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The University of Southern Mississippi

INTIMATE PARTNER VIOLENCE: DOMESTIC VIOLENCE SERVICE  
PROVIDERS' PERCEPTIONS OF MALE VICTIMS

by

Bradon Allan Valgardson

A Thesis  
Submitted to the Graduate School  
of The University of Southern Mississippi  
in Partial Fulfillment of the Requirements  
for the Degree of Master of Arts

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December 2014

## ABSTRACT

### INTIMATE PARTNER VIOLENCE: DOMESTIC VIOLENCE SERVICE

### PROVIDER'S PERCEPTIONS OF MALE VICTIMS

by Bradon Allan Valgardson

December 2014

Intimate partner violence (IPV) against women has been recognized as a serious issue which requires attention. Over the past 40 years there has been an increase in sensitivity to female victims of intimate partner violence, but the same has not been true for male victims. This may be attributed to the substantial influence the feminist perspective has had upon the development of the IPV resource system. Furthermore, certain research indicates IPV resource centers may refuse to help or demean men who seek assistance as victims (Hines, Brown, & Dunning, 2007).

This research project surveyed domestic violence resource centers in an effort to determine possible biases, the willingness to provide aid, and promote an understanding of resources available to male victims. In general, this research found a lack of evidence to support the claim that resource centers are biased against male victims of IPV. Further, the only variable found in this research to influence the extent to which resource workers perceived male victims was previous training about male victims. This research supports the idea that providing training regarding male victims of IPV can positively influence the perceptions of domestic violence service providers.

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## CHAPTER I

### INTRODUCTION

Since the 1970s, there have been considerable advances in the resources and assistance available for those who have been victimized by an intimate partner. The World Health Organization (WHO) asserts that domestic violence is any behavior that causes physical, psychological, or sexual harm to any member of an intimate relationship (Harvey, Garcia-Moreno, Butchart, 2007; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Closely related is the concept of intimate partner violence (IPV), which has been defined as physical, psychological, or sexual abuse by an intimate partner (Coker et al., 2002). This study refers to an intimate partner as a spouse, cohabiting intimate partner, or those engaged in other such interpersonal relationships (such as dating) without regard to gender. The domestic violence resource system established to provide resources and aid to victims of IPV has provided relief services to many who have requested assistance during a distressing time of life.

Mills (1959) characterized two types of problems, namely personal troubles and public issues. Mills describes personal troubles as those issues that the individual goes through, whereas public issues are those issues that the larger society has to contend with (Mills, 1959). Using this idea of personal troubles and public issues, it can be seen how today's IPV resource system has created a network of services that has linked the personal troubles of those experiencing IPV to the public issue of domestic violence. This relationship has resulted in the construction of an infrastructure specifically designed to provide resources to victims as well as perpetrators of IPV. The term IPV resource system as used in this research refers to the totality of domestic violence resources within



the criminal justice system and social services such as: domestic violence shelters, hotlines, specialized domestic violence police units, and other similar advocacy groups.

### Statement of the Problem

For Mills (1959), as the individual associates these personal troubles with public issues, s/he will realize that the solution is to unite with those who share similar experiences. Essentially, the creation of the IPV resource system has enabled victims (primarily female) of IPV to draw upon this assistance rather than being left to personally solve these problems of violence alone. The roots of this system are deeply entrenched in an ideology based on the feminist perspective that favors female victims of IPV, leaving little consideration for male victims. In fact, some feminists assert that male victims of IPV do not really exist because women are incapable of perpetrating such violence (Hines et al., 2007). Despite the strong influence of the feminist perspective on the existing IPV resource system, these views have not gone unchallenged.

An altogether different body of research and competing perspectives exist that describe a more universal form of IPV. This universality applies both IPV perpetration and victimization to men and women alike. In fact, some research indicates that females perpetrate IPV against males at near equal rates when compared to male perpetrated IPV against females (Straus, 2009). Despite findings suggesting a symmetry of IPV perpetration, there seems to remain few efforts and resources available to assist male victims of this type of violence (Hines et al., 2007). Further complicating the plight of male victims are reports that some resource centers ridicule men who seek help from resource centers (Hines et al., 2007). Such treatment increases the possibility of further marginalizing a population of male victims who may already be experiencing shame and embarrassment. With research indicating some measure of IPV symmetry, the question

becomes one of understanding why there are so few resources available to men who find themselves as victims of a violent intimate relationship. While some qualitative anecdotal literature has alluded to negative attitudes within the IPV resource system toward male victims, no known research has been systematically conducted to specifically assess the actual attitudes and knowledge of IPV service providers toward male victims.

The importance of providing female victims of IPV with protective resources cannot be overstated. However, current research indicates a possible need to adapt the existing IPV resource infrastructure to meet the needs of both female and male victims of IPV. To better understand the areas where such changes may be required, this research examines the extent to which IPV resource centers understand and accept the plight of male victims.

#### Purpose of the Study

Based upon available literature, it is reasonably expected that individuals working or volunteering within the IPV resource system will tend to be more sympathetic toward and supportive of female victims than male victims of IPV. A primary goal of this research is to confirm or reject the notion that resource centers are biased against male victims of IPV. In order to accomplish this goal, the level of knowledge that domestic violence service providers have regarding male victims of IPV will be assessed in the hopes to determine if more training about male victims is needed. One possible benefit from this approach would be an increased understanding of the extent to which a feminist-oriented IPV system is able to aid and assist male victims of abuse. Additionally, this research seeks to assess the extent to which domestic violence service providers believe that men also need help from the system. Finally, it is important to

assess domestic violence service providers' current understanding of available resources for male victims of IPV.

Potentially this research can help: 1) generate pressure to facilitate change or adaptation within the current IPV system to better meet the needs of male victims; 2) identify possible deficiencies in the current IPV resource system; and 3) benefit policy makers by providing essential information for more equitable allocation of resources to victims of IPV.

## CHAPTER II

### LITERATURE REVIEW

The home, whether it is a small apartment or a grand mansion, is generally conceived of as a place of safety and security. This notion is manifested through legislation such as the “castle doctrine” which allows individuals to use force in defense of their house, property, and family without significant risk of legal sanction (Michael, 2006). While there is support for the protection of property through force, a blind eye has traditionally been turned to acts of violence that occur behind closed doors (Straus, 2009). For instance, prior to the feminist movement, an assault normally classified as a felony would only be considered a misdemeanor when perpetrated against a spouse (Browne & Williams, 1989). It has been suggested that many individuals (including politicians and law enforcement officers) do not regard IPV as a public issue, but as a private issue which should be resolved within the family (Andrews & Khavinson, 2012). However, all forms of IPV pose problems that need to be publically acknowledged (Harvey et al., 2007; Krug et al., 2002). For example, Andrews and Khavinson (2012) suggest that discussions of IPV should be framed in the context of human rights language in order to put increased pressure on the federal and state governments to encourage law enforcement accountability, policy reform, and enhance public awareness.

IPV has many negative and far reaching consequences which not only adversely impact the victim, but the victim’s family as well. More specifically, these negative repercussions may produce physical, psychological, social, and/or occupational consequences (Capaldi & Owen, 2001; Harvey et al., 2007; Krug et al., 2002; Ridley & Feldman, 2003). The National Intimate Partner and Sexual Violence Survey (NIPSVS) reveals that more than one-third (1/3) of women and over one-fourth (1/4) of men in the

United States have experienced rape, physical violence, and/or stalking perpetrated by an intimate partner (Black et al., 2011). Results of this survey further indicated that 10% of men and nearly 30% of women in the United States have been victimized by an intimate partner through rape, physical violence, and/or stalking and have “reported at least one impact related to experiencing these or other forms of violent behavior in the relationship (e.g., being fearful, concerned for safety, post-traumatic stress disorder (PTSD) symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim advocate services, need for legal services, missed at least one day of work or school)” (Black et al., 2011, p. 2), as well as depression, stress, and psychosomatic symptoms (Cascardi, Langhinrichsen, & Vivian, 1992; Simonelli & Ingram, 1998).

Approximately one in four (25%) women and one in seven (14%) men have at some point in their lives been victims of severe physical violence (e.g., hitting with a fist or hard object, beating, slamming) perpetrated by an intimate partner (Black et al., 2011). In the United States it is estimated that nearly half of all men and women have experienced psychological aggression; approximately 10% of women have been raped, and over 15% of women and 8% of men have suffered other types of sexual violence by an intimate partner (Black et al., 2011). Data from studies such as these reveal that IPV is an important issue given the severity of consequences experienced by the victims.

In Canada, 6% of individuals reported being physically or sexually victimized by a current or former spouse within the last five years (Statistics Canada, 2011). The victimization was about equal for both males and females; slightly less than one-half reported spousal violence occurring multiple times. Of those experiencing IPV, less than one-fourth reported that the police were ever informed of the violence (Statistics Canada,

2011). The reasons for reporting to the police were similar among both men and women; however, female victims were more likely to report their violence to the police than male victims (23% versus 7%, respectively) (Statistics Canada, 2011). While both genders notoriously underreport their victimizations, the lower rate of IPV reporting by male victims may be attributable to a fear of being ridiculed. Alternatively, they may not consider the violent acts as crimes (Black & Breiding, 2008; Dutton & Nicholls, 2005; Felson & Pare, 2005; George, 1994; Hamel, 2009; Mechem, Shofer, Reinhard, Hornig, & Datner, 1999; Outlaw, 2009; Wigman, 2009).

Through the work of female activists in the 1970s, there has been an increase in educational efforts to increase the general knowledge of IPV against women (Brown & Williams, 1989; Dugan, Rosenfeld, & Nagin, 2003), these endeavours have extended to the expansion of resources intended to provide relief and refuge to women who have been abused by their partner (Browne & Williams, 1989; Dugan et al., 2003). This increase in knowledge and resources facilitated a paradigm shift which transformed the historical belief that IPV was a private issue to one in which it is viewed as a criminal offense requiring public attention (Dugan et al., 2003). This new perspective enabled an increase in resources and options available to female victims of IPV by providing them protection when they felt at risk (Browne & Williams, 1989). Browne and Williams (1989) indicate that these newly created options and resources include restraining orders, shelters, support groups, crisis counseling, legal aid, and court-mandated treatment programs which aim to help the abuser resolve their violent issues. These resources provide direct benefits in aiding and supporting women who are exposed to violent relationships. Additionally Browne and Williams (1989) assert that investing in these resources helps to convey the gravity of IPV in society and empower female victims.

The range of support and resources offered to female victims of IPV has improved considerably over the last forty years. This expansion is particularly important as women generally choose to live with the fear of danger rather than resort to violence themselves (Browne & Williams, 1989). Improvements in the availability of resources, the advancement of women's economic status through increased educational opportunities, more participation in the work force, and decreased income disparities as compared to men have improved the conditions of women experiencing IPV (Dugan, Nagin, & Rosenfeld, 1999). While these advances in the status of women may seem unrelated to IPV, Dugan et al. (2003) assert that both increased economic and educational resources lessen the dependence of women on an abusive partner, thereby making it easier for them to escape the relationship. Thus, increased resources and enhanced economic status among women are important developments in assisting female victims of IPV. These developments reinforce the importance of having resources which provide options for escape and relief.

Research has revealed some positive unintended consequences to victims of IPV arising from enhanced resource availability. For instance, an increase in available IPV resources has been correlated with a decrease in the number of female-perpetrated partner homicides (Browne & Williams 1989; Dugan et al., 1999; Dugan et al., 2003). However, the same does not seem to hold true with regard to male-perpetrated homicides against female partners (Browne & Williams, 1989; Dugan et al., 2003).

Many of the IPV services available are grounded in the idea of exposure reduction: any method which reduces the contact between violent partners reduces the likelihood that one intimate partner will kill the other (Dugan et al., 2003). The idea behind exposure reduction appears straight forward. However, there are confounding

factors, such as the retaliation effect, which may explain the peculiar findings of IPV resources designed for women but benefitting men (Dugan et al., 2003). The retaliation effect may occur if the program designed to reduce the contact between the intimate partners is ineffective and provides an opportunity for an abusive partner to retaliate (Dugan et al., 2003). A woman may attempt to distance herself from an abusive partner by utilizing one of the available resources (e.g., staying at a shelter or obtaining a restraining order). If this does not effectively reduce the contact between the two individuals, it could incite a desire for retaliation within the male partner leading to an even more serious incident such as homicide.

While review of the above findings can be somewhat discouraging, Dugan et al. (2003) found more promising results by examining trends in legal advocacy programs and domestic violence hotlines over a 20 year period (1976–1996). During these years both types of resources experienced rapid growth, especially hotlines during the late 1980s (Dugan et al., 2003). Dugan et al. (2003) noted that during this time period, intimate partner homicide rates fell by approximately 30%, indicating a possible connection between the availability of these two resources and the apparent decline in intimate partner homicide.

While it appears that an increase in IPV resources has arguably improved conditions for victims, Browne and Williams (1989) have delineated five criteria that must be met in order for programs to be considered effective in assisting victims of IPV. First, the victim must be aware that the resource is available to them. Second and closely related, the resource must be accessible to the victim. The third criterion is based upon the concept of *mobilization* insofar as individuals must actually use the available resource. Fourth, the available resource center and staff must be receptive to the victim.



Finally, the available resource must effectively meet the needs of those it intends to serve. Each of these five conditions must be satisfactorily fulfilled in order to effectively assist victims of IPV.

#### The Effect of Mandatory Arrest Laws and Pro-Arrest Policies

The feminist movement placed pressure on governments to aid victims of IPV by way of implementing mandatory arrest laws and pro-arrest policies that now exist in many jurisdictions across the United States and Canada (Straus, 2009). These laws and policies were implemented with the goal of decreasing the occurrence of IPV. Sherman and Berk (1984) reported that arresting the batterer in a domestic violence situation reduces the chance of recurrence. Research on police arrest rates indicates that police officers are far more likely to arrest the perpetrator in an IPV incident than non-intimate violent offenders (Feder, 1998). Dugan et al. (2003) found that mandatory arrest laws were associated with a decrease in killings/homicides of married women. They also found that when a city adopted warrantless arrest laws, there was a significant decrease in the homicides of unmarried males and unmarried white females. However, more recent research has indicated the opposite to be true (Logan, Shannon, & Walker, 2006).

Despite Sherman and Berk's (1984) initial findings indicating that arrest reduces recurrence, research efforts have been unable to replicate this effect (Sherman, 1992). These laws and policies, even if only remotely effective in reducing future violence, nonetheless send a clear message to both victims and perpetrators as well to the general public that IPV is an important issue that will not be ignored or tolerated.

Perhaps not surprisingly, the mandatory arrest laws and pro-arrest policies implemented in Canada and many parts of the United States have led to increased numbers of arrests and charges in IPV cases (Pozzulo, Benell, & Forth, 2009). Despite

limited empirical support for mandatory arrest laws and pro-arrest policies, the effectiveness of such approaches has generated controversy. Specifically, the increase in female arrests has prompted concern that women are being arrested for simply defending themselves (Hamberger & Potente, 1996; Vivian & Langhinrichsen-Rohling, 1994) and are potentially being re-victimized by the criminal justice system (Henning & Feder, 2004). While these are indeed legitimate concerns, there is evidence indicating that some women do in fact engage in violent behavior causing non-defensive injuries to their partners (Dutton et al., 2005; George, 2003).

