isolated incidents. For many men, leaving an abusive relationship is particularly challenging, given the paucity of support services (Tsui et al., 2010;
Wallace, 2014; Wallace et al., 2019). Other factors reported by respondents included fear for their children, fear of losing contact with their children, love, and belief she will change (Brooks, 2019).

Alcohol abuse was described as being a component factor in the abuse by just over half of the respondents. Many of them described repeated incidences of abuse while their partner was “drunk”. In some cases, abusive partners were described as something of a Jekyll and Hyde phenomenon, whereby they would only become abusive under the influence of alcohol. These reports tie in with the generic literature on IPVA, as well as the specific literature on male survivors of IPVA. All evidence points to alcohol abuse as a significant risk factor for both perpetration and victimization (Espinoza & Warner, 2016; Felson & Lane, 2010; Fernandez-Montalvo, Lopez-Goni, Arteaga, & Haro, 2020; Gadd et al., 2019; Langhinrichsen-Rohling, McCullars, et al., 2012; Leonard & Quigley, 2017).

Most respondents reported that their partners had never admitted to being abusive. In fact, the most common response to this question was that their partner had responded to attempts at discussing the abuse with either outright denial or accusations and victim-blaming. When asked if their partners had ever sought professional help for their behaviours, most of the respondents reported that they had either not sought help at all or had done so in the context of manipulation and control. This was often described as a ploy to maintain the relationship. This reluctance to accept the role of the abuser may be attributable to the preponderance of the gendered paradigm, media representations of abuse, and/or gender roles and norms, however, given the almost total absence of any research conducted from an abusive woman’s perspective, this is just conjecture.

A recent study sought to explore female agency with regard to IPVA perpetration. Despite coming from a feminist perspective, the author disputed the gendered paradigm as
reductive towards women’s place in the world. A salient point was made comparing levels of violence and abuse perpetrated by both men and women within and outside relationships. The literature suggests that aggressive men display aggression in most walks of life, whereas women exhibit significantly more aggression within relationships than outside relationships. A key finding of this review was that women have less fear of retaliation when expressing abusive behaviours towards a partner than towards a stranger (Douglass, D'Aguanno, & Jones, 2020).

5.4.5: Supertheme 4: Impacts of Abuse

Their experience of abuse impacted the respondents in multiple negative ways. Many participants described significant effects on their mental health, their relationships, and their view of the world.

Mental health sequelae reported by the respondents included symptoms of depression, hopelessness, anxiety, trauma, shame, and guilt. Several reported feeling suicidal, and others admitted to suicide attempts. These findings reinforce previous research that indicates these symptoms are a common outcome for males who have been abused by an intimate partner (Dickerson-Amaya & Coston, 2019; Lysova et al., 2019; Simmons et al., 2018).

Future romantic relationships also suffered, with many respondents reporting a sense of paranoia and wariness that their prospective partners may be abusive. This phenomenon is commonly witnessed in male survivors of abuse, and is widely reported in the literature (Bates, 2019a; Simmons et al., 2018). The effect that IPVA had on their relationship with their children was amongst the most deleterious outcomes described. For some, the relationship was dissolved entirely through legal and administrative abuse, while others described their children siding against them. Parental alienation has been shown to have significant adverse effects on both parent and child (Berger et al., 2016; Harman et al., 2018). Just as significantly, there is
evidence that witnessing IPVA as a child significantly increases the likelihood of perpetrating abuse as an adult (Copp et al., 2019).

A final finding concerning outcomes was that the majority of respondents reported that their experience of abuse negatively affected their worldview. These findings are particularly salient as much of the current research on worldview stability indicates that the construct is resilient to negative life events. It is only when these life events become chronic and repetitive that they negatively affect worldview (Poulin & Silver, 2019).

Taken together, the reports of significant and enduring negative impacts of abuse would seem to support the literature base on the male experience of IPVA. The findings are more complicated when viewed through the lens of proponents of the gendered paradigm, however. Evidence pointing to female on male IPVA as being prevalent and significantly destructive would seem to contradict the fundamental precepts on which the paradigm is based (Powney & Graham-Kevan, 2019).

Although this was not a prevalent theme in previous studies, a small cohort of respondents reported some degree of post-traumatic growth following their experience of abuse. Post-traumatic growth is the phenomenon whereby experiencing a traumatic incident or series of incidents elicits positive change (Tedeschi & Calhoun, 2004). Studies conducted into post-traumatic growth following IPVA have focused on female survivors of male perpetrators. Cobb and colleagues found that post-traumatic growth was highly predictable based upon whether the abuse survivor had left the relationship or, had been in contact with someone who had experienced post-traumatic growth themselves (Cobb, Tedeschi, Calhoun, & Cann, 2006). Another study identified several factors contributing to post-traumatic growth including “ending the cycle for children”; “changed perception of life”; and “social supports” (Brosi, Rolling, Gaffney, & Kitch, 2019). There is some evidence that women self-report higher levels
of post-traumatic growth than men (Vishnevsky, Cann, Calhoun, Tedeschi, & Demakis, 2010); however, findings have been ambivalent. A later study on post-traumatic growth following interpersonal violence, found that adhering to gender norms positively predicted post-traumatic growth in both genders (Barlow & Hetzel-Riggin, 2018).

5.4.6: Supertheme 5: Perceptions

The overwhelming sense from the respondents was that male survivors of abuse are viewed negatively. The two key elements of this perception bias were that they were viewed as being either “weak” or somehow responsible for the abuse that they endured. The respondents reported feeling particularly harshly judged by other men; however, the majority also felt negatively judged by women. Once again, the word “weak” was prevalent, as were other cognate adjectives such as “pathetic” and “easy prey”. Returning to earlier studies I cited in the literature review; it would seem that the respondents’ sense of being perceived negatively was supported by prior investigations. Eckstein & Cherry’s work is particularly salient in this regard. In their 2015 study, 62.4% of respondents indicated that males who have experienced IPVA must have had a “weak personality”, while 27.6% attributed their victimization to being physically weak. This study included both males and females, supporting the respondents of this study’s assertion that they were viewed negatively by both genders (Eckstein & Cherry, 2015). Other studies indicate that both male survivors of abuse and male perpetrators of abuse were seen as being more culpable for the abuse than females (Hine, Noku, Bates, & Jayes, 2020; Stanziani et al., 2018; Willis et al., 2019).

There are several possible reasons why the respondents felt negatively perceived. Three of these are discussed in more depth below.

