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NARRATIVES OF CONCURRENT SUBSTANCE USE AND INTIMATE
PARTNER VIOLENCE**

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STORIES AS SITES OF RESISTANCE: RECLAIMING MEN'S NARRATIVES OF
CONCURRENT SUBSTANCE USE AND INTIMATE PARTNER VIOLENCE

by
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DISSERTATION

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Abstract

This study examines men's experiences and perceptions of concurrent substance use and intimate partner violence using qualitative methodology. Previous research on the relationship between these concerns has been primarily quantitative in nature and situated within two dominant perspectives (the medical model and feminism). The aim of this study was to explore men's stories within social constructionist and postmodern frameworks to develop a more comprehensive understanding of their lived experiences with concurrent substance use and intimate partner violence.

Narrative methods were employed to collect and analyze the data. Purposive sampling located twelve men living in the Niagara Region, St. Mary's, and Brantford who agreed to participate in audio-recorded interviews. Four main open-ended research questions explored various aspects of men's experiences in childhood/adolescence and adulthood, including their substance use histories, incidents of partner violence, perceptions related to influences on masculinity, involvement with service providers, and support that is required when making change.

Findings emerging from a Thematic Narrative Analysis highlighted the significance of trauma in men's experiences and resulted in three main themes: 1) childhood trauma, 2) adult trauma, and 3) transformation. Within these dominant themes, multiple subthemes emerged and explored various traumas men experienced in childhood/adolescence and adulthood, factors that influenced intimate partner violence situations and use of substances, perceptions of masculinity, and elements that facilitated/obstructed men's efforts to make change. Overall, this study highlights

the significance of trauma in men's experiences of concurrent substance use and intimate partner violence, contests the narratives proposed by the dominant discourses, and discusses implications for social work research, policy, and practice.

As it exists today, social work practice fails to adequately transform how substance use and intimate partner violence (as a whole) is viewed and subsequently addressed. The subject matter examined in this study is complex and highlights the tensions inherent within the medical model examining addiction related concerns and with feminism in exploring the issue of intimate partner violence. This research has been approached in a spirit of inquiry informed by personal and professional experiences in the fields of substance use and intimate partner violence; it critically examines the gaps that exist in understanding these concerns concurrently and demonstrates the importance of examining the issues through a trauma-informed lens.

This study is not intended to provoke fellow colleagues or the social work establishment, but instead attempts to address the discrepancies inherent in working with men who struggle with substance use concerns and who have also been accused of perpetrating violence against their intimate partners. Ultimately, the study assists social work students, practitioners, and scholars in understanding men's experiences more comprehensively, offers an increased capacity to support men in struggling with these issues, and provides relevant information to assist with implementing preventative measures regarding these concerns.

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Chapter One: Introduction

Substance use and intimate partner violence are significant personal, social, and political issues. Each issue is sanctioned and condoned everywhere in our daily lives; examples can be found across various outlets including music, books, movies, video games, on billboards, television, and sports advertisements. While the relationship between substance use and intimate partner violence has been observed and explored for more than 30 years, curiously, the research to date has had minimal impact on policy and practice. This gap in practice is significant, as 50-70% of men seeking help for substance use problems are also current perpetrators of intimate partner violence, which is about three to four times the rate of partner violence found in the general population (Centre for Health & Justice, 2005). These statistics highlight the need for particular attention to the issue of concurrent substance use and intimate partner violence to ameliorate violence against women and enhance programming for both concerns.

While there is considerable research that attempts to address causality and typology in this area, the literature is currently situated in two dominant theoretical frameworks, the medical model and feminism. Substance use embodies the contradictions and complexities in intimate partner violence situations. In particular, there appear to be epistemological concerns raised through the endorsement of either of these contrasting paradigms. Typically, the response to intimate partner violence is illustrated within a feminist framework: violence is explained as the result of gender-role expectations and the imbalance of power between men and women (Ali & Naylor, 2013;

Baker Miller, 1986; Bograd, 1988; Dobash & Dobash, 1979; Domestic Abuse Intervention Programs, 2013; Dutton, 1995; Dutton, 2006; hooks, 1984; Ornstein & Rickne, 2013; Winstok, 2007). Inherent in the feminist perspective is the idea that violence is a deliberate act and about control. The perpetrator's acceptance of responsibility is key then in any attempts at rehabilitation. Treatment for substance use, on the other hand, is carried out within a medical model, which posits that substance abuse is a disease and, as such, beyond the person's control (Alexander, 2008; American Psychiatric Association [APA], 2000; American Psychiatric Association [APA], 2013; Bennett, 1974; Bynum, 1984; Gordon et al., 2013; Hall, Farrell, & Carter, 2014; Jellinek, 1960; Mann, Hermann, & Heinz, 2000; Marsden et al., 2014; Nestler, 2005; Suissa, 2003; World Health Organization [WHO], 1994). Substances, not individuals, are considered the cause of violence in this particular model.

Given the philosophical differences and tensions between feminism and the medical model, these distinct paradigmatic frameworks are at odds in how to concurrently address substance abuse and partner violence. Since the 1970s, the feminist model has challenged male privilege and highlighted the notion that intimate partner violence is a result of social, cultural, and political forces (McPhail, Busch, Kulkarn, & Rice, 2007). Within the feminist framework, violence against women must not be perceived as a private matter, but instead as a result of patriarchal structures that influence societal norms. The feminist model situates violence against women as a significant and primary concern, requiring that it be addressed as such and not as a secondary issue related to other dynamics within a woman's social context (Bograd, 1982; Dobash & Dobash, 2011). Feminism suggests that a focus on gender is critical to

examining the issue of violence against women and any outcomes that result from patriarchy's influence. Using a gendered lens to consider the etiology of violence against women, then, can highlight the processes that underlie various norms, messages, and expectations in society and explore how these dynamics legitimize men's identities.