#### A Case for Male Victims

IPV can be perpetrated by females and males can be victims. Straus (2009) has indicated the last several decades have seen tremendous improvement in the fight against IPV; however, he believes these gains have been handicapped by the predominant feminist view that males are the perpetrators and women are the victims of violence in dating or marital relationships. This dichotomy is not as simplistic as it appears. For instance, over 200 studies have indicated that women perpetrate IPV at or near equal rates compared to men and when there is violence it tends to be mutual (Archer, 2002; Fiebert, 2004). One-sided violence whether perpetrated by the female or male partner, occurs at approximately equal rates as well (Capaldi & Owen, 2001; Kessler, Molnar, Feurer, & Appelbaum, 2001; McCarroll, Ursano, Fan, & Newby, 2004; Steinmetz, 1977; Straus, 1980; Straus, Gelles, & Steinmetz, 2006). In fact, violence between young married and dating couples is dominated by female-only partner violence (Straus & Ramirez, 2007; Whitaker, Haileyesus, Swahn, & Saltzman, 2007). Violence rates among men and women in intimate relationships may be similar, but injury, fear, and deaths are higher when a male is the perpetrator (Harris & Cook, 1994; Straus, 2009). Despite this

finding, some research has indicated there may be symmetry for both severe and non-severe forms of IPV perpetration between men and women (Steinmetz, 1977; Straus, 1980; Straus & Ramirez, 2007).

Researchers studying female perpetrators of IPV over the past several decades have alluded to gender symmetry in perpetration. Despite these findings, IPV perpetrated by women has received little attention or has even been misrepresented (Harris & Cook, 1994; Hines & Douglas, 2009; Straus, 2009). The lack of attention given to female perpetrators may explain why other forms of family violence have declined while the rates of IPV by women against men have remained fairly stable over the last 30 years (U.S. Department of Health and Human Services, 2004). Straus (2009) has referred to several other studies that support this idea. The data from these studies also indicates a decline in the rates of male perpetration while female perpetration has remained statistically stable in both the United States and Canada (see Kaufman, Kantor, Jasinski, & Aldarondo, 1994; Straus et al., 2006).

Public education efforts have been designed to reduce the levels of IPV (Straus, 2009). These efforts have contributed to increased funding for services to women and changing the attitudes and perceptions of the public (e.g., the public is less approving of a man slapping his wife) (Straus, 2009). However, most of these efforts have been limited to stopping male-perpetrated violence, while largely ignoring female-perpetrated violence (Straus, 2009). Despite research indicating that women can also be perpetrators of IPV, some efforts have misrepresented evidence supporting gender symmetry because people either believe the data are incorrect or fear this information will undermine the aid provided for female victims (Straus, 2007). While such concern is understandable, it is critical that male victims and female perpetrators not be ignored. Hines and Douglas

(2009) state that the physical and psychological impact that female perpetrated IPV has on men could be considered a “significant health and mental health problem” (p. 573).

Some researchers might argue that female violence in intimate relationships is most often a form of self-defense (Dobash, Dobash, Wilson, & Daly, 1992; Hamberger, Lohr, Bonge, & Tolin, 1997; Saunders, 1986). However, other studies indicate that females engage in IPV for reasons other than self-defense and, in fact, those motives closely match the reasons why men act violently toward an intimate partner (Straus, 2009). Violence emanating from anger and coercion is often used to control or punish a partner’s misbehavior (Cascardi & Vivian, 1995; Fiebert & Gonzales, 1997; Follingstad, Wright, Lloyd, & Sebastian, 1991; Kernsmith, 2005; Stets & Hammons, 2002). In a study of female perpetrators of IPV, it was found that 90% acted violently toward their partner because they were furious, jealous, or frustrated (Pearson, 1997). Straus (2009) asserts that female violence in the name of self-defense may not be as prevalent as it is often portrayed to be (Cascardi & Vivian, 1995; Follingstad et al., 1991; Pearson 1997).

Additionally, acts of IPV perpetrated by women consist of both psychological and physical aggression (Hines & Douglas, 2009) and can lead to serious injury and trauma for victims (Allen-Collinson, 2009; Archer, 2000; Carney, Buttell, & Dutton, 2007; Dutton, 2007; Dutton & Corvo, 2006; Dutton et al., 2005; George, 1999; Mechem et al., 1999). To illustrate, researchers have estimated that 50 to 90% of male IPV victims experience forms of psychological aggression from their female partners, such as being threatened, insulted, or sworn at (Hines & Saudino, 2003; Simonelli & Ingram, 1998; Straus & Sweet, 1992). Highlighted throughout these studies is evidence that male victims can be detrimentally impacted by IPV.

Carmo, Grams, and Magalhaes (2011) examined suspected male victims of IPV from Portugal. Participants were obtained from a database within the National Institute of Legal Medicine of Portugal (NILM) and indicated that approximately 12% of IPV victims examined at the NILM were males (Carmo et al., 2011). In 20% of the cases the aggressor had a psychiatric disorder. Over one-half of the cases who lived together had children present in the home. In over 80% of the cases, the victim had endured abuse for at least five years. Only 8% of the victims sought medical care. The most commonly reported forms of aggression were scratching, punching, and assault with a blunt object. Carmo et al. (2011) found that victims sustained injuries in over three-fourths (75%) of the cases. Abrasions were the most common injury and usually healed in less than nine days.

Research has indicated that men tend to underreport the extent of their injuries when compared to women (93% vs. 43%, respectively) (Szinovacz & Egley, 1995). It is possible that men do not recognize their victimization due to the lack of information about IPV (McNeely & Robinson-Simpson, 1987). Reluctance among men to report abuse may stem from unequal treatment in the criminal justice system (Dutton & Corvo, 2006; George, 2003; McNeely & Robinson-Simpson, 1987). For example, Brown (2004) found that female IPV perpetrators were less likely than male perpetrators to be charged and/or taken into custody. In some jurisdictions, such as Massachusetts, arresting a woman as the primary perpetrator of IPV is actually discouraged (Hines & Douglas, 2009).

Cormier and Woodworth (2008) found gender bias among a sample of Royal Canadian Mounted Police (RCMP) in favor of women; however, these biases were not as polarized as among college students. The same study found both RCMP and college

students viewed violence towards women very seriously, with RCMP officers tending to view violence toward male-male, female-male, and female-female partners as more serious forms of abuse than did the students (Cormier & Woodworth, 2008). This suggests that RCMP officers are less biased in regard to who the perpetrators and victims are in IPV than the public (Cormier & Woodworth, 2008). These biases may lead to a population of male IPV victims who are isolated and unwilling to report violence or seek help for it. While bias remains among officers, officers appear to be more aware, informed, and accepting of all forms of domestic violence than the general public. Cormier and Woodworth (2008) describe police officers as being the first line of defense when it comes to IPV and an important factor in dealing with IPV.

Qualitative studies suggest that men who have sought assistance for IPV have been treated unfairly in the judicial system because of their gender (Hines & Douglas, 2009). For instance, false accusations by a female partner have been given serious weight in the judicial proceeding. The burden of proof seems to be greater for men because it does not fall within the normal conception of gender roles (Cook, 1997), thereby allowing female perpetrators to misuse legal and social services (Hines et al., 2007).

Not only is it possible for men to be victims of IPV and require the assistance of others, but women are capable of committing violent aggressive acts and may need programs specifically designed to alleviate their aggressive tendencies (Hines & Douglas, 2009). Furthermore, many of the studies cited above indicate that male victims of IPV may experience considerable difficulty when trying to obtain assistance from social services and the criminal justice system (Hines & Douglas, 2009). In fact, male victims of female-perpetrated IPV can experience both internal and external barriers when

seeking such help (Hines & Douglas, 2009). For example, men may feel psychological pressure in the form of embarrassment and shame arising from the fear of being ridiculed (McNeely, Cook, & Torres, 2001). Men are thus unlikely to seek help and may feel that society has defined assaultive behavior by females as “normal,” thereby requiring them to handle the problem themselves (Addis & Mihalik, 2003). External barriers also exist in the form of an unsure or unwilling criminal justice apparatus and social services (Hines & Douglas, 2009). Male victims sometimes report that they have been refused assistance when calling hotlines, accused of being the actual abuser, referred to batterer programs, ridiculed by the police, or arrested as the perpetrator despite a lack of evidence indicating injury to the female partner (Cook, 1997; Hines et al., 2007; Hines & Douglas, 2009; McNeely et al., 2001). As a result, male victims of IPV can find themselves in a damning milieu because of social services and a criminal justice system that is ill-equipped to help them, as well as from a society that may view assisting male victims as superfluous.

### Risk Factors

Many researchers have examined factors that may increase the risk of being involved in IPV. A number and variety of risk factors have been linked to perpetration, including: unemployment, jealousy, insisting on knowing partner’s whereabouts, dominating behavior (Brownridge, 2009), alcohol abuse (Brownridge, 2009, 2010), having children or a large family (Brownridge, 2002, 2009), younger age (Brownridge, 2009, 2010; Statistics Canada, 2011), having a prior history of violence (Hamel, 2009; Riggs, Caulfield, & Street, 2007), witnessing parental abuse, and experiencing violence in childhood (Harvey et al., 2007; Hamel, 2009; Riggs et al., 2000). Victim risk factors

of IPV include: unemployment (Brownridge, 2009), and prior involvement in a marital or common-law union (Brownridge, 2002, 2010; Statistics Canada, 2011).

Partners who cohabit usually have a higher rate of IPV compared to those who are actually married (Anderson, 1997; Brownridge, 2004, 2009; Stets, 1991). However, as indicated by Brownridge (2009), selection factors may account for this disparity between cohabitating partners and married partners. Those who choose to marry may have different characteristics than those who choose to simply cohabit (2009). Cohabiting partners who live more separate lives (Kalmijn & Bernasco, 2001) may experience less security within the relationship, fostering more domineering behavior, increased social isolation, increased risk of depression, and higher alcohol consumption (Brownridge, 2009).

A number of studies have examined the differences between male and female perpetration of IPV and noted several distinctions between the two.

#### *Male Offenders*

Male offenders typically exhibited more severe violence in the form of lethal and nonlethal threats, more likely to strangle (Henning & Feder, 2004; Melton & Belknap, 2003), try to prevent their female partner from calling the police, shove, pull hair, physically restrain (Melton & Belknap, 2003), or force sexual activity (Henning & Feder, 2004). Men also tended to have a longer history of IPV offenses or criminal activity compared to women (Bucsh & Rosenberg, 2004; Henning & Feder, 2004).



### *Female Offenders*

Female offenders were more likely to use a weapon or an object (Bucsh & Rosenberg, 2004; Henning & Feder, 2004; Melton & Belknap, 2003), and throw or hit the victim with an object including vehicles (Melton & Belknap, 2003).

### *No Gender Differences*

No gender differences were found in terms of slapping, punching, hitting, or stabbing an intimate partner, or in the injury rates suffered by the victims (Bucsh & Rosenberg, 2004; Henning & Feder, 2004). Further, Henning and Feder (2004) found no difference between males and females with regard to frequency or severity of psychological abuse or suicidal threats.

### **Patriarchal Terrorism vs. Common Couple Violence**

IPV research has been bifurcated between the feminist perspective, which views IPV as asymmetrical, and those who see IPV as symmetrical. Johnson (1995) explains that the reasons for the vastly differing results are attributable to measuring two separate and distinct concepts. Kurz (1989) describes that the main work on intimate violence comes from two sociological streams of thought which, are the family violence perspective and the feminist perspective.

From these two sociological perspectives derives a distinctive pattern of research within the domestic violence realm. Johnson (1995) avers that the family violence perspective typically obtains information from large random samples, and utilizes a quantitative analysis of survey questions. Researchers in the family violence perspective rely on the strengths of random samples in an effort to increase the validity of their work and improve generalization of IPV within the public. On the other hand, the feminist perspective, with a much narrower focus, only analyzes violence against women

perpetrated exclusively by male partners (Johnson, 1995). Researchers within the feminist perspective employ a methodology that utilizes information obtained from battered women in shelters, hospitals, or from contact with law enforcement. The theory behind the feminist perspective is based in the patriarchal family and the social definitions of masculinity and femininity. There has been considerable debate on the validity on these two methods because of the differing results that have been obtained (Cormier & Woodworth, 2008).

Due to these contrasting methodologies, the feminist perspective and the family violence perspective tend to yield very different statistical trends when it comes to domestic violence. The biggest debate between the two perspectives is the rate at which women are the perpetrators of violence within an intimate relationship. Johnson (1995) resolves these debates by arguing that these two groups, for the most part, are not examining the same phenomenon. Thus, it is important to make a concise distinction between what the two groups are measuring in order to have a better understanding of the true nature of domestic violence (Johnson, 1995). This distinction is important because many of the arguments about the rates of male and female perpetration of violence in the relationship are not a function of faulty research or one group being wrong. Rather, it is due to a failure to clearly delineate between the two types of phenomena being researched (Henning & Feder, 2004; Johnson, 1995).

Johnson (1995) refers to the phenomenon that family violence researchers are examining as *common couple violence*. Common couple violence usually consists of minor forms of violence resulting from a conflict that got out of hand. This type of conflict usually does not escalate into more serious forms of violence. The frequency of common couple violence tends to remain relatively the same but occasionally increases

over time. Common couple violence is based less on gender and patriarchy than on the violence examined by the feminist perspective. In other words, “common couple violence is an intermittent response to the occasional conflicts of everyday life, motivated by a need to control in the specific situation” (Johnson, 1995, p. 286). The weakness in this research approach is that it may not fully penetrate the specific target population despite the random sampling technique used (Johnson, 1995). This is problematic when researchers make conclusions as if the research fully covers the specific target population. Further, researchers from the feminist perspective argue that common couple violence type research fails to take into account the fear, control, and injury related to male perpetrated IPV (Berliner, 1990; Dobash et al., 1992; Dutton & Corvo, 2006). Feminists also critique the ability of this research to distinguish between self-defense and controlling violence (Dobash et al., 1992).

Patriarchal terrorism is the type of violence stemming from the research of the feminist perspective (Johnson, 1995). The patriarchal model suggests IPV is perpetrated by men toward women (George, 1994). Male violence toward intimates is a result of how a patriarchal society has defined men as having the right to control women (Hammer, 2003; Johnson, 1995). Through socialization, men feel IPV is a justifiable means to sustain their dominance and control over women (Hammer, 2003; Johnson, 1995). Men gain this control through the use of control tactics such as threats, violence, economic control, isolation, and a variety of other methods (Johnson, 1995). Patriarchal terrorism has the tendency to increase in frequency and severity over time (Pagelow, 1981). This violence is one sided; a husband batters his wife, and generally persists whether the wife submits or resists her partner (Dobash & Dobash, 1979).