Studies on the “empathy gap” would indicate that in-groups should show more empathy to each other than they do to out-groups. This bias may explain the negative perceptions of
females towards male survivors of abuse, but they do not explain the similar lack of empathy shown by other males (Gutsell & Inzlicht, 2012). Gamma bias is a cognitive distortion wherein male culpability is magnified, while female culpability is minimized. At the same time, male victimization is minimized, while female victimization is magnified (see table 6) (Seager & Barry, 2019). Gamma bias is theorised to affect both males and females. Gamma bias theory is supported by the previous literature and reports found in this study and may go some way towards explaining why male survivors of abuse are judged harshly by both men and women.

Table 6: Gender distortion matrix

<table>
<thead>
<tr>
<th>GOOD</th>
<th>HARM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DO (ACTIVE MODE)</strong></td>
<td><strong>RECEIVE (PASSIVE MODE)</strong></td>
</tr>
<tr>
<td>FEMALE male (celebration)</td>
<td>MALE female (perpetration)</td>
</tr>
<tr>
<td>MALE female (privilege)</td>
<td>FEMALE male (victimhood)</td>
</tr>
</tbody>
</table>

A further explanation may be found in what has been labelled the “male gender script”. According to this script, males are expected to 1. Be a fighter and a winner; 2. Be a provider and a protector; and 3. Retain mastery and control over one’s feelings (Seager, Sullivan, & Barry, 2014; Seager, Farrell, & Barry, 2016). The role of survivor of IPVA at the hands of a female does not correspond to this gender script, possibly leading to the doubt, shaming and blame reported in the current study.

The media were discussed by many respondents as being culpable in the negative perceptions of male abuse survivors. Several respondents pointed to media representations of men in the role of abuser, while others pointed out that this media representation serves to perpetuate negative stereotypes. This viewpoint is supported by the literature, which often portrays female abusers as somewhat comical (Scarduzio, Carlyle, Harris, & Savage, 2017). It
has also been found that media reports of IPVA are skewed in such a way as to provoke justification or sympathy for female offenders (Carlyle, Scarduzio, & Slater, 2014).

5.4.7: Supertheme 6: Help-seeking

Help-seeking behaviours and attitudes were reported in the context of barriers, facilitators, and experiences. These were further distinguished based upon whether the avenue being used to seek help was formal (law enforcement, legal system, support/ counselling), or informal (family/ friends).

Barriers to help-seeking included gender roles and norms, shame, guilt, lack of services, and a perceived ambivalence on the part of those services that are available. These themes were highly prevalent throughout the surveys and evoked some of the most emotive language used. Many of the men expressed a desire for help, be it legal or supportive in nature. However, they were prevented by either internal barriers such as a misguided sense of masculinity, shame and guilt or external barriers such as a lack of appropriate services and/ or finding services to be female-centric to the point of victim-blaming. These findings tie in closely with those of previous researchers who have found similar results (Douglas & Hines, 2011; Huntley et al., 2019; Wallace, 2014; Wallace et al., 2019).

Exploring facilitators of help-seeking was a little more complex as few respondents specifically addressed the subject. Of those who had sought help, it was clear that having knowledge of what was available was important. Similarly, having the financial means to pay for legal assistance was necessary as many of the respondents reported that despite being on the receiving end of IPVA, their partners received legal aid while they did not.

A study conducted recently sought to explore the role of “social belonging” in help-seeking following IPVA. This study found that both formal and informal help-seeking were associated with greater social belonging, and that this could be predicted by gender (i.e. males
expressed lower levels of social belonging and subsequent help-seeking) (Barrett et al., 2019). These findings suggest that improving levels of social belonging may facilitate better help-seeking in male survivors of IPVA.

Most respondents reported having sought support from family and friends. This ties in with previous research indicating that men tend to prefer informal sources of help than formal sources (Walker et al., 2020). There was some ambivalence in how they perceived the reaction from these informal support structures, however, with some describing their social supports as being hugely helpful, while others described shock, disbelief, mockery, and victim-blaming. This ambiguity is also prevalent in the literature, representing the idiographic nature of these experiences (Douglas & Hines, 2011; Walker et al., 2020).

Formal help-seeking was divided between seeking legal help and psychological or emotional support. Significantly more respondents reported seeking psychological or emotional support than legal help. Those who sought help from independent counsellors or male-focused groups such as Mensaid (formerly Amen), reported finding them to be of some help; however, those who sought help from generic IPVA services found them to be female-centric to the point where they felt that they were blamed for the abuse. Once again, these results are echoed in the literature. (Arnocky & Vaillancourt, 2014; Machado, Santos, et al., 2016)

Unlike the ambivalent experiences of those who had accessed psychological support, the response of those who had sought legal support was exclusively negative. Many respondents described experiences of mockery, dismissal, shaming, and victim-blaming. They also reported having to engage with a system specifically designed to help women (Machado, Hines, & Matos, 2016; Walker et al., 2020). There is a wealth of evidence supporting the respondents’ viewpoint that the legal systems of western countries are not designed to cater for
male survivors of abuse. This inequality is not only the case in practice, but is often actively written into official policy (Dutton, 2015; Dutton, Corvo, & Hamel, 2009; Dutton, Hamel, & Aaronson, 2010; Powney & Graham-Kevan, 2019).

On review, the experiences of the male help-seekers were overwhelmingly negative. One of the chief complaints was that the services, be they psychological/ emotional, or legal, were female-centric and not designed for their needs. To understand what this means, we need to review the general psychological literature on male help-seeking.

The psychological literature indicates that men have significantly more difficulty seeking help for mental health issues than women. Some of the factors contributing to this are a) masculine identity, wherein males feel the need to deal with their problems stoically; b) expectations of treatment- males report that they do not wish to talk about feelings; c) beliefs about mental illness- men are more likely to attribute mental illness to biological factors, and d) infrequency of engagement with cognate health professionals- men are less likely to engage with health professionals of any kind, reducing the likelihood of mental health supports being signposted (Brown, Sagar-Ouriaghli, & Sullivan, 2019).

5.4.8: Supertheme 7: Future

When asked what needs to change, the overwhelming majority of respondents pointed to the necessity for society as a whole and formal support and legal systems, in particular, to adapt to the needs of male IPVA survivors. Cited evidence supports this need as male survivors are often belittled, shamed, accused of abuse, and alienated from their children in response to calls for help. In subsequent chapters, I go into more detail about what is needed for real change to occur.