Alternatively, in the substance use realm, numerous scientific advances in the past century have supported and strengthened the notion that chronic substance use is physiological in nature and connected to a variety of neurobiological factors. For example, Nestler (2005) has suggested that physiological and neurological changes in the brain resulting from prolonged substance use support the perspective that addiction is a "disease". Framing substance use as a disease situates responsibility outside of the individual, which means that change is ultimately beyond the person's control, and that individuals struggling with substance abuse are considered to be at the mercy of their biology. This medical model position is in direct conflict with the accountability model endorsed by feminism, especially in regard to understanding and addressing the reasons for violence in intimate partnerships.

Given the assumptions that underlie the medical model, substance use is often contested as a direct cause of intimate partner violence despite the strong causal link that has been found in many countries (Feingold, Kerr, & Capaldi, 2008; WHO, 2006). Interestingly, few programs provide interventions for co-occurring violence and substance abuse (Roffman, Edleson, Neighbors, Mbilinyi, & Walker, 2008) even though the scholarship highlights a number of dynamics that occur in the context of intimate partner violence when substance use is present. For example, substances are said to

directly affect cognitive function causing disinhibition and exacerbating various life stressors, as well as are often associated with defining various aspects of masculinity (Feingold et al., 2008; WHO, 2006). Once substance use transforms into a disease category, however, some may view this as providing an excuse for violence (as a man's judgment is impaired, affecting his ability to find alternative ways to manage conflict in his intimate relationship). Locating an appropriate framework to address substance use and intimate partner violence that effectively accounts for and addresses both issues is a challenge, and, as a result, affected men and women do not receive the support they need.

It is important to note that men's concurrent substance use and violence against women is often conceptualized and addressed in a binary manner. For example, feminism does not account for the idea that violence used in an intimate partnership does not always result in control, despite a man's adherence to traditional notions of what it means to be a man. Ideas related to men's power suggest that all men are powerful (Hearn, 2004). However, this is not always so. Rather, power is a significant and pervasive aspect of men's social relations, as well as their actions and experiences; these ideas tend to be neglected in the mainstream discourse related to violence (Hearn, 2004). Feminism does not address what it means for a man when he has essentially 'failed' to enact his gender as required or if he chooses not to use violence as a means to get what he wants.

Likewise, the medical model has left little room for alternative and multiple stories of men across time, race, and class. The medical model maintains a focus on individuals as the source of the problem and frames suffering as disease, which

minimizes the role of socio-political forces that produce exclusion, oppression, and marginalization (McKenzie-Mohr & Lafrance, 2013). Assumptions related to wellness and attempts to achieve it are connected to forces outside the person. The medical model does not acknowledge substance use as an important component of male identity nor does it recognize the harm that substance use causes to men and those they care about. Instead of appreciating men's experiences of substance use within the context of hegemonic systems such as patriarchy, illness and disease become the only way in which we know their stories (McKenzie-Mohr & Lafrance, 2013).

This study endeavours to move beyond the binary that exists to consider a both/and context regarding these issues, and, as such, it has implications for both practice and policy. This research has the potential to influence current practices related to treatment supports that are offered to men through its contributions to the scholarship that currently exists on masculinity, as well as assist various professionals in understanding how men with concurrent substance use and intimate partner violence can be supported more effectively. Additionally, it offers the potential to develop a deeper understanding of men's experiences in order to shift how policy development is currently informed in the areas of addiction, the violence against women (VAW) sector, and more specifically work with men as perpetrators. Overall, the study highlights an array of men's experiences, including the significance of trauma and its impact on men's identities, which contests existing research that positions gender and biology as the primary organizing factors in men's use of substances and violence.

This qualitative study attempts to obtain a more nuanced understanding of men's experiences related to concurrent substance use and violence against women, and highlights the ways in which trauma informs the relationship between these concerns. It considers the influence of participants' socially located positions on their experiences of substance use, intimate partner violence, and efforts in making change. First, I will examine the relevance and purpose of the study to offer a rationale for its importance. Second, I explore and critique the literature that currently exists regarding concurrent substance use and intimate partner violence specific to the dominant discourses that influence our understanding; the scholarship on trauma is also explored and illustrates a number of gaps that exist in how the dominant paradigms conceptualize these concerns. Third, I outline the methodology utilized to conduct the research, including the relevance of examining men's experiences within social constructionist and postmodern frameworks. Fourth, a review of the study findings that highlight the importance of childhood trauma, adult trauma, and transformation on the participants' experiences is provided. Fifth, I outline trauma outcomes that emerged from the participants' stories, including how these outcomes offer specific insight into supporting men more effectively. Finally, I will review a number of implications and limitations inherent within the study.

Situation of Self

Maxwell (2005) indicates it is important to be clear about one's standpoint when conducting research in order to be aware of bias. Transparency throughout the research process assists in understanding the origins of the researcher's worldview, identifies which epistemological framework addresses the issue most effectively, and provides for

insights and reflections that occur within the context of the study. I believe that it is crucial to position myself throughout the course of this research and clearly identify the ramifications of undertaking such work as a unique type of knowledge holder and social work practitioner. Given the nature of the study, I hope to be clear about the tone of the research throughout the following chapters and specifically identify how I situate myself in the discourse in order to be transparent with the reader. For example, throughout the course of this research I have often thought about my privilege as a woman. Most notably, I have wondered if I were a man, would I have been allowed to complete this particular study? Honestly, I do not know if I would have been, and, if I had, I am not certain how this would have impacted the outcomes and presentation of the men's stories. I also have recognized, however, that I have faced my own unique challenges in honouring the participants' voices as a woman who is examining men's experiences, and I have worried about my ability to do this accurately. I feel a tremendous amount of responsibility in undertaking this research and I have done my best to highlight the diversity inherent within men's experiences.