Straus (1990) argues that patriarchal violence research is susceptible to what he calls *the clinical fallacy*. The patriarchal model of IPV states that there is high level of re-victimization of women by their partners (Straus, 1990). This suggests that repeated abuse of women by men occurs at elevated rates because wives whose husbands have stopped beating them are unlikely to be in a shelter (Straus, 1990). Furthermore, the absence of men from shelters or clinical samples is not sufficient evidence that male victimization is rare (Cromier & Woodworth, 2008). Research efforts have indicated that men rarely seek help for abuse, are not taken seriously by professionals, and are often not welcome at shelters (Brown, 2004; Dutton & Corvo, 2006; George, 2003).

Johnson (1995) warns of the possible errors that may befall researchers if they fail to make the distinction between common couple violence and patriarchal violence. Johnson refers to one researcher in particular who coined the term *battered husband syndrome* (Steinmetz, 1978). For Johnson (1995), this is an error because Steinmetz took common couple violence research and applied a term that is in line with patriarchal violence. In doing so it seems that the serious forms of violence attributed to patriarchal violence occur with about the same frequency for men and women. This could have serious policy implications. A primary concern is that campaigns may be designed to undermine the funding of women's shelters because, based on logic such as battered husband syndrome, opponents may argue that equal funding should be given to men and women (Pleck, Pleck, Grossman, & Bart, 1978). A similar error occurs when large numbers of common couple violence are used to describe the events of patriarchal terrorism, making it appear to be more frequent than is actually the case (Johnson, 1995).

When a sample of men was constituted from hotline calls, it produced similar results and seriousness of the offense to survey samples of women in shelters (Hines et

al., 2007). This may be evidence that women are capable of exacting the same kind of patriarchal terrorism as are men. As Johnson (1995) has noted, “it is indisputable that some men are terrorized by their female partners” (p. 292). Although the prevalence of this type of violence towards men is not necessarily symmetrical with women, violence does happen and help should be provided.

While the number of male victims of intimate terrorism may be lower, based on previously discussed research, it would seem important to have resources available for men who do experience such violence, regardless of magnitude or frequency. It would seem to be a poor use of resources to develop an entirely new infrastructure for male victims. There is already an established infrastructure designed for aiding women of domestic violence that has been developing for over 40 years. It may be possible to adapt the current infrastructure to allow aid to be provided to both male and female victims (Straus, 2009).

#### Gender Perceptions of IPV

A number of studies have examined public perceptions of IPV when the perpetrator and victim are of different genders. These studies have indicated that people tend to view husband-perpetrator and wife-victim incidents as the most serious forms of IPV even when the scenario and injuries remain constant between men and women (Cormier & Woodworth, 2008; Gerber, 1991; Harris & Cook, 1994; O’Toole & Webster, 1988). Harris and Cook (1994) found that females tended to report tolerating IPV less than males. In a similar study consisting of a Canadian sample, Cormier and Woodworth (2008) found no differences across gender lines.

Researchers Harris and Cook (1994) and Cormier & Woodworth (2008) found that when the batterer was male and the victim female, subjects reported a greater

willingness to call the police, to convict the batterer, view the incident as more violent, dislike the batterer more, and were more likely to suggest that the victim should leave the perpetrator. When the victim and perpetrator were both male, subjects were more likely to suggest the victim leave his partner than when the perpetrator was a female and her partner was either male or female (Cormier & Woodworth, 2008). However, Harris and Cook (1994) found that subjects cared less for a gay partner-victim than if the wife or husband were victims. This finding may be a function of the sample populations being from different countries. Utilizing a student sample, Gerber (1991) found evidence to suggest gender role does not influence perceptions of IPV to the same extent as power role. For instance, when a husband was described to a group of college students as being violent toward his wife, both husband and wife were seen in a traditionally stereotyped way. However, when the violent roles were reversed, so were the gender stereotypes (Gerber, 1991). Overall, these studies suggest that the public may perceive women as less culpable for their violent acts even when the injuries are equivalent (Dutton & Corvo, 2006; George, 2003; Cormier & Woodworth, 2008).

#### Improving the Current Efforts

Straus (2009) offers several principles to improve primary prevention of violence between intimates. Primary prevention is a generalized attempt to prevent circumstances which may lead to violence within the family. Straus (2001) believes the entire population should be the major focus of prevention initiatives. The first principle reinforces the idea that violence is not acceptable (other than in cases of self-defense) and applies to boys and men, but also must “explicitly state that this applies to girls and women” (p. 251). Straus’s second principle attempts to prevent partner violence by encouraging the “promotion of positive messages about relationships” (p. 252). In

principle three, the use of fear as a motivator is addressed and states that this fear based motivation should be considered carefully before used, since it can possibly create increased denial about the issue. The final principle, improve efforts of primary prevention, acknowledges gender when creating prevention messages. Associated with these four principles is the need to recognize gender symmetry in intimate partner violence to be most effective (Straus, 2009).

Straus (2009) emphasises that his focus on primary prevention does not mean that secondary violence, or violence that reoccurs from a specific person, or the injuries that are associated with it should or can be ignored. Secondary prevention efforts focus both on perpetrators and victims who are already involved in a reoccurring cycle of IPV (Straus, 2009). While secondary violence is important and is an issue that needs to be addressed, Straus (2009) believes that primary prevention efforts should be the main focus because: they target the most prevalent violent behaviors, may prevent minor violence from escalating, preclude children from witnessing violence from either parent (which increases the risk of future partner violence), and emphasize that the severe forms of violence recognized in secondary prevention efforts are already highlighted as inappropriate behavior.

#### The Domestic Abuse Helpline for Men and Women

Hines et al. (2007) provided insightful research into male victims of severe violence. Hines et al. (2007) examined phone records of The Domestic Abuse Helpline for Men (DAHM) from January 2002 to November 2003. As of 2007, this hotline is currently the only of its kind that specifically focuses on helping men who are victims of domestic violence (Hines et al., 2007). While the DAHM is located in Maine, it services the entire nation with a toll free number. The DAHM provides callers with information

about intimate partner violence, referrals to resources within the community, a resource directory to *male victim friendly* resources in the caller's area, and aids callers in filing orders to protect them from abuse. In addition to providing information and referrals to counseling, support groups, and emergency shelters, DAHM also has a speaker bureau that presents information about intimate partner violence to help increase IPV education and awareness. Since the DAHM first opened in 2000, "the rate of calls has steadily increased" (Hines et al., 2007, p. 64). According to Hines et al. (2007), when the helpline was first opened they received approximately one caller per day. In March of 2004, there were over 225 calls to the DAHM from male victims of IPV or from family and friends of male victims (Hines et al., 2007). This number continued to grow with the release of the DAHM phone number in the 2004 Verizon phone books (Hines et al., 2007).

The unique aspect of Hines and colleagues' (2007) study is that the concept they were examining does not fit into what Johnson (1995) refers to as common couple violence or patriarchal terrorism. This creates a new opportunity for the analysis of IPV, specifically IPV against men. Hines et al. (2007) suggest that men who are experiencing common couple violence are less likely to call a helpline because their situation is "relatively minor and not embedded within a controlling situation" (p. 65). If men do call, the violence has likely progressed into something more severe. Perpetrators of patriarchal terrorism are not likely to call into a helpline that serves and advertises its services to abused victims (Hines et al., 2007). Thus, men who have called the helpline are likely to be victims of severe IPV who are seeking help with their situation.

Most men who utilized the DAHM helpline were employed; approximately one-fourth were unemployed or disabled (Hines et al., 2007). Those who were employed had jobs within stereotypical masculine occupations such as law enforcement, military, and



manual labor, while other men were employed as doctors, engineers, lawyers, professors, and other such prestigious occupations (Hines et al., 2007). All of these men had wives who were physically abusive; roughly half of the men were still in an abusive relationship (Hines et al., 2007). Hines et al. found the wife's abusive behavior typically consisted of slapping or hitting. A minority of victims experienced more severe forms of violence such as being kicked, grabbed, or punched, which included attacks to the groin area. Some of these men also experienced life threatening and other forms of extreme violence such as being choked or stabbed. In some of these cases, Hines et al (2007) reported that children may have been witnesses to this extreme violence.

In addition to these physical abuses, nearly all the men indicated that their partners tried to control them. Hines et al. (2007) were able to classify these controlling behaviors using the Power and Control Wheel of the Duluth Model (Pence & Paymar, 1983). The Duluth Model has been the main model in treating perpetrators of IPV (Hines & Douglas, 2009; Pence & Paymar, 1983). According to the Duluth Model, women would not engage in IPV because this type of violence is the result of power and control issues which only men in a patriarchal system would use (Hines & Douglas, 2009). However, Hines et al. (2007) found women engaged in similar controlling behaviors such as coercion, threats, emotional abuse, using the children, and intimidation. Because the Power and Control Wheel was specifically developed to measure the control of females by males, one concept was not applicable to female perpetrators. This concept was *using male privilege*. To be more applicable to women Hines et al. (2007), adapted this to *manipulating the system*. It was found that half of the men experienced what they classified as manipulating the system when the female perpetrator took advantage of the domestic violence system and used it against her male partners (Hines et al., 2007).

As alluded to above, the resources available are designed to primarily aid women who are victims of IPV (Hines et al., 2007). This makes sense as husbands are more likely to repeat IPV and to cause more injuries (Harris & Cook, 1994). However, there is evidence that these resource centers do not take IPV against men seriously and ridicule them, possibly leading to further victimization (Cook, 1997; Hines et al., 2007; McNeely et al., 2001). Some evidence suggests that husband beating is viewed as a humorous issue because of cultural tradition (Harris & Cook, 1994). Qualitative analysis of men's experience with IPV resource centers (other than the DAHM) indicated that several men were either turned away, laughed at, and/or referred to batterer programs (programs designed to help perpetrators, not victims) when seeking help as victims of IPV (Hines et al., 2007). The experience of these men lends support to Hines and colleagues (2007) assertion that the system designed to help victims of IPV is unavailable for the male victims. Historically, male victims of IPV have been punished and even publicly reviled (Steinmetz, 1977). This treatment of males is a result of the IPV resource system being heavily influenced by the feminist perspective, "which states that victims are women and perpetrators are men, and that any violence by women is solely in self-defense (Hines et al., 2007, p. 71).

This research indicates that men are susceptible to severe and even life threatening forms of IPV (Hines et al., 2007; Johnson, 1995; Straus, 2005). While extreme violence occurring to male victims may not occur as frequently, it does warrant further investigation. This research will examine the perceptions domestic violence service providers have regarding male IPV victims.

## CHAPTER III

### METHODOLOGY

#### General Research Objectives

The current research suggests the current IPV resource system is ill-adapted and at times detrimental to male victims. While research points to the inadequacies of the IPV resource system in dealing with male victims, no formal research has been conducted which specifically examines the system to determine its ability to deal with male victims of IPV. Current research has viewed male victims' experiences in dealing with the IPV resource system, but has failed to examine domestic violence service providers' perceptions of dealing with male victims. To address this gap in the literature, this study seeks to survey various service providers within the IPV resource system such as domestic violence shelters, domestic violence hotlines, and legal resources designed to help victims of domestic violence.

#### Statement of Specific Research Questions and Hypotheses

##### *Research Question 1*

To what extent do domestic violence service providers manifest unsympathetic views toward male victims of IPV?

*Research Hypothesis 1A.* It is hypothesized that domestic violence service providers will manifest unsympathetic views toward male victims of IPV.

##### *Research Question 2*

To what extent do domestic violence service providers perceive that there presently exist sufficient resources to meet the needs of male victims of IPV?

*Research Hypothesis 2A.* It is hypothesised that domestic violence service providers will report the perception that existing resources are insufficient to meet the needs of male victims of IPV.

*Research Hypothesis 2B.* It is hypothesised that domestic violence service providers will report the perception that there is insufficient training to meet the needs of male victims of IPV.

*Research Hypothesis 2C.* It is hypothesised that domestic violence service providers will report the perception that male victims do not require the same amount / type of resources as do female victims of IPV.

*Research Question #3*

To what extent are certain (e.g., demographic) variables related to the perceptions of domestic violence service providers regarding male victims?

*Research Hypothesis 3A.* It is hypothesized that certain (e.g., demographic) variables are related to the perceptions of domestic violence service providers regarding male victims of IPV.

#### Instrumentation

By examining previous research efforts, items were developed to measure the above stated research questions and to confirm or reject the hypotheses. This research utilized a vignette adapted from Harris and Cook (1994) and 11 of the questions used with the vignettes. Additional items were constructed to measure IPV resource centers perceptions. Specifically, four groups of questions examined participants' beliefs, perceptions, and attitudes regarding:

- Violence and culpability of the perpetrator and victim (11 items for each gender)
- Victim justification for the use of both verbal and physical violence against an abusive partner (9 items per scale)
- Perceptions of domestic violence service providers about males as victims and the resources available to them (32 items)

Additionally, the survey gathered demographic data from each participant which include, but are not limited to (17 items):

- Years Serving
- Age
- Marital Status
- Race/ethnicity
- Sex
- Educational Attainment

#### Pre-testing of the Instrument

The survey instrument was pre-tested by asking a number of experienced research professionals to review the instrument for issues with spelling, clarity, grammar, formatting, redundancy, sensitivity issues, and/or any other oversights. In addition to the research professionals' review of the instrument, two individuals who worked within a sexual abuse shelter examined the instrument to ensure item clarity and determine if there were any oversights. The goal was to construct an instrument that would be as free from errors and other methodological issues as possible. The instrument was designed using Qualtrics, a private research company specializing in survey technology (Qualtrics.com), in order to provide a clear and professional instrument format for participants. An online

format was utilized for two main reasons; 1) ease of distribution, and 2) it allowed for the resource centers to keep their location private if desired. In addition to the survey instrument, participants also received a cover letter that explained the research project.

## Procedure

### *Sampling Procedure*

Information on potential participants was obtained from the “An Abuse, Rape, and Domestic Violence Aid and Resource Collection” (A.A.R.D.V.A.R.C.) website ([www.aardvarc.org](http://www.aardvarc.org)). This website provides a list of all fifty states and associated resource centers. While this website may not seem to be the most professional source of information, it was accessible to the general population and to this study. The A.A.R.D.V.A.R.C website was obtained by searching for “Mississippi domestic violence shelters” in the *bing* search engine.

The information obtained from this website on resources was entered into an excel worksheet. Any duplicate or inapplicable listings (those resources exclusively dealing with children, elders, or sexual assault) were deleted. From this list, a stratified random sample of 500 IPV resource centers was generated. Specifically, the population was divided into strata based on states to create a proportionate stratified sample (Hagan, 2010). The number of resource centers in each state was calculated then divided by the total number of resource centers for the country. This result was then multiplied by the sample size (500) to determine the number of resource centers that should be selected from that state. A random sample was generated from each state based on the number previously calculated.

Resource centers were contacted by phone and the researcher gave a brief explanation of the research and who was calling. After this explanation the center was

asked if they would be willing to participate in the survey. If center personnel were willing to participate, they were asked for an email address to which the survey could be sent. If the center was not willing to participate or to provide an email they were thanked for their time and dropped from the study. The research questionnaire that was utilized in this research was implemented via the web based survey instrument, Qualtrics.

### *Measures*

A web based survey was provided to study participants containing Harris and Cook's (1994) adapted vignettes and the associated Likert-type questions, as well as a series of follow up questions based on demographics and perceptions regarding domestic violence against men.