Asked what advice they would give a room full of men on the topic of IPVA, some respondents offered words of belief and support, while others implored the men to leave their
relationships at the first sign of abuse. Based on the evidence contained within this study, and the literature on the male experience of abuse writ large, it would seem that this advice is both salient and necessary.

5.4.9: Supertheme 8: Last words

When asked to provide any last words, some of the respondents thanked me for taking the time and effort to conduct the research. The gravity of those thanks should not go unaddressed as the survey was both emotionally taxing and time-consuming. That these men felt so unseen and abandoned to their pain that they would express gratitude in this manner is a testimony to the failings of society, IPVA services, and the legal system. The reports by the study participants all point to the veracity of this sense of abandonment.

5.5: Implications for Clinical Practice

As a trainee Clinical Psychologist, I was particularly conscious of the potential clinical ramifications of this study. It was readily apparent from reviewing the findings of this study that clinical supports are lacking in numbers, resources, and education. Based on the findings of this and previous studies, I feel that there are two key clinical implications.

As was evident based on the findings of this study, and previously cited research, many male survivors of abuse describe experiences of victim-blaming, prejudice, and stigma when they attempt to access psychological or IPVA specific support services. Before engaging with male survivors of abuse, Clinical Psychologists must first acknowledge their own biases with regard to the subject matter. In a 2004 study, Follingstad and colleagues sought to ascertain gender bias in the perception of abused and abusive males and females. Presented with two identical vignettes describing incidences of abuse, they found that psychologists only assessed contextual factors when the abuser was female, not when the abuser was male. They also rated the identical actions of the male abuser to be more severe and pathological than the female
abuser (Follingstad et al., 2004). Add to this, the American Psychological Association’s (APA) espousal of patriarchy theory in general, and the gendered paradigm of IPVA in particular in a document supposedly designed to guide help-seeking in males, and one is confronted with a field wherein male survivors of abuse are faced with blame and disbelief (APA, 2018). As such, it is imperative that psychologists in general, and Clinical Psychologists in particular embark on a soul-searching exercise to evaluate and address these biases.

There is a wealth of evidence supporting training and education in unconscious bias (Atewologun, Cornish, & Tresh, 2018). Clinical Psychology trainees in many schools already engage with unconscious bias training but it would appear that male victims of IPVA are not included within this training. A key step may be to introduce a module on this topic in clinical training, and provide CPD points for similar training for qualified psychologists.

Closely related to the first implication, the second clinical implication of this study is the need for support services in general, and Clinical Psychologists, in particular, to develop and espouse interventions for both abused and abuser that are evidence-based and bespoke to the individual. Many of the respondents in this study reported finding services that were female-centric and therefore not suited to their needs. Vindicating their perspectives, a 2019 survey found that the majority of IPVA service providers were continuing to provide interventions based entirely, or in part, on the gendered Duluth model. It was further found that only 20% of respondents supported the view that services should be based on research evidence (Cannon, Buttell, & Ferreira, 2020). An international study exploring the level of IPVA training Clinical Psychologists and Psychiatrists had received, found that just over half had engaged with some form of IPVA training. This study focused entirely on female victims without mentioning males in any role other than the perpetrator (Burns et al., 2020).
This resistance to evidence-based practice has led to a situation where modalities such as Dialectical Behaviour Therapy, which has shown promise for abusive and/or violent partners (Armenti, Iyican, Sommer, & Babcock, 2017; Graham-Kevan & Bates, 2020; Stover & Carlson, 2017) are ignored in favour of ideologically based interventions such as the Duluth model. In a similar vein, the need for bespoke interventions for males who have been abused has been almost completely ignored. In this regard, the success of the Men’s Shed movement may be built upon, or at the very least, assessed clinically to find out what works, and how that can be reproduced in formal support settings (Brown et al., 2019).

5.6: Implications for Research

This study represents the most in-depth exploration of the male experience of female perpetrated IPVA heretofore conducted in Ireland. The ramifications for this with regard to future research are legion. This study is a snapshot within a snapshot, given that it analysed the responses of a minority of men who have experienced IPVA, and a subset of those who identify as victims/survivors. It should, however, go a long way towards proving that given the opportunity and the proper protections, men will discuss their experience of abuse in great detail.

The first step in future research may be to conduct a full-scale epidemiological survey of male IPVA victimhood. Given evidence that men often do not relate to their experiences as IPVA until prompted with examples, this survey would need to provide examples of different forms of IPVA, along with the questions. Only in this manner can we get a legitimate idea of how many men experience abuse in their lifetime, and on a yearly basis.

People will always inflict pain on other people. That is a universal truth that has permeated throughout history. How we deal with this pain is subject to change, however, and is based on a combination of societal perceptions, identification of need and available
resources. Most of the research on perceptions and help-seeking has focused on barriers, with few focusing on facilitators of help-seeking. A future study may seek to redress this imbalance by recruiting a help-seeking sample. In a similar vein, outcome studies for the very few support resources that are available to men would help to make a clinical and business case for more resources to be funded.

Following minor but notable reports of post-traumatic growth amongst a cohort of respondents, a study focusing on this aspect of the post abuse experience may help us to identify avenues of recovery and further development for male survivors of IPVA.

This vast majority of the research literature on IPVA focuses on female victims of male perpetrators. Research such as the current study which focuses on male victims of female perpetrators are rare enough; however, the literature on IPVA within same-sex or gender non-conforming couples is almost non-existent by comparison. The methodology used in this study guaranteed anonymity and confidentiality. This security may encourage those ensconced within LGBT+ relationships to come forward and discuss their experiences without fear of reprisals from within their community, or without.

The final suggestion for future research is to conduct an in-depth study of female perpetrators of IPVA. The current study provided us with a considerable amount of detailed information, but it is only one side of the coin. A mixed-methods study of female perpetration carried out online so as to ensure anonymity would undoubtedly help us to understand the other side. Given that the majority of IPVA is bidirectional, hearing both sides would go a long way towards helping us to understand and address the problem once and for all. Conducting a study such as this would be extremely complex. Even with a guarantee of anonymity, there is no reason to believe that female perpetrators of abuse will a) self-identify, and b) be motivated to participate. It is also apparent from the findings of this study that most do not consider
themselves to be abusers. Despite these challenges, with the proper supports and consideration, it is a project worth undertaking.