In my personal life, I have been in relationships with men who were abusive and struggled with chronic substance use concerns. I loved these men deeply in spite of the damage their behaviours caused our partnerships. I believe the men in my life have taught me a great deal about myself as well as the challenges that ensue when concurrent substance use and violence emerge within the context of an intimate relationship. These experiences have offered me a distinctive position regarding these matters that often contests conservative understandings. Given this, I feel it is important

to provide some context about these relationships and how they have shaped my perspectives around concurrent substance use and intimate partner violence, particularly as someone who has worked in both the addiction realm and the VAW sector, specifically with men who struggle with these concerns.

My Story

I have few clear memories of my childhood and adolescence. What I can remember is fragmented and disturbing. My memories are like a patchwork quilt, roughly sewn together in a manner that attempts to make some sort of coherence out of chaos. What I do know for certain is that I grew up in poverty surrounded by violence and addiction in my family of origin, and that my early experiences were traumatic. Evidence of this shows up in my day-to-day life, primarily in my relationships with others (including myself). Given my inability to recall events from my early years in a more comprehensive and articulate manner, I have decided to highlight my adult partnerships of which I can recall more clearly and accurately in an attempt to outline my personal investment in the study and the subject matter.

I was 16 when I met my first partner, and I stayed with him for 11 years. He was the first real boyfriend I had and I expected to be with him for life. Looking back, I realize how naïve I was about love. I stayed with him beyond the expiration date of our relationship, which for me was approximately five years. I stayed because I felt I had to, because I thought no one else would want me, and because I did not want to be alone. I

stayed because I did not want to be like my parents who divorced when I was ten years old. My identity as a woman was wrapped up in the importance of being in an intimate relationship, and so I stayed with my first partner in spite of the fact that he was highly abusive, usually when he was sober.

It was challenging to be in that relationship. He was cold, distanced from feelings, and usually absorbed in his own pain. The only time he showed any form of love or care was while under the influence of alcohol. He was more affectionate, more caring, and more willing to step outside of himself when he was using alcohol. I found this confusing, because I had learned in my family of origin that men could be abusive when under the influence of alcohol. But my first partner challenged this understanding in ways for which I was unprepared. His behaviour contributed to significant ambivalence about my feelings for him, and, as a result of my inability to cope more effectively with all the confusion (and abuse) that I experienced, I lashed out with my words when it all became too much. My ability to verbally tear someone down in seconds is not something I am proud of, but it is one of the ways that I have been able to reclaim a sense of (perceived) power in circumstances and relationships where I have been threatened and harmed. In reflecting on my own behaviour, I feel tremendous shame and remorse. Although I do not condone my partner's abuse towards me, I do not condone my abuse either.

Looking back, I now feel as though I understand my partner's behaviour differently. I suspect my partner had suffered with severe depression, and I believe he used alcohol to cope. My partner's father became ill with Alzheimer's when he was quite young, and because the state of homecare was dramatically different at that time, my

partner was required to participate in the daily care of his father until his death several years after his diagnosis. I cannot imagine what this must have been like for my partner as a young man, nor do I fully appreciate the ways in which it impacted his identity. I suspect this is one of the many reasons my partner was so depressed and, subsequently, one of the reasons he drank his way through our relationship and his adolescence/early adulthood.

Shortly after I found the courage to leave my relationship with my first partner, I met my second partner. The chemistry with my second partner was powerful. I was drawn to him in a way I had not experienced before. I fooled myself into thinking that, somehow, this relationship would be different than my first, that I would not be involved in caring for a wounded soul who could not reciprocate care in return. From the beginning, my second partner was honest about his trauma history which included various forms of abuse and neglect in his family of origin, criminal activity/bouts of incarceration, and chronic substance use concerns. These revelations did not deter me from wanting a relationship with him because I thought I could see beyond these issues to the core of who he was as a human being. Unlike my first partner, my second partner was warm, loving, and affectionate when he was sober. He would hold my hand in public, walk beside me, and tell me that he loved me without needing to be under the influence of anything. It took me some time to adjust to this, but once I did, I quite enjoyed it. That was until my second partner's addiction reared its ugly head.

Although my second partner's substance of choice was cocaine (intravenous), he would use anything and everything he could get his hands on. As our relationship progressed, I learned that the warm, kind man I thought I knew had two sides to him.

There was a side that I loved and a side that I feared. His other side was frightening and would rage when in withdrawal or active use. There was no reasoning with this side of the man that I loved because that person did not exist when he was under the influence or in withdrawal. Someone else was present who I did not feel safe with; he was someone who wounded me deeply. I struggled to reconcile how one person could be so different from one moment to the next, and I did not fully understand the depth of his wounds or how they chose to manifest in the context of our relationship. I worked hard to behave differently this time: to be more understanding, to shift my expectations, and to refrain from using my words to inflict harm when I felt harmed. I did not succeed with any of these goals. I was with my second partner for four years less a month.

As I look back, things began to escalate early on in that relationship. Circumstances became more complex as my partner was a completely different person when he was sober. I began to recognize that the combination of substance use and violence was powerful, and I also developed a sincere appreciation for all the women's stories I had heard over the years, women who often said to me "but he's not like this when he's sober." Because my first two partnerships were so different with regards to the impact of substance use and violence, they supported me in understanding that the experience varies depending on the person and the context. When I reflect back on the relationship with my second partner, I am reminded that he was not a bad man. He was a deeply wounded man with a horrendous trauma history. Without question, I know that his substance use assisted him in negotiating the daily challenges he was up against in spite of the fact that it exacerbated those challenges.