### *Vignettes and Likert-Type Questions*

The vignettes and Likert-type questions were the main focus in this research. The vignette and 11 Likert-type questions were derived from the Harris and Cooks (1994) study. These vignettes consisted of mock news articles which described a domestic violence dispute that resulted in a police response. The described dispute detailed the forms of violence and injuries that took place in a gender neutral way. This format allowed for the change of names associated with each vignette in order to analyze perception differences of domestic violence service providers between male and female abusers. In addition to changing names, the city location was omitted so surveys could be sent to multiple cities; the use of a particular city might influence or make participants feel removed from the events being described. Other than these modifications the vignettes remained the same. The Likert-type questions associated with the vignettes were used to measure participants' perceptions of the culpability and likeability of the victim and perpetrator.

## Participants

Participants (n= 73) in this study represent a random stratified sample of domestic violence service providers from a larger sample of 500 selected from a total population of 4399. The list of resource agencies was obtained from the website A.A.R.D.V.A.R.C. (An Abuse, Rape & Domestic violence Aid & Resource Collection). Of those sampled, 4.1% (n = 3) of respondents had a high school education, 17.8% (n = 13) had some college education, 5.5% (n = 4) had an associate's degree, 30.1% (n = 22) had obtained a bachelor's degree, 6.8% (n = 5) had completed some graduate school, 26.0% (n = 19) had obtained a Master's degree, with 4.1% (n = 3) having obtained a Doctoral degree or equivalent. The majority of respondents (89% n = 65) were employed full-time. Respondents indicated that the mean number of employees at each agency was 28 with a minimum of 1 and a maximum of 300. These agencies served 0 to 1500 victims with a mean of 85 victims served each month.

Table 1.1

### *Descriptive Statistics of Domestic Violence Service Providers*

	Mean	SD	Range	Valid N
Age	44.1	12.7	22 - 69	67
Years of Service	11.3	7.9	0.5 - 30.0	67
Victims Served	85.4	268.9	0 - 1500	60
Number of Employees	28.0	45.5	1 - 300	63

Of those sampled, 43.8% (n = 32/73) worked for agencies that provide shelter, 50.7% (n= 37) worked for agencies which offer hotline services, 17.8% (n = 13) worked for agencies which provide legal aid to victims, 50.7% (n = 37) worked for agencies which provide counselling, 15.1 % (n = 11) worked for police agencies, and 41% (n = 30) worked for agencies offering another type of service to victims (Table 1.2). Slightly over half 50.7% (n = 37) of the service providers worked for agencies that provided one or



more of these services. Not surprisingly, there were only 3 (4.1 %) male respondents.

The mean age of participants was 44 and ranged from 22 through 69 years of age. The mean years of service was 11.3 and ranged from less than one year to 30.

Table 1.2

*Descriptive Statistics of Domestic Violence Service Providers*

Variable	%	Valid N	Variable	%	Valid N
Sex		71	Employment Status		70
<i>Male</i>	4.2		Full Time	92.9	
<i>Female</i>	95.8		Other	7.1	
Race		69	Income		63
<i>White</i>	61		\$19,999 or less	7.9	
<i>Other</i>	8		\$20,000 - \$39,999	28.6	
Marital Status			\$40,000 - \$59,999	22.2	
Single	12.9	72	\$60,000 - \$79,999	19.0	
Married	58.6		\$80,000 - \$99,999	7.9	
Divorced	17.1		\$100,000 - \$149,999	11.1	
Separated	1.4		\$150,000 - \$199,999	3.2	
Widowed	4.3		\$200,000 or more	0	
Cohabiting	4.3		Center Type*		72
Common Law	0		Shelter	44.4	
Other	1.4		Hotline	51.4	
Religious Affiliation		72	Legal Aid	18.1	
Protestant	18		Counseling	51.4	
Methodist	8.2		Police	15.3	
Agnostic / Atheist	8.2		Other	41.7	
Catholic	23.0		Position Type		67
Buddhist	4.9		Paid employment	95.5	
Hindu	4.2		Volunteer Work	3.0	
LDS / Mormon	3.3		Other	1.5	
Atheist	3.3		Provide Services to Male Victims		65
Other	22.2		Yes	98.5	
Religious Attendance		65	No	1.5	
More than once a week	4.6		Equipped to provide Services		67
Once a week	26.2		Yes	91.0	
Two or three times a month	6.2		No	9.0	
Once a month	7.7		Known a Victim		68
Several times a year	7.7		Yes	86.8	
Once a year	13.8		No	13.2	
Less than once a year	21.5				
Never					

Table 1.2 (continued).

Variable	%	Valid N	Variable	%	Valid N
Specific Male Abused Training		67	Political Affiliation		72
No	17.9		Republican	19.7	
Some (1-4 hours)	25.4		Democrat	37.7	
Moderate (5-8 hours)	26.9		Independent	34.4	
In-depth (8 plus hours)	29.9		Other	8.2	
Educational Attainment		69	Center Location		66
High school diploma	4.3		Ultra-Rural	4.5	
Some college	18.1		Rural	51.5	
Associates degree	5.8		Suburban	13.6	
Bachelor's degree	31.9		Urban	19.7	
Some graduate school	7.2		Major Metropolitan	3.0	
Master's degree	27.5		Other	7.6	
Doctoral degree	4.3				

\*It was possible for agencies to provide more than one type of service

### Data Analysis Techniques

This research incorporated a number of univariate, bivariate, and multivariate analysis techniques. Univariate analyses consisted of frequency distributions and mean scores. Bivariate analyses consisted of paired sample t-tests and chi-square analysis. Multivariate analyses consisted of techniques including exploratory factor analysis (EFA) and ordinary least squares regression. Specifically, the 11 questions obtained from each vignette (22 total questions) were analyzed using paired sample t-tests. The remaining questions, other than demographic questions, were assessed using an EFA to create scales or constructs. These constructs became the dependent variables of the study and were subsequently tested using OLS regression with various demographic variables acting as independent variables.

### The Problem of “Non-Response”

A total of 500 agency phone numbers created the original sample of this study. Of these 500 agencies, 79 (16%) of the phone numbers were disconnected, no longer in service, or the wrong number. To ensure these numbers were not misdialed, every time one of these problems occurred, the researcher would double check the number for accuracy. Of the remaining 421 agencies that had correct numbers, there were 34 (8%) who refused to participate in the study and 132 (31%) who agreed to participate in the study. Of the 132 participants who agreed to complete the survey instrument, 83 completed the online questionnaire. This provides a response rate of 62% from the 132 who agreed to complete the instrument. There was a response rate of 50% of the 136 participants who were contacted and either agreed or disagreed to participate in the study.

The remaining 255 numbers were attempted to be reached, but no email address was obtained. The most common reason for not obtaining an email address from these 255 centers was the inability to get in direct contact with the director of the agency. Often, the individual answering the phone call would transfer the researcher to the director of the agency in order to obtain permission to distribute the survey to one of their employees or to ask if they would be willing to participate in the survey. Thus, a substantial portion of the original sample was not contacted. Since time was a limited resource for both the potential participants and the researcher; these agencies were unable to be contacted. This presents a potential source of systematic error. The question stands; why were these agencies so difficult to contact? Were these resource centers busier than the others or maybe wanted to avoid talking to the researcher for a particular reason? Hence, conclusions drawn from this study should be made with caution.

Further, those working or volunteering within the IPV resource system were most likely to grasp the importance of the IPV issue while several factors may have influenced those who chose not to respond. The first factor is the length of the survey. With an expected completion time of approximately 20 minutes, some recipients may have deemed it too time consuming to complete. A second factor affecting an email based survey is that the survey may have ended up in the junk mail of potential participants and subsequently deleted because the sender was not recognized. However, each participant that agreed to complete the survey instrument was reminded to check for the survey in their junk folder if they did not receive the email within that day. The third factor that may have led to a non-response is the issue of being removed from the researcher or the research institution. Since this survey was sent to states throughout the U.S., some participants may have felt removed from the research or research institution. Lacking a personal connection between the researcher and institution, potential participants may have dismissed the survey as unimportant or irrelevant. To help alleviate some of these potential issues associated with non-response, the cover letter stressed the importance of this research. Once again, participants were directed to look in their junk folder if the email did not appear in their inbox. Further, the email's subject heading contained the following information: "Intimate Partner Violence Survey" to remind the participants that this is about the importance of IPV.

#### The Problem of Missing Data

A number of cases contained missing data. These cases were analyzed to determine if there was any systematically missing data to a particular question or questions. Several respondents only completed one of the two vignettes. Most likely because they thought they were the same thing and skipped the questions. These

respondents were not included in the analyses that took place on these questions. Other than the items previously discussed, it was determined that there were no other systematically missing data. As such, missing data was replaced through the SPSS function “Linear Trend at Point.” Scales were averaged, rather than summed, to avoid large differences in scale rates resulting for those who may have missed a question compared to those who answered all the questions.

#### Possible Limitations

While the vignettes take into account the gender of victim and perpetrator, they fail to account for the race/ethnicity and sexual preference. While race/ethnicity and sexual preference are important variables to consider, the length of the survey instrument was the major factor limiting the utilization of these variables.

#### Possible Outcomes

This study seeks to determine how receptive domestic violence service providers are toward male victims. More specifically, the results of this study will hopefully improve current understanding of Browne and Williams’ (1989) fourth criteria of effective resource services of having resources that are receptive to the victim. If the study indicates these resources are receptive to male victims, this information should be made available to the general public and particularly to men. The current literature alludes to the possibility that men are not aware of the resources available to them or have difficulty finding assistance if they become victims of IPV (Hines et al, 2007). Making this information available to the general public will help fulfill the first requirement of Browne and Williams (1989) of creating an awareness of the resources available to male victims. If this research determines that resource centers are not receptive to male victims, it will help generate an understanding as to why this condition

exists. Are domestic violence service providers not receptive because they hold negative biases toward male victims? Is there a lack of knowledge and understanding of resources intended to aid male victims? Are resources simply lacking? Hopefully, survey results will increase the effectiveness of domestic violence service providers in meeting the needs of victims (Browne & Williams, 1989, fifth criteria) and eventually to increased mobilization (third criteria) of male victims. Further, the study's findings could generate important policy implications.

If there is a lack of knowledge of male resources, it would be beneficial to create policies which would increase that knowledge and awareness. Such policies could provide workshops on male victims at training meetings or discussions at in-services. Resource centers could be encouraged to provide services to both male and female victims. Doing so could decrease the external barriers men face when seeking help for IPV victimization (Hines & Douglas, 2009).

While the above benefits apply to IPV resource centers, this research may also provide benefits to the general public. As research is more inclusive of male victims of IPV (such as this research), support advocate groups such as DAHM will lend support and create a more robust argument for their efforts. As the general public becomes aware that severe IPV does happen to men with possible serious negative consequences, it should discredit current biases and negative stereotypes toward male victims. Improved understanding of the pressures facing male IPV victims could help provide an outlet for those trapped in violent situations. Thus, this research could potentially help alleviate internal pressures that male victims experience when seeking help for IPV abuse (Hines & Douglas, 2009).

Research findings have shown that providing greater resources for female victims of IPV decreases male homicide by intimate partners (Dugan et al., 2003). If resource centers become more receptive to male victims or more resources are made available to men, men would have a means in which to escape their situation or receive relief. In turn, these moments of relief or escape could diffuse a tense, possibly abusive, or even deadly, situation with an intimate partner, feasibly resulting in improved situation for men, while lessening the chance of abuse and homicide toward women by men. Thus, providing an outlet for male victims could help in moments of desperation and possibly prevent unacceptable behaviors.

This research will help assess the strengths and weaknesses of the current IPV resource system. As well as help determine what areas and factors should be focused on to provide the most efficient improvement. Limited resources (i.e., funding) should not be wasted on issues that are sufficiently addressed. However, it is important to use these limited resources on the areas requiring attention. In short, to use limited resources most effectively, it is important to understand the strengths and weaknesses of the IPV resource system.

## CHAPTER IV

### DATA AND ANALYSES

A number of analytical techniques were used to determine possible strengths and/or weaknesses of the current IPV resource service by focusing on the study's hypotheses. There were three research questions which asked "To what extent do domestic violence service providers manifest unsympathetic views toward male victims of IPV?;" "To what extent do domestic violence service providers perceive there presently exist sufficient resources to meet the needs of male victims?;" and "To what extent are certain (e.g., demographic) variables related to the perceptions of domestic violence service providers regarding male victims?;"

Data collected from IPV service center personnel were reviewed to determine if there were any issues such as systematically missing data or extreme outliers which may have confounded subsequent analyses. The original data set contained 84 cases, 11 of which were so incomplete they were removed from the dataset.

#### Paired Sample t-Tests

Research hypothesis 1A predicted that domestic violence service providers would manifest unsympathetic views toward male victims of IPV. This hypothesis was tested through 11 paired sample t-tests and regression analysis. By viewing descriptive statistics, the majority of respondents reported views that were sympathetic toward male victims. Table 2 depicts this numerically with the means for both scenarios. These mean scores indicated service providers generally supported IPV victims regardless of gender. The most neutral variable was "to what degree do you like the victim of the incident" with a mean score of 5.15 for female victims and a mean score of 5.07 for male victims.



Further, mean scores in Table 2 indicated that service providers reported unsympathetic views toward the abuser without regard to gender.

To test if there were significant differences in perceptions between male abusers and female abusers, multiple paired-sample t-tests were performed. When performing multiple tests of the same type to answer one question, there is a risk of Type I error; in other words, to find significant differences between the means when there are no differences. To avoid making possible erroneous conclusions, a minimum p-value of .01 was used to determine significance for these tests. There are two groups, female abuser and male abuser. Eleven questions associated with each group were answered by respondents. The means scores of respondents for each grouping of questions are reported in Table 2.

As reflected in Table 2, mean scores for female abusers and male abusers are very similar. This holds true for the standard deviation for both groups as well. Thus, it is not surprising that there were no paired-sample t-tests that came back significant at the .01 level (one test came back below the .05 level). There was a mean difference  $t(63) = 2.05$ ,  $p = .045$  between respondents perceptions of female batterers right to use force and the right for male batterers to use force. The mean score for female batterers having a right to use force in the scenario provided was slightly higher (1.08) than the mean score for male batterer's right to use force (1.02), suggesting that participants viewed females as having more right to use force than males in the scenarios. While this did result in a relatively low p-value ( $p < .05$ ), for the purpose of this study it was not considered significant in an effort to reduce the occurrence of Type 1 error due to the multiple tests that were estimated.