5.7: Implications for Policy

It is readily apparent from a cursory glance at the results of this study that the respondents feel that policymakers are failing them at every stage of their IPVA experience. The findings of the current research indicate that awareness of female on male IPVA is rare at best and utterly biased against males at worst. Services are poorly advertised and underfunded, and the legal system is considered to have an inherent anti-male bias. As a result of this, the thousands of male survivors of abuse in Ireland, and the millions in the UK, are left to suffer in silence. This research should stand as a wake-up call for those involved in policymaking at every level.

Knowing that a problem exists and finding solutions to address it are two different things. Espinoza & Warren (2016) suggest a three-pronged approach to addressing the needs of males who have experienced IPVA, such as those who participated in this study (see fig 3). According to this framework, policymakers must carry out three main tasks in order to provide effective and efficient services to male survivors of IPVA.

Psychology services have already been addressed in chapter 5.5; however, Espinoza & Warren take it further by recommending that services be integrated, transtheoretical, and multidisciplinary. Engaging in this process may go some way towards addressing both the bias apparent in some psychology/support services, and the need to provide bespoke, male-oriented interventions for abused men. There have been some movements in this direction in Ireland and the UK. Increasingly Men’s Sheds and other male-specific support structures have been filling the gap in existing services by providing peer support and practical behavioural
activation style outlets for men of all walks of life. Increased funding and support for these already existing services may go a long way towards filling multiple unmet needs.

The second pillar seeks to address the stigma, misunderstandings, and misattributions about the male experience of IPVA. The model suggests doing this by raising awareness about male victimization and the preponderance of bidirectional IPVA and encouraging gender equality in reporting and utilizing IPVA support services.

The final pillar seeks to address the well-cited deficits in service provision for male survivors of IPVA. It suggests doing this by increasing training and education in the male experience of abuse, developing specific male-centric IPVA services; training professionals on how to recognise and treat abused males, and integrating Clinical Psychology constructs such as trauma-focused approached into interventions (Espinoza & Warner, 2016).
Adopting the three-pillar framework would entail a complete revamp of IPVA services in Ireland and the UK. The findings reported upon in this study would suggest that nothing less than this is needed in order to bring male survivors of IPVA and those who continue to experience abuse back into a society which has thus far either ignored them completely or treated them as the abusers. A gender-neutral approach has been attempted in the Netherlands; however, studies have found that it is gender-neutral in name only. As a result, male survivors of IPVA continue to be ignored (Althoff, Slotboom, & Janssen, 2019). This example highlights the need for services and policy to be legitimately gender-neutral and inclusive.
5.8: Strengths and limitations

No study is perfect, and this one has several limitations. First and foremost is the use of a survey rather than an interview schedule. The relative pros and cons of using a questionnaire are addressed in more detail in chapter 3, however, on reflection, I feel that being able to engage with the respondent may have allowed me to provide follow up questions and parse apart answers in a more comprehensive fashion.

A second limitation is that although the sample was relatively heterogeneous in terms of age, length of relationship, and experience of abuse/help-seeking, it was quite homogenous in terms of race. In fact, all but two of those who provided their ethnicity identified as White/European. This homogeneity precludes us from drawing any conclusions about the experiences of Black, Asian, and Minority Ethnic (BAME) men who have experienced abuse.

A third limitation is the compromise inherent in conducting a mixed-methods study such as this. In order to glean useful qualitative data, the sample size had to be kept relatively low. The small sample size means that despite deriving a significant amount of information about the phenomenology of female on male IPVA, I cannot make any claims to generalisability.

The final major limitation is that the sample, is by definition, self-identified. There were no possible means of verifying the participants’ claims; however, the correlation between the respondents’ reports of their experiences, and previous literature would support the veracity of those claims. Most of the findings of this research are congruent with previous studies and the literature base on IPVA writ large. One clear difference, however, is that although some participants acknowledged that their behaviour may in some way have perpetuated the abuse, none of them admitted to participating in abuse themselves. This is all the more astounding when one reviews previously cited literature on the nature of abuse. According to the evidence,
males participate in roughly 81% of abuse. 71.2% of this is bidirectional and 9.8% is unidirectional (Straus & Ramirez, 2007; Winstok & Straus, 2016). Although it is possible that all of the participants in this research are included in the roughly 19% of IPVA that is unidirectional female on male, it is more likely that this is an artefact of social desirability bias in self-reporting (Chung & Monroe, 2003).

Limitations aside, this study is by far the largest in-depth study of its type to be conducted in Ireland. Research on male victims of abuse are extremely rare in this country, and none have addressed the topic in so comprehensive a manner as I have in this study. Further to this, I addressed topics such as legal/administrative abuse which have not been studied in Ireland before.

I feel that the use of a mixed-methods design was successful in that it allowed me to quantify results before exploring them in more depth. I found the use of Template Analysis to be a relative strength of the study as it allowed me to incorporate both deductive and inductive approaches to the analysis. This approach gave me the space to ensconce my reflexivity within the literature base.

The use of an irrevocably anonymised online survey was a great boon to the study. Using this methodology allowed the respondents to speak freely without fear of repercussions or negative judgements, hopefully assuring greater honesty. A final strength was the sample size. Although having 58 respondents precludes any real generalisability, it constitutes quite a large sample in terms of the qualitative element of the study. That 58 individuals from different countries, different ages, and all walks of life described broadly similar experiences should add support to the reliability and validity of the findings.
5.9: Critical Reflection

In some ways, I stumbled upon this research project. My initial plan was to study Male Depressive Syndrome for my PhD dissertation, but that fell through when, (unsurprisingly on the basis of this study), I could not obtain a large enough sample of men who were willing to talk about their experience of depression. I was left without a large-scale research project and decided upon a project that I knew would be extremely difficult given the time constraints and stigma inherent in the subject matter. The failure of my previous study had also burnt me.

Several years ago, when planning a networking event for older adult services in Limerick, I made a point of inviting the IPVA service ADAPT to the event. Knowing that ADAPT is a support service for women and children, I contacted Mensaid (then called Amen) and asked if they would like to attend. They informed me that as much as they would like to, and appreciated me taking the time to call; they simply lacked the funding to travel from their base in Navan. This unfortunate lack of resources stuck with me and left me with a desire to better understand why males who have experienced IPVA would be treated worse than females, at least in terms of service support and funding.

About a year ago, when reading the newly released Palgrave Handbook of Male Psychology and Mental Health (Barry, Kingerlee, Seager, & Sullivan, 2019), a chapter written by Deborah Powney and Nicola Graham-Kevan detailing the extent of female on male abuse and the role of the gendered paradigm in denying the male experience resonated with me greatly. I was genuinely shocked and committed myself to developing a better understanding of the phenomenon.