In the aftermath of my second relationship, I remained on my own so I could prevent repeating what was becoming a clear pattern. I knew I wanted something different (for myself and the next partner I would have). I was on my own for several years prior to meeting my third partner; a mutual friend who thought we would hit it off arranged our first encounter. When I met my third partner, I did not feel any chemistry. In spite of this, he was a kind soul and incredibly respectful. I decided that I needed to be a grown up about relationships this time around, and figured that perhaps it was not so much about chemistry as it was about finding someone with whom you had something in common. I decided that love would come if I hung in there long enough.

My third partner's father was a highly abusive man. He died when my third partner was a young boy, and as a result, his mother, grandmother, and sister maintained a strong role in raising him. My third partner also had a previous history of cocaine use and some challenges around his use of alcohol. He had been abstinent from cocaine for several years prior to our relationship and, when he used alcohol, he drank in moderation around me. I often worried about his use of alcohol, not because of anything he did, but because of my previous experiences with men who had substance use issues. I was always worried he would somehow lose control and things would change but he never did. He always drank moderately and, when under the influence, his kind and gentle spirit always remained intact.

I found this confusing. This man was loving, kind, and respected women more than most men I have encountered (personally and professionally). Unlike my previous partners, he never raised his voice to me, he never laid his hands on me in anger, and he never forced me to do anything I did not want to do. It did not matter if he was sober

or feeling a bit tipsy, his behaviour with me was always predictable and respectful. My third partner was a mystery to me because he was so different from other men I had had in my life. I remember a conversation one day where I had asked him what it was like to refuse to participate in “guy talk.” He mentioned it could be isolating to refrain from talking about women disrespectfully and that no one had ever asked him about his experience before. I realized as a result of that conversation what courage it must take to rail against traditional expectations of masculinity and what a lonely place that must be.

This realization did not prevent me, however, from being susceptible to stereotypical thinking in times of conflict. I was the more driven partner in the relationship and had aspirations that are conventionally male-oriented, which often caused tension between us. I remember there was a time where I wanted to tell him to “be a man” and work harder to help provide for the both of us. I refrained from saying this but, in that moment, I felt horrified. I am a woman who identifies as a feminist and am someone who has dedicated much of her career to supporting men in being who they truly want to be. Yet I became fully aware in that moment that I was uncomfortable with my partner’s expression of his masculinity, which was something I should have supported. The subordinate role my third partner took in our relationship felt awkward to me. I was uncomfortable with accepting and affirming his ability to be in touch with his emotions. My third partner wanted and needed me to see and accept him as he was but I could not. I was able to accept my previous partners because it was what I had always known but my third partner was different. I did not know how to appreciate a man who challenged traditional notions of masculinity even though I often talked a good game. I

was with my third partner for slightly over a year before I ended our relationship. I cared about this man far too much to allow my own stuff to wound him. He deserved better than that. He deserved someone who was able to walk their talk and accept him as he is. To this day, he remains the best man I have ever known.

My adult partnerships have been great teachers. I learned much about the contradictions that exist within concurrent substance use and partner violence which support me in the work I have done with men. As a professional working in the field, I have often been reminded of my own story and how I had been hurtful towards my partners. Although it was not physical in nature, it was definitely verbal and emotional. I thought about all the times I had been vicious with my words and how easy it was to lash out when I felt wounded. I also thought about the fact that I was just as much a perpetrator of violence as my partners. This helped me see the men I was working with in a new way.

Study Rationale

I have both a personal and a professional stake in this project. The reasons I have for pursuing the study are twofold. First, in my personal life, I have been exposed to men who use substances and who also use violence against women. My life experiences significantly influence this research and have provided me with the passion and curiosity required to pursue this study further. Second, I have worked in the areas of both substance use and violence against women as a social work practitioner. Professionally, I have witnessed numerous situations in which substance use was identified as a factor in intimate partner violence. However, I found that the available

programming to support men in making change was unidimensional (i.e., it did not address the co-occurrence of partner violence and substance use) as these concerns are taken up separately in both literature and practice. From my professional experiences, I have come to believe that social work practice, as it exists today, fails to adequately transform how substance use and intimate partner violence (as a whole) is viewed and subsequently addressed.

Along with unidimensional support, I have witnessed programming that replicates the very dynamics for which we are tasked with holding men accountable—programming that failed to address the root of the problem, created abuses of power, and negated men's experiences that contributed to their circumstances. The problem with examining substance use and intimate partner violence as two distinct areas of practice and concern is that the core of the matter becomes lost in the debate about the extent of their differences. This particular focus fails to account for the considerable number of similarities that occur. For example, from my work in these fields I have observed that many parallels can be drawn between the issues of substance use and violence against women. In my experience, I have observed several corresponding dynamics central to each issue including: feelings of shame, remorse, and guilt; the impact on one's sense of personal agency and identity; experiences of disconnection with self and others (on multiple levels); marginalization and stigma; and problematic ideas of choice and responsibility. Additionally, an individual's ability to cope with internal and external stressors, along with tolerating and negotiating emotional disequilibrium, are also inherent within these issues. Recognizing the number of similarities that exist between substance use and intimate partner violence is important

because the outcomes of these concerns significantly impact the men and women who are at the heart of this issue, as well as influence subsequent interventions. At best, the systems that are currently attempting to tackle this complex issue offer fragmented support. This contributes to gaps in addressing these issues concurrently and ultimately does not meet the needs of men (and women) who may require it.