Table 2

*Mean Scores and t-Test for Vignette Questions*

Variable	Female Abuser Mean	Male Abuser Mean	Standard Deviation (F / M)	t	Range Female	Range Male	N
How Violent	7.86	8.00	1.61 / 1.45	-1.49	4-10	4-10	66
How Responsible is the abuser	9.22	9.19	2.00 / 1.99	.14	1-10	1-10	65
How responsible is the abused	2.63	2.41	2.56 / 2.49	1.03	1-10	1-10	65
Call Police	9.06	9.15	1.51 / 1.50	-.81	5-10	5-10	66
Right to use force	1.08	1.02	.27 / .13	2.05	1-2	1-8	65
Convicted	9.29	9.29	1.58 / 1.61	.00	1-10	1-10	66
Victim fights back	1.74	1.82	1.68 / 1.81	-.67	1-8	1-8	63
Victim leaves	6.55	6.83	2.27 / 2.31	-1.47	1-10	2-10	65
Previously violent	7.97	8.30	1.91 / 2.05	-1.81	5-10	2-10	64
Like batterer	3.72	3.49	2.11 / 2.20	1.71	1-9	1-10	66
Like victim	5.13	5.08	1.86 / 1.66	.24	1-10	1-10	65

P < .01\* \*

From these paired-sample t-tests, research hypotheses 1A is not supported. As previously stated, this hypothesis was also tested by performing an ordinary least squares regression on the scale “male victims experience similar consequences as female victims.” To further test hypothesis 1A, an OLS regression was estimated on a scale variable which has been labelled as “male victims experience similar consequences as female victims.” This scale variable and four other scale variables were derived from an exploratory factor analysis (EFA).

#### Exploratory Factor Analysis

The EFA incorporated a total of 30 variables (excluding demographic variables) and those obtained from the two scenarios. Through EFA, six variables were eliminated

resulting in leaving a total of 24 variables for the final analysis. Variables were eliminated based on insufficient factor loadings or loading on two or more factors. In other words, these variables did not fit well into any of the six factors or were closely related to two or more factors making them ill-suited to be included in any of the six factors.

EFA requires a large sample size in order to produce stable results. The sample consisted of 73 respondents. To maximize the use of these respondents' information, missing data were replaced using the Linear Trend at Point function. Prior to performing this replacement technique, the cases were analyzed to ensure no data were systematically missing. There were no systematically missing variables. The most missing data that a variable had was three, and one case was missing all of them. That case was excluded from analysis. The next largest case was missing 11 out of the 30 questions. That case was included and its values replaced using the Linear Trend at Point technique. The next case with the most missing data had only two questions with missing data.

Principal axis factoring was the method implemented for the EFA with an oblique (direct oblimin) rotation. This rotational method was chosen because oblique rotation allows factors to be correlated with one another (Meyers, Gamst, & Guarino, 2012). This method considers all variables comprising the factors to be related to IPV and specifically IPV against men. Further, multiple factors were used to address hypotheses within one research question suggesting those factors would be related. Theoretically there should be some degree of correlation among factors.

Most likely a result of the low sample size used in the EFA, the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO - MSA) was lower (.621) than would be

desired (7 or above would be optimal). Bartlett's Test of Sphericity was found to be significant, a desired result. There were no major issues with communalities; however, the variable for "Outside Help" had a low value of .24. All other values were above .35. The cumulative percent for extraction sums of squared loadings was 54.04, not the best but it did surpass 50% which is desirable. There were 8 values that surpassed the Kaiser criteria of 1; however, since this is a rather arbitrary number it was not used to determine the number of factors that should be extracted.

Velicer's Minimum Average Partial (MAP) test was estimated in order to determine the number of factors to extract which indicated a total of 6 factors should be extracted. MAP analysis does tend to under identify the number of factors that should be extracted. However, other analyses such as Parallel analysis tend to over identify the number of factors to be extracted. In this case, Parallel Analysis indicated 20 factors should be extracted, which was too many to be practical, so MAP analysis was employed. Furthermore, the Scree Plot indicated that 6 factors should be extracted as well. The original intent of these variables was based on a four factor solution, however when this was run it did not produce results that were as clean as the six factor solution. Through the analysis it was found that the six factor solution provided the best outcome.

As depicted in Table 3, perfect simple structure was obtained using a six factor solution with a cut off of .40. Based on the variables within each factor, the factors were designated accordingly: Factor 1 – Men are capable in dealing with the pressures of IPV; Factor 2 – I am capable of helping male victims; Factor 3 – Male victims experience similar consequences as female victims; Factor 4 – There is a need for more resources for male IPV victims; Factor 5 – Current resources are able to help male victims; Factor 6 - Men who seek should not seek help to fit in socially.

Table 3

*Exploratory Factor Analysis: Factor Loadings (Pattern Matrix)*

Variable	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Men Not Vic	.528					
No Outside Help	.508					
Men Perp Wom Vic	.400					
Neg Stereotypes	-.459		.364			
Masculine Jobs	.697					
Deserve It	.638					
DVR Only4F	.753					
Only Female	.441					-.352
Skills		.903				
Comfortable		.866				
Have Knowledge		.752				
Psychological Degree			.969			
Psychological Type			.928			
Burden on System				.926		
Need More Resources				-.439		
Help Weaker				.597		
Prefer Male				.473		
Cover Up					-.524	.369
Help Men as Much					-.646	
Meet Needs					-.612	
More Training					.486	
Easy to Find Help					-.461	
Economically						.560
Independent						
Ridiculed Surprising						.495

Values less than .35 are not included in this table

#### Reliability of Scales

Alpha levels for each scale were as follows (Table 4): Factor 1 had a Cronbach's Alpha of .781 when the variable "Neg\_Stereotypes" was reverse scored. Factor 2 had a Cronbach's Alpha of .862. Factor 3 had a Cronbach's Alpha of .962. Factor 4 had a Cronbach's Alpha of .655 when the item "need\_more\_R\_1" was reverse scored which falls below the standard .7 acceptable level; however, since this is a new scale being developed, it was used in its current form. If future research uses a similar scale the

items could be revamped to obtain a higher alpha level, especially the item “need more resources for males.” When the variable “More\_Training\_1” was reverse scored, Factor 5 obtains a Cronbach’s Alpha of .708. Factor 6 had a low Cronbach’s Alpha of .465, possibly a function having included not enough items. These items theoretically do not fit well together. Therefore this scale will not be incorporated in further analyses.

Table 4

*Alpha Levels for Factors Created in EFA*

Scale	Alpha	# of Items	Mean
Men are capable in dealing with the pressures of IPV victimization	.78	8	2.79
Service providers feel capable of helping male victims of IPV	.86	3	8.49
Male victims experience similar consequences as female victims	.96	2	7.03
There is a need for more resources for male IPV victims	.66	4	3.73
Current resources are able to help male victims	.71	5	5.20
Men seeking help are weak	.47	2	N/A

The mean scores (Table 4) for each of these newly created constructs reveals general views and perceptions of domestic violence service providers. The constructs were created by averaging all the variables contained within the factor yielding scores ranging from 1 to 10. For the construct “men are capable in dealing with the pressures of IPV victimization,” the mean score was 2.79 indicating general disagreement among service providers about this construct. “Service providers feel capable of helping male victims of IPV” had a mean of 8.49 indicating service providers highly agree with this concept. In other words, service providers generally feel capable in their ability to help male victims. With a mean of 7.03, service providers slightly agree that “male victims experience similar consequences as female victims.” Overall, service providers disagree

with the construct “there is a need for more resources for male IPV victims” with a mean score of 3.73. On a ten point scale, neutral would be 5.5 with a mean score of 5.2 for the construct “current resources are able to help male victims.” Respondents are neutral to this idea, neither agreeing nor disagreeing.

### Chi-Square Analyses

A total of 25 chi-square analyses were performed on each of the five constructs and on five demographic variables. These demographic variables included: marital status, years of service (dichotomised), education (divided into those who had a bachelor’s degree and above and those who did not have a bachelor’s degree), Agency type (shelters and hotlines as one group and all others as a second group), and training (those who have not had training and those who have had training). Chi-square analysis revealed that training was related to two of the constructs, while all other analyses were found to be not significant.

For the construct “men are capable of dealing with the pressures of IPV victimization” chi-square analysis (Table 5.1) revealed that those who did not have training were more likely to agree ( $\chi^2 = 9.45$ ,  $df = 1$ ,  $p = .002$ ). Problematic to this analysis are the low cell counts in the collectively agree column. A cell count of zero and two are not sufficiently high for chi-square analysis. These one-sided distributions of responses were anticipated. To increase the variability within survey respondents, a 10 point Likert scale was used. The increased variability that resulted from increasing the score range on the Likert scale was void in the chi-square analysis since the scale was dichotomized to facilitate analytical interpretation and to increase cell count.

Table 5.1

*Chi-Square Analysis for Men are Capable of Dealing With IPV and Training*

Specific Wording of Item	Collectively Disagree (observed count / expected)	Collectively Agree (observed count / expected)
No Training	10.0 / 11.6	2.0 / 0.4
Training	55.0 / 53.4	0.0 / 1.6

Chi-square analysis detected one other significant relationship ( $\chi^2 = 4.62$ ,  $df = 1$ ,  $p = .03$ ) between training and the dichotomised construct “Service providers feel capable of helping male victims of IPV.” Specifically, those with training had a higher than expected representation in the collectively agree category (See Table 5.2). The reverse was true as well an over representation of respondents in the collectively disagree category who had no training. As previously stated, caution is advised with any interpretation of these results due to the low cell counts in the collectively disagree column.

Table 5.2

*Chi-Square Analysis for Service Providers Feel Capable and Training*

Specific Wording of Item	Collectively Disagree (observed count / expected)	Collectively Agree (observed count / expected)
No Training	3 / 1.1	9 / 10.9
Training	3 / 4.9	52 / 50.1

## Ordinary Least Squares Regression Analyses

In addition to the Chi-square analyses there were five Ordinary Least Squares (OLS) regression analyses performed to answer the proposed research questions. The five scales (Men are capable of dealing with the pressures of IPV victimization, Service providers feel capable of helping male victims of IPV, Male victims experience similar consequences as female victims, There is a need for more resources for male IPV victims,



Current resources are able to help male victims) created through the EFA were used as dependent variables in the regression models. A number of data assumptions must be met for proper regression analysis. The assumption that the dependent variable is on at least a 15 point scale and is continuous in nature is met for all five dependent (criterion) variables. The assumption of non-zero variance, the idea that all variables have some variance, was also met for these analyses. The basic assumption of independence was met as well. Each variable used in the OLS regression analyses was independent, or in other words, each case was only utilized once. Other assumptions such as multicollinearity, homoscedasticity, and normally distributed errors will be discussed in the individual analyses. Further diagnostics were performed to ensure the continuity of the data, namely, studentized residuals, leverage, and standardized difference in fit (DFFITS), were all examined to determine if there were any outliers or influential points in the data.

A total of six independent (predictor) variables were included in each of the five regression analyses. These variables were: age, years of service, agency type, training, education, and marital status, with which the first two variables (age and years of service) were centered. This was accomplished by subtracting the mean of the variable from zero to create a new mean of zero. This procedure helps reduce possible collinearity issues and facilitates the interpretation of the variables.

Slight problems with collinearity occurred when regression models were estimated, so a number of variables were recoded into dummy variables. The variables “training” (indicating the amount of training that respondents had specific to male victims) was recoded into those who had no training and those who had training. The education variable was recoded into those who had a bachelor’s degree and above and

those who did not have a bachelor's degree. The Agency variable was recoded into those Agencies that served as hotlines and or shelters and into those who performed other services such as policing, legal aid, and counselling. Finally, the variable Age was excluded from the analysis since it was closely correlated with years of service.

Hypothesis 2C “domestic violence service providers will report the perception that male victims do not require the same amount / type of resources as female victims” was tested by performing an OLS Regression for the factor, “men are capable of dealing with the pressures of IPV victimization.” The omnibus (ANOVA) test for this analysis revealed that the model was significant ( $F(6) = 2.43, p = .036$ ).

This model included the independent variables: years of service, marital status, training, agency, and education. These five variables explained 20% of the variance within the dependent variable “men are capable of dealing with the pressures of IPV victimization.” Training was the only variable found to be significant ( $p = .006$ ). Those who had training had a .83 unit decrease in agreeing that “men are capable of dealing with the pressures of IPV victimization” when compared to those who did not have training. Finally, this model met the assumption of homoscedasticity and linearity. The data were skewed to the right with a pseudo z-score value of 5.54 indicating the magnitude the distribution is skewed and a pseudo z-score of 8.39 indicating major issues with kurtosis and skew.

From these data it was found that those domestic violence service providers who had training when compared to those who did not have training were less likely to believe that male victims of IPV were capable of dealing with the pressures of victimization on their own. While the measures created through the EFA do not match up directly with the indicated hypotheses, this scale partially indicates that those service providers who

have specific training would believe that there is a need for more resources for male victims. Based on this information the null hypothesis for 2C is rejected, because those who have had training report that male victims are incapable of dealing with IPV on their own and need assistance and resources.

Table 6.1

*Regression for Men are Capable in Dealing with Pressures of IPV Victimization*

Variables	b	SE b	$\beta$	t	Tolerance
<i>Single</i>	.29	.33	.11	.87	.90
<i>Divorced</i>	-.27	.28	-.10	-.82	.90
<i>Years of Service</i>	.01	.02	.04	.35	.86
<i>Training</i>	-.83	.29	-.35	-2.87**	.95
<i>Agency Type</i>	-.18	.32	-.07	-.58	.85
<i>Bachelor's and Above</i>	.34	.25	.17	1.35	.92
<i>Constant</i>	3.39	.37		9.17**	
<hr/>					
<i>R = .45</i>	<i>R<sup>2</sup> = .20</i>		<i>F = 2.43*</i>		
<hr/>					

\*\*p < .01. \*p < .05.

DV: Men are capable in dealing with the pressures of IPV victimization (1=Strongly Disagree to 10= Strongly Agree).

Coding: Single(1 = Single, 0 = Not Single), Divorced (1 = Divorced, Widowed, or Separated, 0 = All others), Years of Service (Scale), Training (1 = Training 0= No Training)Agency Type (1 = Shelter and / or Hotline 0 = All other agency types and combinations )Bachelors and Above(1 = Bachelor's degree or higher 0 = Less than Bachelor's degree)

An OLS regression was performed with the dependent variable "I am capable of helping male victims of IPV" with the five independent variables previously mentioned in the last regression model. This model, however, was found to be heteroscedastic,

Table 6.2

*Regression for I am capable in helping male victims of IPV*

Variables	b	SE b	$\beta$	t	Tolerance
<i>Single</i>	.07	.65	.01	.10	.90
<i>Divorced</i>	-.43	.54	-.10	-.79	.90
<i>Years of Service</i>	-.02	.03	-.09	-.69	.86
<i>Training</i>	1.70	.57	.36	2.97**	.95
<i>Agency Type</i>	.78	.62	.16	1.25	.85
<i>Bachelor's and Above</i>	-.43	.49	-.11	-.88	.92
<i>Constant</i>	6.84	.73		9.34**	
<hr/>					
<i>R = .44</i>	<i>R<sup>2</sup> = .19</i>		<i>F = 2.31*</i>		
<hr/>					

\*\*p < .01.

DV: I am capable of helping male victims of Intimate partner violence (1=Strongly Disagree to 10= Strongly Agree).

Coding: Single(1 = Single, 0 = Not Single), Divorced (1 = Divorced, Widowed, or Separated, 0 = All others), Years of Service (Scale), Training (1 = Training 0= No Training)Agency Type (1 = Shelter and / or Hotline 0 = All other agency types and combinations )Bachelors and Above(1 = Bachelor's degree or higher 0 = Less than Bachelor's degree)

violating the assumption of homoscedasticity. It did meet other assumptions such as linearity and had a slight problem with skew (pseudo z-score 3.43), but no issues with kurtosis (pseudo z-score .75).