This study has been a struggle from the beginning. At first, it was a struggle to convince people that this was a phenomenon worth exploring, and then it was a struggle to procure a sufficient sample. More than anything, however, it was a struggle to read through and analyse
the 58 heartfelt and devastating reports of abuse, shame, guilt, depression, fear, and trauma. Now that the study is complete and I am in the final stages of the write-up, I find myself proud of the work that I have done to shed light on the tragic circumstances of these men’s lives.

It could be said that the hallmark of a good research study is to be left with more questions than answers, and I found myself in this position by the end of the project. I feel that I have sufficiently answered my research questions, but in finding those answers, I have been left with many more questions. Some of these I have addressed in chapter 5.6, and whether it is I who goes on to attempt to find these answers, or somebody else, I truly hope that this is done.

In terms of positionality, I have to acknowledge first and foremost that I am a man. As the sections on perceptions attest, this does not preclude me from having negative opinions on male survivors of abuse, but I felt it important to recognise that I am a male in attempting to understand their experiences. I reflected on my own biases and preconceptions throughout the project, and I feel that this helped me in maintaining a balanced view of the phenomenon.

5.10: Study Conclusion

The current study aimed to explore the male experience of IPVA within a heterosexual relationship from their preconceptions to their post abuse perspectives. In pursuing these aims, this study has uncovered testimonies of graphic physical, sexual, psychological, and legal/administrative abuse. The respondents described patterns of assault, control, manipulation, parental alienation, and even rape. They talked openly about experiencing depression, hopelessness, shame, parental alienation, PTSD, and even suicidality in response to their experiences. Tragically, the survivors also described being ignored, shamed, blamed, and revictimized by the very services that should have been there to support them. The men reported feeling like pariahs, weak and pathetic in the eyes of women and other men, and
shunned by society. Far from being the exception, the experiences described by the 58 respondents reinforce almost identical results found in research conducted all over the world.

Many of the men reported never having spoken about their abuse before. In this regard, utilizing a fully and irrevocably anonymised online survey undoubtedly assisted them in speaking at great length and excruciating detail. This methodology proved highly successful in accessing a difficult to reach and highly stigmatised cohort of people and may prove fruitful in other domains of research in the future.

In conclusion, I would like to reiterate that although the focus of this study was on male victims of female perpetrators, this abuse must be understood within the wider socio-cultural context. The aim was not to focus on the male experience to the detriment of the experience of women, children or the elderly. Rather, the aim was to ensure that male victims are better understood so that they may receive the support they desperately require. Given that this is the largest study of its kind conducted in Ireland, I feel that this aim has been achieved.
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Appendices
Appendix A: Detailed Description of the Literature Search Strategy

Step 1: Identify a research topic: As stated in chapter 1, the choice of the male experience of IPVA as a research topic was made for a number of reasons. These include the paucity of available research, the need to address negative perceptions, the need for bespoke clinical interventions, the need for better education on the topic, and finally, the need for better legislation.

Step 2: Identify keywords or descriptors that are useful for locating material: Determining which keywords and descriptors to use presented a unique conundrum for this project. On the one hand, there is a vast body of academic literature on the general topic of “Intimate Partner Violence”, while on the other, there is comparatively little on the specific topic of “female on male” IPVA. As this research aims to explore the male experience of IPVA, rather than the general, or female experience, the bulk of the literature search terms focussed on that aspect. As such, terms such as “male intimate partner violence”; “male domestic abuse”; and “male experience of abuse” were initially utilized. These search terms were augmented with more specific terms dependent upon the chapter and subsection.

Step 3: Develop an overall search strategy for the literature review: The initial plan was to access as much of the research on the male experience of IPVA as possible. This strategy brought me to over 300 individual research pieces. As the research study progressed, new elements were introduced that I discovered through my engagement with the literature. As such, my search strategy expanded to include the reference/ bibliography sections of numerous theses, dissertations, meta-analyses, and literature reviews. This iterative process was essential as it resulted in a more comprehensive view of the phenomenon.
Step 4: Search preliminary sources: Preliminary sources accessed include “Google Scholar”, and the University of Limerick’s online search tool. The latter allows the researcher to access a wide variety of databases, including EBSCO, PsychInfo, ProQuest, and PsychArticles.

Step 5: Select relevant primary and secondary resources: Roughly 300 primary and secondary sources were accessed. These were first categorized by year, and then by specific subject matter. These sources included books, review papers, peer-reviewed articles, opinion pieces, as well as theses and dissertations, and were catalogued using Endnote.

Step 6: Search the library for the primary and secondary resources identified: Once identified, the primary and secondary sources were relatively easy to access. Many were open access, and those that were not, were available through the institution. In cases where I could not access the primary or secondary sources directly, I found that by contacting the authors through ResearchGate, many of them were only too happy to send the articles on to me in electronic format.

Step 7: Establish a computer and written paper trail, including research summaries in your own words that will be used in the literature review: A research log was maintained to keep track of pertinent information gleaned from the sources selected. This log made the write up of the literature review a much more efficient process as it meant that I did not have to keep trolling through the literature base in its entirety.

Step 8: Repeat steps 4-7 as needed: These steps represent an iterative process. As new information presented itself, new avenues for the review opened up. For example, there is a burgeoning literature on the topic of “administrative and legal aggression” that I was not previously aware of. Using the reference/bibliography sections of the original sources as a guide for further resource identification and selection allowed me to go beyond my self-identified search terms and take advantage of those identified by others.
Step 9: *Develop themes or concepts that synthesize the literature:* As I became increasingly familiar with the literature, clear themes became apparent. These themes contributed significantly to the design of the methodology as well as the literature review, as it became evident that there were distinct paradigmatic distinctions between the available quantitative and qualitative sources. This process heavily influenced the decision to utilize a mixed-methods design. In terms of the literature review itself, step 9 provided the impetus to distinguish the subsequent subchapter titles and subject matter.

Step 10: *Relate the themes/concepts to one another through an outline of the literature review, or a literature map:* Once themes had been identified, a hierarchical map was designed. This map reflected the funnelling method of literature review, going from the general to the specific.

Step 11: *Produce a final literature review that structures or organizes the literature thematically or by important concepts:* As the literature review developed, a clear narrative demonstrating the necessity of this research became apparent.