Furthermore, I have encountered significant discrepancy between policy and practice in both the substance use and intimate partner violence realms as well as observed a great deal of resistance in my co-practitioners to the idea of addressing these issues together. I have often wondered about this resistance, particularly where it comes from and why it tends to encompass issues of responsibility and accountability. I personally think this is about my peers' discomfort with the idea that identities are layered and more nuanced than we choose to recognize. Many times throughout the course of my practice I have witnessed my peers blatantly discount men's experiences, particularly those involving childhood trauma or abuse they sustained, but did not perpetrate, in their intimate partnerships. While I can certainly understand my peers' approach to their work—as a linear approach makes the work easier—it neglects a consideration of the “grey” area that exists or the messiness that ensues when considering the multilayered experiences of men struggling with these concerns. I have come to learn throughout the course of my practice as a social worker, however, that my original training in psychology has been prescriptive and that it has pathologized others in a way that is unhelpful. Although completing the work in a rigid manner was safe for me, it was most definitely not effective. As I grew in my practice, I came to

appreciate the way in which social work conceptualized various issues my clients had experienced. Making the shift to a more critical and social justice mindset was not easy and I continue to be aware that my original training in psychology infiltrates my work when I am not mindful.

Given my personal experiences, I have had to work hard to move beyond my own discomfort in order to hear men's stories of concurrent substance use and partner violence, and, no doubt, these personal experiences have informed my work as a practitioner. I have engaged in various areas of social work over the past 20 years including acquired brain injury, mental health, concurrent disorders, addictions, sexual violence, trauma, and intimate partner violence in both community and institutional settings. In the realms of addiction and intimate partner violence, I have worked with men, women, and children with lived experiences of these issues. I feel grateful to have had the opportunity to work with a variety of individuals impacted by these concerns because they, too, have contributed to my unique understanding regarding these matters.

For several years, I was a facilitator in the Partner Assault Response (PAR) program. This particular program is based on the Duluth Model of intervention and took the form of psychoeducation during weekly group sessions. Interestingly, substance use was a topic rarely covered in the program in spite of the fact that the majority of men I encountered reported substance use as one of the primary concerns that led to their

domestic violence charge. Likewise, when I worked for an addiction treatment service in their day treatment program, we never screened for issues related to intimate partner violence or addressed such concerns in the context of psychoeducational or process groups.

I often choose to ask men in the course of our work together what they wish professionals knew about them that they do not seem to know. Usually, men respond with something like, "I wish professionals would stop treating me like some sort of monster. I know I'm not perfect and I've done some horrible things, but there is more to me than what you see on that piece of paper you're holding." I have encountered many men in the context of my work who tell me they are more than the sum of their probation report, intake assessment, or counseling file. It is disheartening to acknowledge the work I engage in with men perpetuates abuses of power, colludes with antiquated and simplistic ways of supporting individuals in their most vulnerable moments, and reduces human beings to nothing more than fragmented descriptions in a case file.

One of the things I have learned from living and working with individuals struggling with substance use concerns is that abuse exists in a shroud of secrecy. I would make the same argument for intimate partner violence. In fact, I believe secrecy is even more predominant in partner violence situations. Imagine then, how much secrecy exists when both issues are present within one's circumstances. These issues have become important to me, both as someone with lived experience, as well as someone who has worked in the field for a number of years, and now as a researcher

and scholar. Ultimately, my story compels me to develop a nuanced understanding of men's experiences with substance use and violence against women, and to develop an understanding of the organizing principles related to men's experiences with substance use and violence.

I truly believe men's issues are women's and children's issues. Men's concerns are often separated from those of women and children, yet men have a significant impact on how women and children are treated in society. I have had the fortune to work with men, women, and children in both contexts and I feel privileged to have been exposed to a depth of understanding most of my peers will not have the chance to experience. I have witnessed countless stories of pain, loss, hopelessness, and shame—and I have also been privy to stories of strength, resilience, courage, and change. These stories drive me to pursue this research because I know that what we do for men, women, and children at the present time is often not effective or meaningful.

Stories, I argue, are the keys to understanding circumstances that are often difficult to comprehend. Examining men's stories from their own perspectives challenges us, as social workers, to think differently about men, how they exist in the world, and what factors contribute to shifting notions of masculinity. This project demands that social workers ask difficult questions about the reasons why and how men struggle with concurrent substance use and violence against women, and requires that we set aside preconceived ideas we have about men, including that about masculinity and privilege (e.g., that all men benefit equally from patriarchy or hold power as a result of their gender).

Purpose of the Study

This research emerges from scholarship that supports the strong association of substance use and intimate partner violence. Studies suggest that the incidence of substance use is significantly above 50% in most studies of batterers (Centre for Health & Justice, 2005). Despite the strong causal link that has been found in many countries, few programs provide interventions for co-occurring violence and substance use (Feingold et al., 2008; Roffman et al., 2008; WHO, 2006). In addition to this, the study builds upon my work in the fields of intimate partner violence and addictions, which fostered my awareness that many men encountered in these systems were struggling with these issues concurrently but were not receiving adequate support to address these concerns.

Typically, men are required to engage in support that addresses either their substance use or their use of violence, but rarely does either of these supports offer integrated programming that examines the intersection and impact of their simultaneous occurrence. There also tends to be discrepancy with regard to policy and practice within these areas, which simultaneously impacts the ability to address these concerns. In terms of my own experience, I have come across few clinicians who have a knowledge base that spans both sectors. A well-rounded understanding of issues that emerge in relation to substance use and partner violence such as responsibility and choice differs depending upon the clinician or service provider, which creates inconsistencies in treatment provision. From a systems perspective, a singular lens of treatment shapes

the values, mission, and policy of an agency, and suggests that individuals may be excluded from services or receive treatment that is inappropriate because it fails to address multiple components inherent within the broader issue.