The model was found to be statistically significant ( $F(6) = 2.31$ ,  $p = .045$ ); however, as previously stated, there was a violation of homoscedasticity. Again, only the independent variable “training” was significant ( $p = .004$ ) in the model indicating that those who have training have a perception score 1.70 points higher on a 10 point Likert-scale indicating that they agree they feel capable of helping male victims of IPV. This

model explains 19% of the variance within the dependent variable. From this analysis, there is evidence to indicate support for hypothesis 2B. More specifically, there is evidence supporting the idea that those service providers who have received training feel more capable in meeting the needs of male victims.

Further analyzing hypothesis 1A, another OLS regression model was performed on the dependent variable “male victims experience similar consequences as female victims” with the same five independent variables as the previous models (Table 6.3). This model, however, was not found to be significant ( $F(6) = .14, p = .99$ ). The data did appear to be bimodal, which may partially explain why it is not significant while the model was slightly heteroscedastic. This further supports the idea that service providers tend to have sympathetic views toward male victims. This idea shows a lack of support for hypothesis 1A and leads to the acceptance of the null hypothesis.

To examine hypothesis 2A, a model for the dependent variable “there is a need for more resources for male IPV victims” was analyzed (Table 6.4). The omnibus test indicated a lack of significance for the model ( $F(6) = 1.09, p = .38$ ). Further, there was a possible issue with the assumption of homoscedasticity. This lack of significance indicates the null hypothesis should be accepted.

To further grasp the concept within hypothesis 2A, another OLS regression was performed on the dependent variable “current resources are able to help male victims” (Table 6.5). The finding was not significant ( $F(6) = 1.89, p = .10$ ); however, it could be considered as approaching significance. If a larger sample size was obtained there might have been sufficient power to reveal significant differences. The assumptions of homoscedasticity and linearity were met and there were no issues with skew and kurtosis after influential points were removed.

Table 6.3

*Regression for Male Victims Experience Similar Consequences*

Variables	b	SE b	$\beta$	t	Tolerance
<i>Single</i>	.08	1.17	.01	.07	.90
<i>Divorced</i>	.30	.97	.04	.31	.90
<i>Years of Service</i>	-.01	.05	-.02	-.11	.86
<i>Training</i>	.11	1.02	.02	.11	.95
<i>Agency Type</i>	.67	1.11	.09	.60	.85
<i>Bachelor's and Above</i>	-.48	.88	-.07	-.54	.92
<i>Constant</i>	6.64	1.31		5.08**	
<hr/>					
<i>R</i> = .12	<i>R</i> <sup>2</sup> = .02		<i>F</i> = .144		
<hr/>					

\*\*p < .01.

DV: male victims experience similar consequences as female victims (1=Strongly Disagree to 10= Strongly Agree).

Coding: Single (1 = Single, 0 = Not Single), Divorced (1 = Divorced, Widowed, or Separated, 0 = All others), Years of Service (Scale), Training (1 = Training 0= No Training) Agency Type (1 = Shelter and / or Hotline 0 = All other agency types and combinations ) Bachelors and Above (1 = Bachelor's degree or higher 0 = Less than Bachelor's degree)

The model was not significant, and therefore required no interpretation of the variables within the model. However, since this model is approaching statistical significance one variable of interest will be mentioned. The education variable was significant ( $p = .033$ ), indicating that those with a bachelor's degree or higher had an agree score that current resources are able to help male victims that was .853 points lower than those who did not have a bachelor's or higher degree. Also, if this model was found to be significant it would measure 17 percent of the variance within the dependent

variable. Since this model was not significant, this indicates further that these data do not support this hypothesis and therefore the null hypothesis is accepted.

Table 6.4

*Regression for There is a Need for More Resources for Male IPV Victims*

Variables	b	SE b	$\beta$	t	Tolerance
<i>Single</i>	.40	.29	.19	1.40	.90
<i>Divorced</i>	.13	.23	.07	.54	.90
<i>Years of Service</i>	-.01	.01	-.16	-1.15	.86
<i>Training</i>	-.12	.25	-.07	-.49	.95
<i>Agency Type</i>	.16	.28	.08	.59	.85
<i>Bachelor's and Above</i>	-.20	.21	-.13	-.96	.92
<i>Constant</i>	3.70	.33		11.22**	
<hr/>					
<i>R = .28</i>	<i>R<sup>2</sup> = .08</i>		<i>F = .80</i>		
<hr/>					

\*\*p < .01. \*p < .05.

DV: There is a need for more resources for male IPV victims (1=Strongly Disagree to 10= Strongly Agree).

Coding: Single(1 = Single, 0 = Not Single), Divorced (1 = Divorced, Widowed, or Separated, 0 = All others), Years of Service (Scale), Training (1 = Training 0= No Training)Agency Type (1 = Shelter and / or Hotline 0 = All other agency types and combinations )Bachelors and Above(1 = Bachelor's degree or higher 0 = Less than Bachelor's degree)

Table 6.5

*Regression for Current Resources are Able to Help Male Victims*

Variables	b	SE b	$\beta$	t	Tolerance
<i>Single</i>	-.05	.52	-.01	-.09	.90
<i>Divorced</i>	.37	.44	.11	.83	.90
<i>Years of Service</i>	.01	.02	.06	.49	.86
<i>Training</i>	.75	.46	.21	1.64	.95
<i>Agency Type</i>	.52	.49	.14	1.06	.85
<i>Bachelor's and Above</i>	-.85	.39	-.28	-2.02*	.92
<i>Constant</i>	4.63	.59		7.87**	
<hr/>					
<i>R</i> = .41	<i>R</i> <sup>2</sup> = .17		<i>F</i> = 1.89		

\*\*p < .01. \*p < .05.

DV: current resources are able to help male victims (1=Strongly Disagree to 10= Strongly Agree).

Coding: Single(1 = Single, 0 = Not Single), Divorced (1 = Divorced, Widowed, or Separated, 0 = All others), Years of Service (Scale), Training (1 = Training 0= No Training)Agency Type (1 = Shelter and / or Hotline 0 = All other agency types and combinations )Bachelors and Above(1 = Bachelor's degree or higher 0 = Less than Bachelor's degree)

The criterion “approaching significance” was used to describe this model in order to indicate and avoid potential Type II error. While traditional hypothesis testing creates a dichotomy of results, the null hypothesis either is or is not rejected; discussing the idea of approaching significance helps illuminate an area of potential problems. With increased statistical power (i.e., obtaining a larger sample size) the analysis may have indicated the model to be significant. Thus, the discussion of approaching significance is important to indicate potential for significant results.



## CHAPTER V

### DISCUSSION AND CONCLUSION

The purpose of this study was to examine the perceptions of domestic violence service providers toward male victims of intimate partner violence (IPV). In general, the data indicated service providers are supportive of victims of IPV regardless of gender. Further, when presented with two identical IPV scenarios, the gender of the abuser or victim did not make a difference in how they perceived the incident. This seems to bode well for domestic violence service providers. While prior research (Hines et al., 2007) has indicated that there may be some inequality in how domestic violence service personnel treat victims of IPV depending on their gender, this research has indicated that victims are typically treated similarly irrespective of gender.

This finding, however, does not discredit prior research for a number of reasons. First, there is a possibility of self-selection bias in which those who hold negative stereotypes toward male victims of IPV may have chosen not to participate in the survey. Second, the official status of research being conducted and actually having their opinions recorded may have influenced the way respondents completed the survey. Finally, the process of going through the survey may have created awareness of the issue leading to respondents aligning their views between both genders. A possible criticism of this research could be the ordering affects from the two scenarios and the following questions. However, ordering affects should have minimal impact on this research because the order of the scenarios was presented randomly. Despite these possible discrepancies, this research was able to provide important information about the three research questions in Chapter III.

### Revisiting the Research Questions

There were three research questions of primary interest which were examined in this research:

1. To what extent do domestic violence service providers manifest unsympathetic views toward male victims of IPV?
2. To what extent do domestic violence service providers perceive there presently exists sufficient resources to meet the needs of male victims?
3. To what extent are certain (e.g., demographic) variables related to the perceptions of domestic violence service providers regarding male victims?

In a broad sense, the data answered these questions by showing that domestic violence service providers do have sympathetic views toward male victims similar to female victims. Those who have received training specific toward male victims of IPV feel that the current resources are insufficient, but at the same time feel more capable of meeting the needs of male victims than their non-trained counterparts. Finally, the sole demographic variable that influenced the perceptions of service providers in this study was whether the service provider had received training.

### Revisiting the Research Hypotheses

There were a number of hypotheses associated with the aforementioned research questions. Paired sample t-tests, exploratory factor analysis (EFA), and ordinary least squares (OLS) regression were used in order to most accurately examine these research hypotheses.

*It is hypothesized that domestic violence service providers will manifest unsympathetic views toward male victims of IPV (H1<sub>A</sub>).* Descriptive statistics indicated that all types of service providers whether they are a shelter or hotline, or provide legal

aid, police services, counselling, or some combination have sympathetic views toward male victims of IPV. To further investigate this hypothesis a regression analysis was performed, however there were no significant findings further indicating that this hypothesis is not supported by these data.

*It is hypothesised that domestic violence service providers will report the perception that the present resources are insufficient to meet the needs of male victims (H2<sub>A</sub>).* Again, descriptive statistics produced a mean score of 3.73 in the scale variable “there is a need for more resources for male IPV victims,” indicating that those service providers slightly disagreed with the idea that male victims require more resources. Initially, this may appear to reflect poorly on service providers’ views of male victims. However, upon further scrutiny the data indicate that nearly all (98.5%) of the service providers provided their services to males and reported that their service centers were equipped to help male victims (91.0%). Future research could examine the degree of awareness male victims have regarding the services available to them.

Utilizing the factor created from the EFA and incorporated in the scale “there is a need for more resources for male IPV victims” no significant differences were found between any groups included in the analysis. This does not mean that participants thought that male victims do not need resources to help them; rather, no variable included in the analysis produced a statistically significant influence.

*It is hypothesised that domestic violence service providers will report the perception that there is an insufficient level of training to meet the needs of male victims (H2<sub>B</sub>).* Perhaps one of the most important findings of this research is that those who have had training feel more capable in assisting male victims of IPV. This is important for a number of reasons. First, providing training to service providers is an achievable goal.

Second, this finding demonstrates something can be done to potentially increase the efficacy of service providers, potentially increasing the ability of service providers to meet the needs of this victimized population.

*It is hypothesized that domestic violence service providers will report the perception that male victims do not require the same amount / type of resources as female victims (H2<sub>c</sub>).* Testing this hypothesis, “training” was the only variable to have a significant influence upon the dependent variable “men are capable of dealing with the pressures of IPV victimization.” Those who had received training on male victims were less likely to agree with the idea that male victims are capable of dealing with IPV on their own. This perhaps indicates a heightened awareness among trained service providers of the nature of help male victims of IPV require in dealing with their situation.

*It is hypothesized that certain (e.g., demographic) variables are related to the perceptions of domestic violence service providers regarding male victims (H3A).* This hypothesis was assessed throughout the study and revealed that the most influential demographic variable examined was training. No other variables were found to have a significant influence upon any of the dependent variables analyzed. The variable “training” was found to significantly influence the dependent variables “men are capable of dealing with the pressures of IPV victimization” and “I am capable of helping male victims of IPV.” Those who had received training specific to male victims reported feeling more capable in assisting male victims as well as reporting the perception that male victims are not always able to deal with the pressure of IPV on their own.

The demographic variable “education” may contribute to the perceptions of domestic violence service providers as well. While this variable was not found to significantly influence any of the dependent variables, it approached significance for the

dependent variable “current resources are able to help male victims.” As previously noted, a larger sample size would increase the power of the analysis and in turn could increase the ability to find significance for this variable.

### Discussion

Prior research indicated that student and police populations tend to view IPV perpetrated against women more seriously than when perpetrated against men (Cormier & Woodworth, 2008; Gerber, 1991; Harris & Cook, 1994; O’Toole & Webster, 1988). This finding was supported even when gender was the only element changed in a vignette scenario, but did not hold true when looking at the perceptions of domestic violence service providers in this study, despite using the same questions and vignettes as prior research (Cormier & Woodworth, 2008; Harris & Cook, 1994). This investigation into domestic violence service providers’ perceptions of male and female victims and perpetrators indicated no significant mean differences. These results are promising for male victims since service providers have direct contact with the victims at what could be the most vulnerable stages of their victimization. In short, this research has indicated a lack of biases among service providers in regard to male and female victims.

This conclusion provides additional evidence to support a different perspective than what was found in Hines and colleagues’ (2007), research which indicated there were some unsupportive and unsympathetic domestic violence service providers toward male victims. While this research seems to directly contradict that of Hines et al. (2007), there are a number of important points to consider. First, this research examined the IPV issue through a quantitative lens. While this perspective provided a broader depiction of the domestic service provider landscape, it may have missed some of the specific incidents that Hines and colleagues’ (2007) research was able to identify. This does not

imply that one research approach is better than the other, but simply portrays the strengths and weaknesses inherent in each method.

Second, Hines et al. (2007) looked at incidents from a hotline specifically designed for male victims of domestic violence. This could lead to the conclusion that more men are treated disrespectfully by service providers because this hotline may have been the service men found after other options had failed them. In other words, this hotline would receive fewer calls from those who were helped by their local service provider. Again, this does not indicate a weakness in the research of Hines et al. (2007) as it informs the reader that the problem does exist. This research, however, provides support for the idea that the majority of domestic violence service providers tend to hold sympathetic views toward male victims.

This research revealed that service providers who received training did have some different perceptions of male victims when it came to the amount of assistance needed and the perception that they were capable of helping male victims. Granted, the perception that one is able to help male victims could be different than actually having the ability to help male victims. However, this does support the idea that training is an important factor in changing the perceptions of domestic violence service providers' attitudes about male victims.

### Limitations

While there are many strengths to this research, there are also limitations. The originally conceived constructs designed for the OLS regression to answer multiple hypotheses were not used. Instead, a number of constructs were created through the use of EFA. These constructs were used because they were a better fit than the originally designed constructs whose lower alpha levels made them less reliable measures to use in

subsequent analyses. While this change increased reliability, it may have reduced the level of confidence in construct validity. In other words, did the new constructs really measure what they were intended to be measure since they were not based on the original design? Nevertheless the constructs created through the EFA matched up with the hypotheses being examined, thereby limiting the extent to which confidence in construct validity would be reduced.

Another limitation is the small sample size of this research. The problem with a small sample size is that it can cause an analysis to be underpowered, limiting the ability for certain analyses to detect statistical significance which could lead to Type II error. This can be partially rectified by looking at what is approaching significance rather than simply accepting or rejecting the model based on the typical p level of .05 or .01. While this is not ideal, limited time did not allow for measures to be taken to fully rectify this issue.

### Policy Implications

This research revealed that training is an important factor in shaping the perceptions and attitudes that domestic violence service providers hold toward male victims of IPV. This is important information for future policy. Training provides a practical solution to real problems by not only raising awareness of this issue, but by developing better prepared and sympathetic service providers. In addition, future research should examine what specific aspects of training result in the most prepared and sympathetic service provider.