Step 12: *Use the literature review to develop or refine the research questions (and hypotheses):* Once again, this was an iterative process. From the outset, I had a clear idea of what I wanted to research and why. However, it was only after commencing the literature review that I found the language in which to ensconce the core point of the project. This became the research question.
## Appendix B: List of A-Priori Themes Derived from Existing Literature

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<thead>
<tr>
<th>SUPERTHEME</th>
<th>THEME</th>
<th>SUBTHEME</th>
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<td>Weapons</td>
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<td>Belittling</td>
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<td>Legal system (civil)</td>
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Appendix C: Example of Colour Coding of Survey Responses

- **Body**  **Weapons**  **Sexual**  **Psychological**

I've had a knife pulled on me, Ash tray thrown at me, books thrown at me, punched in the testicles, arms cut from scratching, pushed in to hard furniture.

I don't know how to answer this helpfully. We were out while in college. My friends had come up to see me, we were drinking and dancing, and my partner at the time was not the centre of attention. I think this is what bothered her. We were walking home. She repeatedly asked me what the problem was, why I hadn't been talking to her. I told her that she was imagining things, that I had just been focused on my friends instead of her for an evening. She turned and slapped me across the face twice.

I was punched in the chest several times

Slapping, Throwing of objects and while I'm not sure if it counts as physical abuse. Sexual assault while asleep

Objects were thrown, slapping. There was scratching but only on my body, not my face.

Punching, biting, slapping, throwing objects.

Things thrown at me, scratching my face going to stab me

Pushing, Punching, Kicking, Clawing Face, Throwing Thing At Me or Using Weapon Like Sweeping Brush To Hit, Bully And Hurt.
### Appendix D – Evolution of the Template

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<tr>
<th>Template Number</th>
<th>Supertheme 1</th>
<th>Supertheme 2</th>
<th>Supertheme 3</th>
<th>Supertheme 4</th>
<th>Supertheme 5</th>
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Synopsis of changes from initial template to final template

Template 1 was in part derived from my reading of the literature. Consisting of just 3 poorly developed superthemes, the initial template could best be described as an underdeveloped skeleton. As further themes were derived, these superthemes expanded from three to a final number of eight. More importantly than that, each supertheme was heavily endowed with themes and subthemes. These added details provided much needed nuance and specificity to the initial template. As the template expanded, a more chronological narrative flow also became evident. This is clear in comparing the initial template which consists of three superthemes without any order, to the final template, which took the form of a chronological narrative from preconceptions about IPVA, through the experience itself; the relationship; impacts of abuse; help-seeking; perceptions and the future. Arranging the data in this way provides the reader with a clear view of the trajectory of abuse and the individual’s relationship with the experience.
Appendix E: Research Poster Distributed to Support Services and to the General Public

Help Us to Understand Your Experience

**Research title:** Male Victims of Intimate Partner Violence: A Mixed Methods Exploration of their Experience of Abuse and Subsequent Help-Seeking

**Who Am I?**

My name is Garrett O’ Connor and I am completing my PhD in Clinical Psychology at the University of Limerick. As part of this, I am hoping to develop a better understanding of the male experience of Intimate Partner Violence (IPV). IPV may be Physical, psychological, emotional, sexual, legal/administrative, or any other kind of abuse.

**What am I asking you to do?**

If you are an adult male who has experienced IPV or abuse in a heterosexual relationship, we are interested in hearing from you. If you would like to participate in this research, please follow the link provided below, go to the Facebook page listed, or scan the QR code, to complete the survey. This survey is quite in depth and will take between twenty minutes and an hour to complete. *Your participation will be completely anonymous – nobody, including the research team, will ever know that you contributed to the research.*

**What Information are we looking for?**

Survey questions are both closed and open ended. This means that you will be asked to answer yes or no to some and asked for more detail in others. Questions focus on all aspects of your experience of abuse but the level of detail you go into is completely up to you. All of your experiences are important and there are no wrong answers.

**Who to contact for more information?**

Garrett O’ Connor, email address 14066246@studentmail.ul.ie

https://unioflimerick.eu.qualtrics.com/jfe/form/SV_eDTy9oewZkSWYHH

This study has received ethical approval from the University of Limerick Education and Health Sciences Research Ethics Committee ref: 2019_11_19_EHS If you have any queries or concerns with regard to the ethics of this study, please contact the ethics committee on ehsresearchethics@ul.ie
Appendix F: Participant Information Sheet

Title of Research
Male victims of Intimate Partner Violence (IPV): A Mixed - Methods Exploration of their experience of abuse and subsequent help-seeking

Link to the survey: https://unioflimerick.eu.qualtrics.com/jfe/form/SV_eDTy9oewZkSWYHH

What is the project about?
This research aims to investigate the experiences of male victims of IPV. Studies indicate that increasing numbers of men are experiencing IPV at the hands of their female partners. In Ireland, figures for IPV suggest almost equal numbers of men and women experience IPV in their lifetime. Up to now, little research has been conducted into how men experience this abuse.

What will I have to do?
Please take some time to consider your participation. If you wish to contribute your experience to this research, please click on the Qualtrics link provided. This will bring you to an online survey with a series of questions asking you to detail your experiences before, during, and after
the abuse. The length of time it will take for you to complete the survey will depend on the amount of information you wish to provide, however, it should take at most one hour.

What are the benefits?
Misunderstanding and lack of awareness often leads to stigma around issues such as IPV. Participating in this research, and having your story told will help to highlight this form of abuse and thus increase awareness, and ultimately reduce the stigma surrounding this issue. Furthermore, developing a better understanding of this phenomenon will allow us to better treat male victims of IPV both in the clinic, and in society at large.

What are the risks?
If you agree to participate, you will be asked to describe your experience of abuse in detail. This is likely to cause feelings of discomfort and pain. As such, we have provided you with the contact details for organisations helping male victims of domestic abuse in the UK and Ireland. Please contact the appropriate organisation if you feel discomfort or distress following your participation.

What if I do not want to take part?
Your participation in this study is entirely voluntary. If you do not wish to participate in this research, please feel free to do so. As all data collected will be totally anonymous, you will not be able to withdraw consent after you have submitted your responses, however, you can choose to exit the survey without completing it.
What happens to the information?

Your participation will be completely confidential. All survey data will be irrevocably anonymised, meaning that you cannot be identified. Once you have submitted your final reply, your data will be processed in line with the needs of the research team. At no time will it be shared with anyone outside the team (see research privacy notice for more details).

Who else is taking part?

This study is exclusively targeted towards men who have been subjected to IPV by their female partners in the UK and Ireland. It is hoped that thirty people in total will complete the survey in full.