Given the lack of concurrent programming that exists, men are required to seek treatment services that do not offer integrated support, which ultimately impacts their ability to make positive and lasting change. This gap is relevant given that many men encountered in the field tend to be “managed” by the justice system. This particular institution is responsible for supporting men who are struggling with these issues simultaneously and is tasked with deciding the services men need (i.e., substance use or intimate partner violence treatment). Presently, the way in which the concurrent issue of substance use and intimate partner violence is addressed is ineffective because an integrated framework is not utilized; violence towards oneself (substance use) and violence toward others (intimate partner violence) need to be understood as issues with a common root, without preconditions of gender, biology, or morality. For example, research identifies experiences of trauma in childhood and adulthood increase the risk of problematic substance use concerns and perpetrating intimate partner violence (Bell & Orcutt, 2009; Clark, Reiland, Thorne, & Cropsey, 2013; Crane, Lindsay, & Easton, 2013; Dykstra, Schumacher, Mota, & Coffey, 2015; Foster & Kelly, 2012; Watt & Scrandis, 2013). A number of studies suggest that acts of self-harm and harm towards others are often expressions of the aftermath of trauma and include attempts at

coping with trauma symptoms such as heightened arousal, anxiety, irritability, intrusive memories, difficulties with emotion regulation, and misperceiving social and environmental cues (Bell & Orcutt, 2009; Herman, 1997, Levine, 1997; Phil, Conrod, & Dongier, 1998, van der Kolk, 2014; Wiechelt, 2007).

Unfortunately, the dominant discourses (i.e., feminism and the medical model) that typically examine the issues of violence and substance use do so as if they were universal experiences. Assumptions made about men who exercise violence in their intimate partnerships and who also struggle with substance use suggest that men are a homogenous group. Research related to the diversity of their experiences is sparse. For example, the dominant feminist framework (strongly influenced by second-wave feminism) suggests that all men are socialized by the same process and therefore resort to violence as a means to exert power and control in their intimate partnerships. Men's experience of violence is essentialized. Alternative stories that might influence men's decisions to perpetrate abuse in their relationships are not considered and acknowledging women's violence serves only as an excuse for men's behaviour (Augusta-Scott, 2007; Dutton & Corvo, 2007; Lee, Sebold, & Uken, 2007). In the medical model, factors other than biology are considered to have less influence in the development of substance use. Neither perspective allows room for alternative constructions to explain why men may be struggling with violence against themselves and others.

In addition, both feminism and the medical model focus on a singular aspect of identity. In dominant feminism, which has focused on men's use of violence against women, men are often considered entitled, privileged, and on a ubiquitous quest for

power. Men are perceived as requiring force to be imposed in order to take ownership for their actions. However, violence by men toward their partners is devastating to these women, brings shame upon both, and is disturbing to family, friends, and professionals (Goldner, 1998). Substance use is not considered an important component in the construction of men's identities, and a man struggling with an addiction is perceived as deviant and weak. He is considered helpless in his efforts to make changes; the medical model frames his concerns as an illness, and he must submit to medical expertise to overcome his disease. Men's pain and suffering becomes understood as pathology, thereby excluding helpful possibilities for change (McKenzie-Mohr & LaFrance, 2013). Substance use is not considered an act of violence against oneself, nor is it connected to the ways in which violence occurs against others. Ultimately, neither paradigm considers men's experiences of substance use and violence against women in a more holistic manner.

This study builds on findings from my comprehensive exam which explored the following question: "How do the dominant discourses that inform the co-occurrence of substance use and intimate partner violence influence our understanding of heterosexual men's experiences of these issues?" The comprehensive paper explored the ways in which the dominant discourses influence our understanding of men's experiences and revealed significant gaps which emerged from utilizing the dominant paradigms to address the issues concurrently.

The comprehensive exam noted that both feminism and the medical model focus on a singular aspect of men's identity; neither paradigm considers that men might be simultaneous offenders and victims in their circumstances (Baker, 2013). This is

relevant as it suggests that men's concurrent experience of these issues has not been adequately considered in the scholarship to date. Restrictive categories have not allowed for a deeper understanding of men's experience or sufficiently allowed for men to express the complexity of their experience. Furthermore, the dominant paradigms construct the issues of violence and substance use in a way that fails to understand the relationship between the two. Instead, these concerns are treated as disconnected entities. Given this, the dominant discourse perpetuates the idea that men are a homogenous group and as a result, does not account for the multitude of men's stories including varied childhood histories, as well as different cultural and class origins.

My exploration revealed that essentialist discourses left no room for alternative stories. Instead, they reinforced the specific stories that fit their particular frameworks. Blame and pathology tend to be the focus rather than multiple individual experiences. Labels become powerful definers in how men view themselves, how they make meaning of their circumstances, and what interventions look like. Responsibility, progress, and elimination of the problem are often defined by someone other than the men themselves.

This study extends current perspectives on men's concurrent experiences of substance use and violence against women. The majority of research found on this subject is quantitative in nature and offers little insight regarding men's understandings and perceptions of their substance use or their use of violence. This study also offers a greater understanding about the way in which their identities are impacted by these issues. Very little scholarship could be found which thoroughly connected concepts of identity with concurrent substance use and violence.

Research Questions

The primary research question that guides the study is: “What are men’s experiences and perspectives of concurrent substance use and intimate partner violence?”

In order to reflect the complexity of the issue, the research also asks:

- How is masculinity constructed by substance use, intimate partner violence, and their concurrence?
- What do men believe is necessary to assist them in addressing these issues?
- How can service providers engage men more effectively?

These questions attempt to explore, from men’s own perspectives, the ways in which they understand the influence of substance use and intimate partner violence on their identities as men. These questions also examine what men believe is helpful and appropriate in addressing concurrent substance use and intimate partner violence, including how service providers can enhance treatment programming.