Data have shown that domestic violence service providers tend to hold unbiased views of male and female victims of IPV. Further, the majority of service providers report that men may need help when it comes to IPV and that they feel confident in their

abilities to assist these victims. It would be important to disseminate this information to the general population so that if a male were to find himself in a situation where he was victimized he would be aware of the help that is available. It would also be important to publicize this information to help reduce any worry of being stigmatized by the service provider for seeking help.

#### Suggestions for Future Research

This research has illuminated training as an important factor in IPV. Future IPV research should consider training in greater depth. Specifically, what level or depth of training leads to an increased level of efficacy and sympathy? Also, could trainings be as effective if incorporated into current training sessions on other topics? Or are they most effective when a training session is held only on male victims? Further, research could consider if there is a timing effect to training sessions or do they only provide these results for a period of time and then the benefits taper off.

This research has indicated that the vast majority of resource centers are willing to provide assistance to male victims. Future research could examine the level to which the general public is aware of the domestic violence resources available to them. Such research could also examine the extent to which men are aware of domestic violence resources available to male victims. While this research has indicated that most resource centers do provide assistance to male victims, it does little good if those victims are unaware of the help they can receive. This goes back to Browne and Williams' (1989) first criteria for an effective program. The victim must be aware of programs or resources available to them in order for aid to be given.

While this research used a stratified random sample of the setting (resource centers), there was no random selection of the persons who was provided the survey



instrument. In most cases the individual who answered the phone transferred the call to the head of the resource center. There could be possible differences in the perceptions of male victims between these two groups. Future research could incorporate a random sampling of domestic violence resource workers. By randomly sampling the resource workers, it would be possible to better generalize the connection between the individuals as opposed to the setting.

### Conclusions

Overall, it was found that those who have had some training about male victims of IPV tend to hold more sympathetic attitudes and feel more confident in their ability to provide assistance toward these IPV victims. Perhaps the most important discovery of this research was that training matters. By helping resource workers become aware of the issues of male IPV victimization through training, there are measurable benefits that can occur. There is also promise that those who have at least a bachelor's degree tend to report that more resources are needed for male victims.

In revisiting Browne and Williams' (1989) five criteria that constitute an effective domestic violence program, this research has lent support to three of the five criteria in regard to male victims. The fourth criteria, available resource centers must effectively meet the needs of those it intends to serve, was supported through the idea that no biases toward male victims were found and most centers were willing to provide services for male victims of IPV. The fifth criteria, the available resource must effectively meet the needs of those it intends to serve was partially supported through this research by showing that the majority of participants reported feeling capable of meeting the needs of male victims. Measuring the true efficacy of service providers in meeting the needs of male victims was not analyzed in this study; this research has provided a solid first step in

the evaluation of the efficacy of service providers. The second criteria, the resource must be available to the victim was beyond the scope of this research. The other two criteria were concerned with the victims and not the resource center.

This research analyzed perspectives in a more systematic way than previously done. Particularly, this research examined the perceptions of domestic violence service providers with respect to male victims. As previously mentioned there were limitations to this research; however, the exploratory nature of this pioneering perspective of domestic violence service providers' views of male victims is a first step in indicating ways that service providers can better assist male victims of IPV.

## APPENDIX A

## INFORMED CONSENT AND SURVEY INSTRUMENT

Below is a copy of the informed consent and the survey instrument. It should be noted that minor formatting changes were made to the instrument in order to facilitate a better fit. Also, the vignettes appeared in random order as to reduce any possibility of ordering effects.

## Intimate Partner Violence Questionnaire

You are invited to participate in a study measuring the attitudes of service providers regarding victims of domestic violence. The researcher conducting this study is Bradon Valgardson, a graduate student in the School of Criminal Justice at The University of Southern Mississippi. This study is being conducted in partial fulfillment of the degree of Master of Arts in criminal justice. Eligibility to Participate: In order to participate in this study you must be: 1) Eighteen (18) years of age or older, and; 2) Currently work or volunteer with victims of domestic violence.

Procedures: If you agree to participate in this important study, you will be asked to; complete an online survey, a link to which is provided at the bottom of this page. It will take approximately 20 minutes of your time to complete the survey. Please try to do so within seven (7) days. Risks and Benefits of Participation: The risks associated with your voluntary participation are minimal. Compensation: There will be no compensation for your participation in this study. Confidentiality: The records of this study will be kept private. Only the researcher conducting this study will have access to the survey results. Voluntary Nature of the Study: Participation in this study is completely voluntary. If you decide to participate, you are free to not answer / skip any question or withdraw without penalty at any time. Contact Information for Questions: Please feel free to contact the researcher at: bradon.valgardson@eagles.usm.edu or at (601) 266-4509. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820.

- I am at least 18 years of age and consent to take this survey (1)
- I do not wish to participate (2)

Mary Jones, a 28-year-old white female, was arrested last night on charges of domestic abuse. Two police officers arrived at the location of the dispute at 7:05 pm.



past? (9)										
Overall, how much do you like the batterer? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how much do you like the victim of the beating? (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 Based on the previous scenario please indicate the level to which you believe the VICTIM would be justified in using the following methods to defend themselves against their abuser:

	Unjustified 1	2	3	4	Neutral 5	6	7	8	9	Justified 10
Verbally threaten to leave the abuser (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally threaten to hurt the abuser (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Belittle or ridicule the abuser (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally threaten to use weapon (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Push the abuser (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slap the abuser (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kick the abuser (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punch the abuser (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hit the abuser with blunt object (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 Mike Jones, a 28-year-old white male, was arrested last night on charges of domestic abuse. Two police officers arrived at the location of the dispute at 7:05 pm. Police conducted interviews with Mr. Jones (a sales representative for a local furniture store) and his wife, Mary Jones (an interior designer). According to Officer Kevin Smith, he and another officer found Mrs. Jones on the living room couch bleeding with a black eye. Mrs. Jones, a 28-year-old white female, told the officers that she had arrived home late from work, turned on the TV and then made some phone calls. Approximately ten minutes later, Mr. Jones arrived home and became angry because his wife was on the phone. He then yelled at her that she had things to do and should make sure that she gets home on time. Mrs. Jones became upset, began yelling at her husband and, as her anger heightened, she began to shout various obscenities at him, calling him a “nagging bastard” and a “miserable excuse for a man.” She threatened to leave him if he didn’t shape up. Mrs. Jones then went into the kitchen to prepare dinner. Mr. Jones followed





Men who say their girlfriend or wife has acted violently toward them are most likely trying to cover up their own violent acts of domestic violence (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence resources (such as shelters and hotlines) are able to help men as much as women (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male victims of domestic violence experience the same TYPES of psychological effects as female victims (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male victims of domestic violence experience psychological effects to the same DEGREE as female victims (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male victims of domestic violence tend to not need help because they are more economically independent than women (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male victims of domestic violence place an unnecessary burden on domestic violence resources (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a need for more domestic violence resources specifically designed to help men (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men are the perpetrators of domestic violence and women are the victims (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 To what extent do you agree or disagree with the statements below about adult male victims of domestic violence that do not fight back:



6 To what extent do you agree or disagree with the statements below about adult male victims of domestic violence that do not fight back:	Strongly Disagree 1	2	3	4	Neutral 5	6	7	8	9	Strongly Agree 10
Men become victims because they are too passive (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are negative stereotypes about male victims of domestic violence (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male victims of domestic violence do need assistance from outside resources (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men who become victims of domestic violence probably did something to deserve it (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Those men who seek help from outside resources (such as a hotline or shelter) are weaker than men who do not seek help (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men who hold typical masculine jobs (such as police officer, firefighter, or soldier) do not become victims of domestic violence (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is not surprising some male victims are ridiculed for seeking help when in a violent relationship (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing domestic violence resources are capable of meeting the needs of male domestic violence victims (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence resources should only be used by female victims (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



8. What is your Sex?

- Male (1)
- Female (2)

9 What is your age?

10 What is your current marital status?

- Single, Never Married (1)
- Married (2)
- Civil Union (9)
- Divorced (3)
- Separated (4)
- Widowed (5)
- Cohabiting (6)
- Common Law (7)
- Other (please specify) (8) \_\_\_\_\_

11 Please choose a race/ethnicity that you most closely identify with (please select all that apply):

- American Indian (1)
- Hispanic/Latino (2)
- Asian American (3)
- White/Caucasian (4)
- Black or African American (5)
- Alaska Native (7)
- Native Hawaiian or other Pacific Islander (8)
- Other (please specify) (6) \_\_\_\_\_

12 On average how often do you attended religious services?

- More than once a week (1)
- Once a week (2)
- Two to three times a month (10)
- Once a month (3)
- Several times a year (4)
- Once a year (5)
- Less than once a year (6)
- Never (7)
- Other (please specify) (8) \_\_\_\_\_

13 Please choose the religion you most closely identify with:

- Protestant (1)
- Orthodox (3)
- Methodist (4)
- Presbyterian (5)
- Catholic (8)
- LDS/Mormon (15)
- Jehovah's Witness (24)
- Jewish (2)
- Buddhist (12)
- Islam (13)
- Hindu (14)
- Sikh (25)
- Agnostic (7)
- Atheist (22)
- Other (please specify) (6) \_\_\_\_\_

14 In politics, as of today, do you consider yourself a Republican, a Democrat, or an independent?

- Republican (1)
- Democrat (2)
- Independent (5)
- Other (please specify) (4) \_\_\_\_\_

15 What is your highest level of education obtained?

- Less than high school (1)
- High school diploma or GED (2)
- Associates degree (4)
- Some college (3)
- Bachelor's degree (5)
- Some graduate school (6)
- Master's degree (7)
- Doctoral degree (8)
- Post-Doctoral degree (9)
- Other (please specify) (10) \_\_\_\_\_

16 What is your employment status (please select all that apply)?

- Employed full-time (1)

- Employed part-time (2)
- Self-employed (7)
- Out of work and looking for work (3)
- Out of work but not currently looking for work (8)
- Student (9)
- Military (11)
- Unable to work (10)
- Retired (4)
- Volunteer work only (5)
- Other (please specify) (6) \_\_\_\_\_

17 What is your gross annual household income?

- \$19,999 or less (1)
- \$20,000 - \$39,999 (2)
- \$40,000 - \$59,999 (3)
- \$60,000 - \$79,999 (4)
- \$80,000 - 99,999 (5)
- \$100,000 - \$149,999 (6)
- \$150,000 - \$199,999 (7)
- \$200,000 or more (8)

18 In what state do you currently reside?

19. Have you ever been exposed to training that addressed the issues of domestic violence against men?

- No (1)
- Some (1 - 4 hours) (2)
- Moderate (5 - 8 hours) (3)
- In-depth (More than 8 hours) (4)

20 Have you or someone close to you ever been a victim of domestic violence?

- Yes (1)
- No (2)

21 Which of the following best describes the position you hold at the center you provide services for?

- Paid employment (1)
- Volunteer work (2)
- Internship (4)

Other (please specify) (3) \_\_\_\_\_

22 How many years have you been helping victims of domestic violence?

23 Which of the following best describes the services your center provides to victims (please select all that apply):

- A Domestic Violence Shelter (1)
- A Domestic Violence Hotline (2)
- Legal Aid (4)
- Counseling Services (6)
- Police Services (7)
- Other (please specify) (3) \_\_\_\_\_

24 To the best of your knowledge, how many new victims of domestic violence does your center aid each month?

25 Our center is willing to provide aid to male victims of domestic violence.

- Yes (1)
- No (2)

26 Our center is equipped to provide aid to male victims of domestic violence.

- Yes (1)
- No (4)

27 Approximately how many employees and volunteers in total provide services at your center?

28 Please indicate the area in which your service center is located?

- Ultra-Rural (5)
- Rural (1)
- Suburban (2)
- Urban (3)
- Major Metropolitan (6)
- Other (please specify) (4) \_\_\_\_\_

29 What advice and / or comments do you have regarding male victims of domestic violence?

APPENDIX B  
EMAILS OF APPROVAL

Bradon,

Yes, you have my permission to use the fictitious newspaper reports and the 11 association questions from my previous research. Thank you for your interest and good luck in your research.

Richard Jackson Harris

Hi Bradon;

Yes, please do feel welcome to adapt the scenarios as you see fit. And good luck with your research!

Cheerio, Connie K

## APPENDIX C

## INSTITUTIONAL REVIEW BOARD APPROVAL LETTER



**INSTITUTIONAL REVIEW BOARD**  
118 College Drive #5147 | Hattiesburg, MS 39406-0001  
Phone: 601.266.5997 | Fax: 601.266.4377 | [www.usm.edu/research/institutional-review-board](http://www.usm.edu/research/institutional-review-board)

**NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.  
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **14040901**  
PROJECT TITLE: **Intimate Partner Violence: Perceptions of Domestic Violence Service Providers Regarding Male Victims**  
PROJECT TYPE: **New Project**  
RESEARCHER(S): **Bradon Valgardson**  
COLLEGE/DIVISION: **College of Science and Technology**  
DEPARTMENT: **School of Criminal Justice**  
FUNDING AGENCY/SPONSOR: **N/A**  
IRB COMMITTEE ACTION: **Expedited Review Approval**  
PERIOD OF APPROVAL: **04/14/2014 to 04/13/2015**

**Lawrence A. Hosman, Ph.D.**  
**Institutional Review Board**



## REFERENCES

- Addis, M. E., & Mihalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*, 5–14.
- Allen-Collinson, J. A. (2009). Marked man: Female-perpetrated intimate partner abuse. *International Journal of Men's Health, 8*(1), 22-40.
- Anderson, K. L. (1997). Gender, status, and domestic violence: An integration of feminist and family violence approaches. *Journal of Marriage and the Family, 59*(3), 655-669.
- Andrews, A., & Khavinson, J. (2012). From international to domestic approaches: Battling domestic violence in the United States. *Family & Intimate Partner Violence Quarterly, 6*(1), 17-34.
- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin, 126*(5), 651-680.
- Archer, J. (2002). Sex differences in physically aggressive acts between heterosexual partners: A meta-analytic review. *Aggression and Violent Behavior, 7*, 313-351.
- Berliner, L. (1990). Domestic violence. *Journal of Interpersonal Violence, 5*, 128–129.
- Black, M. C., Basile, K. C., Breiding, M. J. Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). The national intimate partner and sexual violence survey: 2010 summary report. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Atlanta, GA.
- Black, M. C., & Breiding, M. J. (2008). Adverse health conditions and health risk behaviors associated with intimate partner violence. *Morbidity and Mortality Weekly Report, 57*(5), 113-117.