What happens at the end of the study?

At the end of the study, all information gathered will be collated and analysed with a view to publication in a peer reviewed journal. If you wish to have a copy of the final research forwarded to you, please contact the researcher at the email address below. You will not have to indicate whether you have participated or not in order to receive this paper. Further to this, all organisations that have been contacted will be notified of any publications that result from the research.

What if I have more questions or do not understand something?

If you do not understand any aspect of the research, please contact the researcher (Garrett O’Connor) on the email address provided below.

What if I change my mind during the study?
As all data collected will be fully and irrevocably anonymous, withdrawal after you have submitted your survey responses will not be possible. If you change your mind midway through the survey, you can simply cease answering the questions and leave the website.

_This research project is being conducted in partial fulfilment of my PhD in Clinical Psychology at the University of Limerick. Thank you for taking the time to read this information sheet._

Project Investigator Contact Details:

**Researcher: Garrett O’Connor**

Psychologist in Clinical Training, Faculty of Education and Health Sciences, University of Limerick

Email: 14066246@studentmail.ul.ie

**Principal Investigator: Dr Sharon Houghton (BSc (Hon.s), D.Clin.Psych., Ph.D. Reg.PsSI)**

Psychology Department EM-016 University of Limerick. Sharon.Houghton@ul.ie

_This research study has received Ethics approval from the University of Limerick Department of Education and Health Sciences Research Ethics Committee. Ref: 2019_11_19_EHS_

_If you have any queries or concerns with regard to the ethics of this study, please contact the ethics committee on ehsresearchethics@ul.ie._
Appendix G: Informed Consent Form

EHS RESEARCH ETHICS COMMITTEE

Informed Consent Form

Study title: Male victims of Intimate Partner Violence (IPV): A Mixed - Methods Exploration of their experience of abuse and subsequent help- seeking

Should you agree to participate in this study please read the statements below and if you agree to them, please indicate such by ticking yes below. If you do not agree, please tick no and you will be brought to an exit screen.

- I have read and understood the participant information sheet.
- I understand what the project is about, and what the results will be used for.
- I understand that what the researchers find out in this study may be shared with others but that my name will not be given to anyone in any written material developed.
- I am fully aware of what I will have to do, and of any risks and benefits of the study.
- I know that I am choosing to take part in the study and that I can stop taking part in the study at any stage without giving any reason to the researchers.
- I verify that I am 18 years old or over

I agree to the statements above and I consent to taking part in this research study.

Yes ☐

No ☐

I declare that I have read and fully understand the contents of the Research Privacy Notice, which is appended at Appendix 1 of this Consent form, and I explicitly consent to my personal data being processed in line with this Research Privacy Notice.

Yes ☐ No ☐
Appendix H: Mixed-Methods Survey

Male Victims of IPV

Instructions: Please answer all questions that apply to you to the best of your ability and the level of detail you are comfortable going into. Your participation is completely anonymous – Nobody, including the research team, will be aware of your identity. There are no wrong answers. Simply write from your own experience. Your answers may be as long or as short as you see fit.

1. Age
   - 18-30
   - 31-40
   - 41-50
   - 51-60
   - 61+

2. Ethnicity (Only answer if you are comfortable)
   ____________________________
   ____________________________

3. Country of Residence
   - Republic of Ireland
   - Northern Ireland
   - England
   - Scotland
   - Wales

4. The World Health Organization (WHO) defines Intimate Partner Violence as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and
controlling behaviours”. Do you believe that you have been the victim of Intimate Partner Violence?

- Yes
- No
- I am not sure

5. Relationship to the other party involved in the Intimate Partner Violence?
   
6. Are you still in a relationship with this individual?
   - Yes
   - No

7. How long did the relationship last?
   
8. How long did the IPV continue for?
   
9. Was drink or drugs ever involved in the IPV?
   - Yes
   - No
   - I am not sure
10. Has your partner ever subjected you to physical abuse? Physical abuse may include punching, kicking, scratching, biting, hair pulling, pushing/shoving, throwing objects, using weapons, strangulation, or any other type of physical attack.

- Yes
- No
- I am not sure

10.1. If you answered yes or I am not sure to the above question, please describe your experience with as much or as little detail as you are comfortable providing. If you answered No, please proceed to the next question

________________________________________________________________

11. Has your partner ever subjected you to psychological/emotional abuse? This has been defined as "any act including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which may diminish the sense of identity, dignity, and self-worth."

- Yes
- No
- I am not sure

11.1 If you answered yes or I am not sure to the above question, please describe your experience with as much or as little detail as you are comfortable providing. If you answered No, please proceed to the next question

________________________________________________________________
12. Has your partner ever subjected you to sexual abuse? This may include any act of sexual coercion including by force, humiliation, threats, taunts, or the use of substances?

- Yes
- No
- I am not sure

12.1 If you answered yes or I am not sure to the above question, please describe your experience with as much or as little detail as you are comfortable providing. If you answered No, please proceed to the next question

________________________________________________________________________________________

13. Has your partner ever subjected you Legal and Administrative abuse? This can be defined as any use of legal and/ or administrative threats or actions such as threatening to refuse visitation with children, threats of false accusations, threats of removal from the home etc.

- Yes
- No
- I am not sure

13.1 If you answered yes or I am not sure to the above question, please describe your experience with as much or as little detail as you are comfortable providing. If you answered No, please proceed to the next question

________________________________________________________________________________________

14. Before your experience of Intimate Partner Violence, did you have any feelings about the subject? If so, please describe what you thought about the subject with as much or as little detail as you are comfortable providing.

________________________________________________________________________________________

15. At what point did you realise that your partner was acting in an abusive manner? What was the final incident that convinced you? Please describe your experience with as much or as little detail as you are comfortable providing.

________________________________________________________________________________________
16. How would you describe your experience of Intimate Partner Violence as it was happening? What were you thinking at the time? Were you afraid, and if so, of what? What did you do in response to the abuse? Please describe your experience with as much or as little detail as you are comfortable providing.

________________________________________________________________

17. Have you removed yourself from the relationship?

☐ Yes

☐ No

18. Whether you have removed yourself from the relationship or not, please describe your thoughts, and your experience with as much or as little detail as you are comfortable providing.

________________________________________________________________

19. Did anybody else ever witness the abuse? If so, how did they react?

________________________________________________________________

20. Did you inform any friends or family about your experience? How did they react? How did you feel before, during, and after you told them? Whether you have told family and/or friends, or not, please describe your thoughts and feelings on the subject in as much or as little detail as you are comfortable providing.