Overview of Dissertation

This study explores men’s experiences of concurrent substance use and intimate partner violence using qualitative methodology. It seeks to obtain a more nuanced understanding of men’s experiences by examining the stories of 12 men living with these concerns. The dissertation is organized into nine chapters including: an introduction, literature review, chapters outlining methodology and reflexivity, three chapters outlining findings of the study, a discussion, and a concluding chapter.

Chapter two offers a review of the literature and theoretical frameworks relative to substance use, intimate partner violence, and trauma. Chapter three discusses methodology and methods, including ethical considerations and efforts to ensure trustworthiness relative to my research journey. Chapter four examines reflexivity, power, and offers descriptions of study participants. Chapters five, six, and seven detail the analysis of the data collected from the interviews. In Chapter five, findings related to childhood trauma are discussed. Chapter six examines various forms of adult trauma men have experienced. Chapter seven focuses on men's experiences of transformation, including factors that support and/or interfere with their ability to make meaningful change. These three chapters are organized in a progressive manner to highlight the broader narrative determined by the analysis. Chapter eight discusses outcomes of trauma men have experienced including disconnection, contradiction, and impact on identity. It also examines the overall process of men's experiences in relation to these identified trauma outcomes. Chapter nine offers a conclusion that highlights various implications of the study, as well as outlines limitations present within the research.

Chapter Two: Review of the Literature and Theoretical Framework

This chapter contains a review of literature relevant to concurrent substance use and intimate partner violence. Context about current understandings of substance use and intimate partner violence specific to dominant feminism and the medical model is outlined, and critiques of these frameworks are offered by exploring alternatives to these dominant lenses. The final section of this chapter explores the scholarship on trauma to highlight its relevance in understanding the relationship between substance use and intimate partner violence.

Concurrent Substance Use and Intimate Partner Violence

Although some progress has been made in understanding substance use and intimate partner violence separately, there exists much less clarity in how they are understood concurrently. Dominant feminism's focus on intimate partner violence is well defined, as is the medical model's understanding of substance use. However, neither framework to date has been successfully applied in situations where men struggle with both. Prior to discussing these paradigms in more detail, it is important to discuss how scholarship has conceptualized the concurrent issue to date.

Prevalence

The literature dealing with substance abuse and intimate partner violence spans the past few decades. Studies that support the association of substance use and intimate partner violence can be traced back to the late 1970s with reported rates of

concurrency ranging from 23% to as high as 100% (Corvo & deLara, 2010). The research suggests that the incidence of substance use is significantly above 50% in most studies of batterers (Centre for Health & Justice, 2005; Crane, Oberleitner, Devine, & Easton, 2014).

Strong links have been found between alcohol use (in particular) and intimate partner violence in many countries. Although study estimates vary, victims of intimate partner violence consistently report that substances were involved. For example, in the United States and England, up to 55% of victims reported their partners had been drinking prior to an assault; in Australia, 36% reported their partners were under the influence at the time of an assault; and in South Africa, 65% of partners reported that within the last 12 months, partners always or sometimes used alcohol prior to an assault (WHO, 2006). Furthermore, the economic costs across the globe are staggering. For example, the World Health Organization (2006) reports that in the United States \$12.6 billion per year is spent on direct medical costs for women; in England £5.7 billion was spent in 2007, with an extra £17 billion for emotional costs to victims; and in Canada \$1.1 billion is spent each year.

In studies of treatment-specific programs, between one-half and two-thirds of individuals seeking treatment for substance dependency have perpetrated partner assault the year prior to treatment (Murphy & Ting, 2010). Additionally, within batterer programs, elevated rates of alcohol and drug problems have been noted. These particular studies suggest that 25-40% of individuals in partner violence programs meet the diagnostic criteria for substance dependence at the time of program admission (Crane et al., 2014; Easton, Swan, & Sinha, 2000; Murphy & Ting, 2010).

Given this evidence, it is curious that the issue of substance use in intimate partner violence has not been addressed in a meaningful and appropriate way. Dominant feminist approaches have minimized the association between substance use and violence despite overwhelming research that shows a relationship between the two; discussing the issue of substance use in intimate partner violence has been avoided because it is considered an excuse for violence and a way that men avoid taking responsibility for their behavior. The scope of concurrent substance use and intimate partner violence is extensive, and the cost to various medical, justice, and social services alone warrants a more comprehensive examination of what is happening, and how it can be addressed more effectively. In what follows, ideas in the literature about etiology, causality, and the difficulty inherent in developing successful interventions are highlighted.

Concerns Regarding Etiology and Causality

Although a number of factors have been investigated and proposed as predictive of intimate partner violence, substance use is one of the most controversial. There seems to be considerable evidence that substance use, particularly alcohol, is correlated with partner aggression and that the odds of violence occurring is anywhere between three to six times higher in situations where substance use is present (Burnette et. al, 2008; Chermack, Fuller, & Blow, 2000; Klostermann, Kelley, Mignone, Pusateri, & Fals-Stewart, 2010; Murphy & Ting, 2010; Schafer & Fals-Stewart, 1997; Smith, Homish, Leonard, & Cornelius, 2012; Stuart, Moore, Kahler, & Ramsey, 2003). While

there are fewer investigations of the association between the use of psychoactive drugs and partner violence, the results of such studies that do exist indicate similar relationships to those found with alcohol (Klostermann et al., 2010; Smith et al., 2012).