- Brown, G. A. (2004). Gender as a factor in the response of the law-enforcement system to violence against partners. *Sexuality & Culture*, 8, 3–139.
- Browne, A., & Williams, K. R. (1989). Exploring the effect of resource availability and the likelihood of female-perpetrated homicides. *Law & Society Review*, 23(1), 75-94.
- Brownridge, D. A. (2002). Cultural variation in male partner violence against women: A comparison of Québec with the rest of Canada. *Violence Against Women*, 8(1), 87-115.
- Brownridge, D. A. (2004). Understanding women's heightened risk of violence in common-law unions: Revisiting the selection and relationship hypotheses. *Violence Against Women*, 70(6), 626-651.
- Brownridge, D. A. (2009). Cohabitation, marriage, and men's intimate partner violence victimization. *The Open Criminology Journal*, 2, 10-17.
- Brownridge, D. A. (2010). Intimate partner violence against aboriginal men in Canada. *The Australian and New Zealand Journal of Criminology*, 43(2), 223-237.
- Busch, A., & Rosenberg, M. (2004). Comparing women and men arrested for domestic violence: A preliminary report. *Journal of Family Violence*, 19, 49–58.
- Capaldi, D. M., & Owen, L. D. (2001). Physical aggression in a community sample of at-risk young couples: Gender comparisons for high frequency, injury and fear. *Journal of Family Psychology*, 15(3), 425-440.
- Carmo, R., Grams, A., & Magalhaes, T. (2011). Men as victims of intimate partner violence. *Journal of Forensic and Legal Medicine*, 18, 355-359.

- Carney, M. M., & Buttell, F. P. (2004). A multidimensional evaluation of a treatment program for female batterers: A pilot study. *Research on Social Work Practice, 14*, 249–258.
- Carney, M., Buttell, F. P., & Dutton, D. (2007). Women who perpetrate intimate partner violence: A review of the literature with recommendations for treatment. *Aggression and Violent Behavior 12*, 108-115.
- Cascardi, M., Langhinrichsen, J., & Vivian, D. (1992). Marital aggression: Impact, injury, and health correlates for husbands and wives. *Archives of Internal Medicine, 152*, 1178–1184.
- Cascardi, M., O’Leary, K. D., Lawrence, E. E., & Schlee, K. A. (1995). Characteristics of women physically abused by their spouses and who seek treatment regarding marital conflict. *Journal of Consulting and Clinical Psychology, 63*, 616–623.
- Cascardi, M., & Vivian, D., (1995). Context for specific episodes of marital violence: Gender and severity of violence differences. *Journal of Family Violence, 10*(3), 265-293.
- Coker, A. L., Davis, K. E., Aria, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H., (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23*(4), 260-268.
- Cook, P. W. (1997). *Abused men The hidden side of domestic violence*. Westport, CT: Praeger.
- Cormier, N. S., & Woodworth, M. T. (2008). Do you see what I see? The influence of gender stereotypes on student and Royal Canadian Mounted Police (RCMP) perceptions of violent same-sex and opposite-sex relationships. *Journal of Aggression, Maltreatment & Trauma, 17*(4), 478-505.

- Dobash, R. E., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy*. New York: Free Press.
- Dobash, R. P., Dobash, R. E., Wilson, M., & Daly, M. (1992). The myth of sexual symmetry in marital violence. *Social Problems, 39*, 71–91.
- Domestic abuse helpline for men and women. Retrieved from <http://www.dahmw.org/>
- Dugan, L., Nagin, D. S., & Rosenfeld, R. (1999) Explaining the decline in intimate partner homicide: The effects of changing domesticity, women's status, and domestic violence resources. *Homicide Studies, 3*, 187-214.
- Dugan, L., Rosenfeld, R., & Nagin, D. S. (2003). Exposure reduction or retaliation? The effects of domestic violence resources on intimate-partner homicide. *Law & Society Review, 37*(1), 169-198.
- Dutton, D. G. (2007). Female intimate partner violence and developmental trajectories of abusive females. *International Journal of Men's Health, 6*(1), 54-70.
- Dutton, D. G., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior, 11*, 457–483.
- Dutton, D. G., & Nicholls, T. L. (2005). The gender paradigm in domestic violence research and theory: Part 1 the conflict of theory and data. *Aggression and Violent Behavior, 10*, 680-714.
- Dutton, D. G., Nicholls, T. L., & Spidel, A. (2005). Female perpetrators of intimate abuse. *Journal of Offender Rehabilitation, 41*, 1–31.
- Feder, L. (1998). Police handling of domestic and nondomestic assault calls: Is there a case for discrimination? *Crime & Delinquency, 44*, 335–349.

- Felson, R. B., & Paré, P. (2005). The reporting of domestic violence and sexual assault by nonstrangers to the police. *Journal of Marriage and Family*, 67, 597-610.
- Fiebert, M. S., & Gonzalez, D. M. (1997). College women who initiate assaults on their male partners and the reasons offered for such behavior. *Psychological Reports*, 80, 583-590.
- Fiebert, M. S. (2004). References examining assaults by women on their spouses or male partners: An annotated bibliography. *Sexuality & Culture*, 8, 140-177.
- Follingstad, D. R., Wright, S., Lloyd, S., & Sebastian, J. A. (1991). Sex differences in motivations and effects in dating violence. *Family Relations*, 40, 51-57.
- George, M. J. (1994). Riding the donkey backwards: men as the unacceptable victims of marital violence. *Journal of Men's Studies*, 3(2), 137-159.
- George, M. J. (1999). A victimisation survey of female perpetrated assaults in the United Kingdom. *Aggressive Behavior*, 25, 67-79.
- George, M. J. (2003). Invisible touch. *Aggression and Violent Behavior*, 8, 23-60.
- Gerber, G. L. (1991). Gender stereotypes and power: Perceptions of the roles in violent marriages. *Sex Roles*, 24, 439-458.
- Hagan, F. K. (2010). *Research methods in criminal justice and criminology* (8<sup>th</sup> ed.). Upper Saddle River, NJ: Pearson Education, Inc.
- Hammer, R. (2003). Militarism and family terrorism: A critical feminist perspective. *The Review of Education, Pedagogy, and Cultural Studies*, 25, 231-256.
- Hamberger, L. K., Lohr, J. M., Bonge, D., & Tolin, D.F. (1997). An empirical classification of motivations for domestic violence. *Violence Against Women* 3(4), 401-423.

- Hamberger, L. K., & Potente, T. P. (1996). Counseling heterosexual women arrested for domestic violence: Implications for theory and practice. In C. M. Renzetti & L. K. Hamberger (Eds.), *Domestic Partner abuse*. New York: Springer.
- Hamel, J. (2009). Toward a gender-inclusive conception of intimate partner violence research and theory: Part 2 new directions. *International Journal of Men's Health*, 8(1), 41-59.
- Harvey, A., Garcia-Moreno, C., & Butchart, A. (2007). Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting. *World Health Organization: 2007*.
- Harris, R. J., & Cook, C. A. (1994). Attributions about spouse abuse: It matters who the batterers and victims are. *Sex Roles*, 30, 553–565.
- Henning, K., & Feder, L. (2004). A comparison of men and women arrested for domestic violence: Who presents the greater threat? *Journal of Family Violence*, 19(2), 69–80.
- Hines, D. A., Brown, J., & Dunning, E. (2007). Characteristics of callers to the domestic abuse helpline for men. *Journal of Family Violence*, 22, 63-72.
- Hines, D. A., & Douglas, E. M. (2009). Women's use of intimate partner violence against men: Prevalence, implications, and consequences. *Journal of Aggression, Maltreatment & Trauma*, 18, 572-586.
- Hines, D. A., & Saudino, K. J. (2003). Gender differences in psychological, physical, and sexual aggression among college students using the Revised Conflict Tactics Scales. *Violence and Victims*, 18, 197–218.
- Jacobson, N. S., Gottman, J. M., Waltz, J., Rushe, R., Babcock, J., & Holtzworth-Munroe, A. (1994). Affect, verbal content, and psychophysiology in the

- arguments of couples with a violent husband. *Journal of Consulting and Clinical Psychology*, 62(5), 982-988.
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57, 283–294.
- Kalmijn, M., & Bernasco, W. (2001). Joint and separated lifestyles in couple relationships. *Journal of Marriage and Family*, 63(3), 639-654.
- Kaufman Kantor, G., Jasinski, L., & Aldarondo, E. (1994). Sociocultural status and incidence of marital violence in Hispanic families. *Violence and Victims*, 9, 207-222.
- Kernsmith, P. (2005). Exerting power or striking back: A gendered comparison of motivations for domestic violence perpetration. *Violence and Victims*, 20, 173-185.
- Kessler, R. C., Molnar, B. E., Feurer, D., & Appelbaum, M. (2001). Patterns and mental health predictors of domestic violence in the United States: Results from the National Comorbidity Survey. *International Journal of Law and Psychiatry*, 24, 487-508.
- Kristiansen C. M., & Giuliatti, R. (1990). Perceptions of wife abuse: Effects of gender, attitudes toward women, and just-world beliefs among college students. *Psychology of Women Quarterly*, 14, 177-189.
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). World report on violence and health. World Health Organization, 2002.
- Kurz, D. (1989). Social science perspectives on wife abuse: Current debates and future directions. *Gender & Society*, 3(4), 489-505.

- Logan, T. K., Shannon, L., & Walker, R. (2006). Police attitudes toward domestic violence offenders. *Journal of Interpersonal Violence, 21*, 1365–1374.
- McCarroll, E., Ursano, R., Fan, Z., & Newby, H. (2004). Patterns of mutual and nonmutual spouse abuse in the U.S. Army (1998-2002). *Violence and Victims, 19*, 453-468.
- McNeely, R. L., Cook, P. W., & Torres, J. B. (2001). Is domestic violence a gender issue, or a human issue? *Journal of Human Behavior in the Social Environment, 4*, 227–251.
- McNeely, R. L., & Robinson-Simpson, G. (1987). The truth about domestic violence: A falsely framed issue. *Social Work, 32*, 485–490.
- Mechem, C. C., Shofer, F. S., Reinhard, S. S., Hornig, S., & Datner, E. (1999). History of domestic violence among male patients presenting too an urban emergency department. *Academy of Emergency Medicine, 6*, 786-791.
- Melton, H. C., & Belknap, J. (2003). He hits, she hits: Assessing gender differences and similarities in officially reported intimate partner violence. *Criminal Justice and Behavior, 30*, 328–348.
- Meyers, L.S., Gamst, G., & Guarino, A.J. (2012) *Applied Multivariate Research: Design and Interpretation*, 2<sup>nd</sup> ed. Thousand Oaks, CA: Sage.
- Michael, D. (2006). Florida's protection of persons bill. *Harvard Journal of Legislation, 43*, 199-212.
- Mills, C. W. (1959). *The sociological imagination*. New York: Oxford University Press.
- O'Toole, R., & Webster, S. (1988). Differentiation of family mistreatment: Similarities and differences by status of the victim. *Deviant Behavior, 9*, 347-368.



- Outlaw, M. (2009). No one type of intimate partner abuse: Exploring physical and non-physical abuse among intimate partners. *Journal of Family Violence, 24*, 263-272.
- Pagelow, M. (1981). *Woman-battering: Victims and their experience*. Newbury Park, CA: Sage.
- Pence, E., & Paymar, M. (1983). *Education groups for men who batter: The Duluth Model*. New York: Springer.
- Pearson, P. (1997). *When she was bad: Women and the myth of innocence*. Toronto, Ontario, Canada: Random House.
- Pleck, E., Pleck, J. H., Grossman, M., & Bart, P. B. (1978). The battered data syndrome: A comment on Steinmetz' article. *Victimology, 2*, 680-683.
- Pozzulo, J., Bennell, C., & Forth, A. (2009). *Forensic psychology* (2nd ed.). Toronto, Ontario: Pearson Education Canada.
- Ridley, C. A., & Feldman, C. M. (2003). Female domestic violence toward male partners: Exploring conflict responses and outcomes. *Journal of Family Violence, 18*(3), 157-170.
- Riggs, D. S., Caulfield, M. B., & Street, A., E. (2000). Risk for domestic violence: Factors associated with perpetration and victimization. *Journal of Clinical Psychology, 56*(10), 1289-1316.
- Saunders, D. G. (1986). When battered women use violence: husband abuse or self-defense? *Violence and Victims, 1*, 47-60.
- Sherman, L. W. (1992). *Policing Domestic Violence Experiments and Dilemmas*. New York: Free Press.
- Sherman, L. W., & Berk, R. (1984). The specific deterrent effects of arrest for domestic assault. *American Sociological Review, 49*, 261-72.

- Simonelli, C. J., & Ingram, K. M. (1998). Psychological distress among men experiencing physical and emotional abuse in heterosexual dating relationships. *Journal of Interpersonal Violence, 13*, 667–681.
- Statistics Canada. (2011). Family violence in Canada: A statistical profile, 2011. *Statistics Canada* (no. 85–224-X). Ottawa, Ontario.
- Steinmetz, S. K. (1977). The battered husband syndrome. *Victimology, 2*, 499–509.
- Stets, J. E. (1991). Cohabiting and marital aggression: The role of social isolation. *Journal of Marriage and the Family, 53*(3), 669-680.
- Stets, E., & Hammons, S, A. (2002). Gender, control, and marital commitment. *Journal of Family Issues, 23*, 3-25.
- Straus, M. A. (1980). Victims and aggressors in marital violence. *American Behavioral Scientist, 23*, 681-704.
- Straus, M. A. (1990). Injury and frequency of assault and the ‘representative sample fallacy’ in measuring wife beating and child abuse. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations in 8,145 families* (pp. 75–89). New Brunswick, NJ: Transaction.
- Straus, M. A., (2004). Women’s violence toward men is a serious social problem. Newbury Park: Sage Publications.
- Straus, M. A. (2007). Processes explaining the concealment and distortion of evidence on gender symmetry in partner violence. *European Journal of Criminal Policy and Research, 13*, 227-232.
- Straus, M. A. (2009). Why the overwhelming evidence on partner physical violence by women has not been perceived and is often denied. *Journal of Aggression, Maltreatment, & Trauma, 18*(6), 552–571.

- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (2006). *Behind closed doors: Violence in the American family*. New York: Doubleday/Anchor Books.
- Straus, M. A., & Ramirez, I. L. (2007). Gender symmetry in prevalence, severity, and chronicity of physical aggression against dating partners by university students in Mexico and USA. *Aggressive Behavior, 33*, 281-290.
- Straus, M. A., & Sweet, S. (1992). Verbal/symbolic aggression in couples: Incidence rates and relationships to personal characteristics. *Journal of Marriage and the Family, 54*, 346–357.
- Szinovacz, M. E., & Egley, L. C. (1995). Comparing one-partner and couple data on sensitive marital behaviors: The case of marital violence. *Journal of Marriage & the Family, 57*, 995–1010.
- U.S. Department of Health and Human Services. (2004). *Child maltreatment, 2002*. Washington, DC: Administration on Children, Youth, and Families. Retrieved March 4, 2014, from <http://archive.acf.hhs.gov/programs/cb/pubs/cm02/cm02.pdf>
- Vivian, D., & Langhinrichsen-Rohling, J. (1994). Are bi-directionally violent couples mutually victimized? A gender sensitive comparison. *Violence and Victims, 9*, 107–124.
- Whitaker, D. J., Haileyesus, T., Swahn, M., & Saltzman, L. S. (2007). Differences in frequency of violence and reported injury between relationships with reciprocal and nonreciprocal intimate partner violence. *American Journal of Public Health, 97*, 941-947.
- Wigman, S. A. (2009). Male victims of former-intimate stalking: A selected review. *International Journal of Men's Health, 8*(2), 101-115.