________________________________________________________________

21. Have you ever sought legal help or guidance in relation to your IPV? If you have, what avenues did you pursue? If you have not, please discuss why you made that decision. Please describe your experience with as much or as little detail as you are comfortable providing.

________________________________________________________________

22. Have you sought any emotional help or guidance in relation to your experience with IPV? If so, did you find it helpful? Was it difficult to source support when you looked for it? Please describe your experience with as much or as little detail as you are comfortable providing.

________________________________________________________________
23. If you have not sought emotional support or guidance, can you explain what has stopped you in as much or as little detail as you are comfortable providing?

________________________________________________________________

24. Did your partner ever express remorse or guilt? Did she ever acknowledge that she had been abusive?

________________________________________________________________

25. Did your partner ever seek help? Please describe your experience with as much or as little detail as you are comfortable providing.

________________________________________________________________

26. How do you think male victims of IPV are perceived by other men?

________________________________________________________________

27. How do you think male victims of IPV are perceived by other women?

________________________________________________________________

28. Has your experience of IPV changed how you perceive yourself or the world around you?

________________________________________________________________

29. What needs to change in Ireland and the UK? How do we move forward in the best way for male victims of IPV?

________________________________________________________________

30. If you were to speak to a room full of young males about IPV, what would you tell them?

________________________________________________________________

31. Please use this section to add anything at all that you wish to say. There is no right or wrong, this is your free reign to say anything you wish in relation to male victims of IPV.

________________________________________________________________
Appendix I: Contact Details of Support Groups Provided at the End of the Survey

Republic of Ireland

Anyman

AnyMan, formerly known as Amen, is the only dedicated national service supporting Men experiencing Domestic Violence in Ireland. With over 20 years in supporting and delivering programmes on a national framework we are the “go to” service for many thousands of Men suffering in Ireland. We provide specialist counselling, practical information and legal options, while respecting and supporting you in all your decisions should you decide to leave or stay in the relationship.

Confidential National Support Line: 01-5543811
Confidential Support E-mail: crisis@anyman.ie

Men’s Development Network

The Male Advice Line offers confidential advice and support to Male victims of domestic violence and abuse over the phone.

The Male Advice Line is managed by the Men’s Development Network and is supported and funded by Tusla’s Domestic, Sexual and Gender based violence section.

Our service is staffed by fully qualified Counsellors and Psychotherapists who have been specifically trained in this area of work. Callers can be assured that at all times they will be treated with the utmost respect and confidentiality. Our core objective is to ensure you are safe and that you can talk through what is happening to you without fear, shame or blame.

Free phone number: 1800 816 588

Northern Ireland

Men’s Advisory Project

MAP exists to provide counselling services for men experiencing domestic abuse. We provide support and facilitate you to understand your options and make your own choices and
decisions. We also offer support and counselling services to men who have previously left a
violent or abusive relationship and who are still experiencing the effects. All of our services
are offered across Northern Ireland from various bases.

Initial contact should always be made by calling our office on 028 9024 1929 (Belfast) or 028 7116 0001 (Foyle) (9-5 Monday-Friday).

People from Northern Ireland may also contact services in the Republic of Ireland and/or the UK

England

Mankind Initiative

If you are a victim of domestic abuse, you are not alone, we are here to help. No matter what
your background, age, job, race or sexuality, we are here to give all the support we can.

One is six men will be a victim of domestic abuse in their lifetime

You are not to blame

You are not weak

You are not alone

For many men, calling our anonymous helpline is the first step they have made in talking to
someone else about the problems they face. Whether it is information or just someone to
listen to you, please call 01823 334244.

We also welcome calls from mothers, sisters, daughters, brothers, sons, friends, work
colleagues seeking information they know or think is a victim. We are here to help.

Our helpline is operated by trained people who can give both listening and practical support
as well as providing information

For Confidential Help, Please Call 01823 334244

Men’s Advice Line
Men's Advice Line: confidential helpline for men experiencing domestic violence from a partner or ex-partner (or from other family members). We help by: giving you time to tell your story; offering emotional support; providing practical advice; signposting you to other services for specialist help. Are you being abused? 0808 801 0327 Open Monday-Friday 9am-5pm. (Calls will not appear on your phone bill statement)

Webchat available on Mensadviceline.org.uk on Tuesdays and Thursdays 10am to 4pm

Scotland

Abused Men in Scotland

AMIS is a non-profit organisation established in 2010 to address the gap in service provision for men experiencing domestic abuse. We provide direct support to men experiencing domestic abuse, as well as helping to improve mainstream service responses and campaigning for further inclusion of male victims in the wider narrative on domestic abuse. We are the only organisation in Scotland dedicated to this cause.

Any man, anywhere in Scotland, can access our national helpline on 0808 800 0024. Calls to our helpline are confidential (unless we feel that you or anyone else is in danger of serious harm). You do not have to give us your name or any personal details. Our helpline is free to call from landlines, BT payphones and most UK mobiles (O2, EE, Virgin Mobile and 3). As our helpline is an ‘0808’ special Freephone tariff number, it will not appear on your phone bill. We provide a safe space to discuss your concerns and work together to explore the options that work best for you.

Wales

Safer Wales Dyn Project
The Safer Wales Dyn project provides support to Heterosexual, Gay, Bisexual and Trans men who are experiencing Domestic abuse from a partner.

The Safer Wales Dyn helpline lets you speak confidentially to someone who can listen to you without judging your situation. We can give you support to deal with the problems faced and tell you if there are any services already available in your area.

**All calls to this line are free & confidential**

Domestic abuse can happen to anyone. We work with men across Wales who are experiencing domestic abuse of any kind, and we provide them with access to support services and safety.

Call the Dyn Wales Helpline for support and advice on **029 2034 9970** (open Monday to Friday 10am–4pm)

For 24-hour support, call the Live Fear Free Helpline on **0808 80 10 800**

Organisations such as the Mankind Initiative and the UK Men’s Advice Line are accessible to ALL residents of the UK.
Appendix J: Tables Representing Quantitative Data

Simple Bar Count of Age

Simple Bar Count of Country

Simple Bar Count of Are you still in the relationship?
Simple Bar Count of Has your experience changed how you see yourself and the world?

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<th>Count</th>
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<tr>
<td>Yes</td>
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<td>No</td>
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Miss your experience changed how you see yourself and the world?