Despite consensus that substance use often accompanies partner violence, there appears to be less agreement about whether the use of substances is covariable with intimate partner violence, is a contributing cause, or is an excuse for aggression (Bennett, 2008; Fals-Stewart & Kennedy, 2005; Klostermann & Fals-Stewart, 2006; Murphy & Ting, 2010; Smith, 2000; WHO, 2006). In some studies, it has been suggested that substances may lower inhibition or impair information processing in a partner's behaviour, may encourage violence in the context of conflict due to social expectations, may exacerbate familial stressors, and/or may be used as a coping mechanism to manage various mental health concerns such as trauma (Burnette et al., 2008; Matzopoulos, Bowman, Mathews, & Myers, 2010; Smith et al., 2012; Stuart et al., 2003; WHO, 2006). Studies tend to consider a combination of interactions across psychological, cognitive, physiological, contextual, and situational factors, but little agreement exists about the specific role that substances play in intimate partner violence. Evidence in the trauma literature however, suggests that those with trauma histories (e.g., have experienced physical and sexual abuse, neglect, and who have witnessed intimate partner violence), tend to have an increased risk of substance use concerns and perpetrating violence against others; this highlights that trauma is an important consideration in concurrent substance use and intimate partner violence, and suggests engaging in substance use and violence against others is associated with further harm (Clark et al., 2013; Keyser-Marcus, et al., 2015; Wiechelt, 2007).

Even in light of the debate, the majority of the scholarship that explores the intersection of these two issues argues against a cause and effect relationship; in fact, there is often significant concern expressed about drawing this conclusion. In particular, the literature notes that addressing substance use does not address violence, as many abusive men continue to harm their partners once they have achieved sobriety (DeKeseredy, 2011a; Klostermann & Fals-Stewart, 2006). However, currently endorsed dichotomous perspectives are not effective; substance abuse and intimate partner violence are multi-layered and require an understanding of their unique interconnectedness. For example, some scholarship suggests that the social and cultural context related to substance abuse, particularly alcohol, may play a significant role in the perception that violence is acceptable (Cavanagh, & Lewis, 2000; DeKeseredy, 2011b; Dobash, Dobash, Humphreys, Regan, River, & Thiara, 2005; McMurrin & Gilchrist, 2008).

The literature is clear in demonstrating that substance use (alcohol particularly) is a strong predictor of male violence within intimate partnerships and is associated with higher intensities of violence, higher rates of stalking behaviour, and of reoffending after treatment (DeKeseredy, 2011a; Easton et al., 2000; McMurrin & Gilchrist, 2008). Studies have shown that 40-60% of married or cohabitating clients entering substance use treatment report one or more episodes of partner violence in the year prior to program entry (Fals-Stewart & Kennedy, 2005). Research tends to be consistent in revealing rates of expressed violence in intimate partnerships as much higher in substance use treatment samples compared to community samples (Walton, Chermack, & Blow, 2002).

Challenges with Concurrent Intervention

Debate about the role of substances in intimate partner violence is paralleled in models for intervention and support. There is significant concern among treatment providers and victim advocates that highlighting a causal relationship between substance use and intimate partner violence will allow the offender to blame his behaviour on his use of substances and refuse to accept responsibility for the harm he has caused. Health Canada (2000) suggests that a man with a substance use issue who has been violent may have two separate problems and encourages substance use counseling as a first step. It has been identified that a man who begins an intervention program for his violence before substance use counseling may be at risk of resorting to substances as an escape from the stress of confronting his abusive behaviour (Health Canada, 2000). As well, the risk to partners can increase as the detoxification and initial rehabilitation process is emotionally and physically uncomfortable (Health Canada, 2000; Humphreys et al., 2005). In fact, the increased prevalence of intimate partner violence among men seeking substance use treatment suggests that these programs are an important point of identification and referral for batterer treatment programs (Chermack et al., 2000; Klostermann et al., 2010; Smith, 2000; Timko, Valenstein, Stuart, & Moos, 2015).

The scholarship also contains conflicting reports about best practices for intervention. Some reports recommend that substance abuse treatment programs should conduct regular assessments of intimate partner violence and refer to domestic violence intervention programs, although this rarely occurs, and, if it does, tends to be inadequate (Fals-Stewart & Kennedy, 2005). Similarly, most batterer programs do not

address substance use and serve far fewer individuals than substance use treatment programs in general (Easton, Mandel, Babuscio, Rounsaville, & Carroll, 2007; Humphreys et al., 2005). Despite significant overlap in these two issues, there appears to be great difficulty with determining best practices, including use of an integrated treatment approach. This is particularly important to note, given that substance use has been found to be a predictor of program dropout, pre-treatment attrition, poorer attendance, and lower engagement in intimate partner violence programs (Ting, Jordan-Green, Murphy, & Pitts, 2009).

Further, there is disagreement in the literature about the specific approaches that should be utilized in treatment programs. Parallels have been drawn between confrontational approaches in substance abuse treatment and batterer treatment programs, and the idea of masculine identity construction. Research suggests that matching treatment approaches to client engagement and readiness to change, such as motivational enhancement therapy, is more appropriate than a one-size-fits-all approach (Bennett, 2008; Ting et al., 2009). As well, it has been suggested that attitudes about substance use and masculinity parallel those of violence and masculinity. For example, if drinking is a defining and acceptable aspect of masculinity, and the man's traditional role as head of the family is central, then aggression and feelings of power would be increased by alcohol consumption (Humphreys et al., 2005).

In addition to client engagement approaches, the literature suggests that programs may need to consider past victimization and factors that mediate the relationship between abuse, violence perpetration, and substance use (Burnette et al., 2008; Feingold et al., 2008). Evidence exists supporting the notion that substance use

is often used by men as a way to cope with trauma-related symptoms which are difficult to negotiate (Clark et al., 2013; Delker & Freyd, 2014; Levine, 1997; van der Kolk, 2003; Wiechelt, 2007). This information is critical to consider given research has demonstrated that when substance use and intimate partner violence are addressed in an integrated manner, better treatment outcomes result (Easton et al., 2000). At present, work completed with men typically occurs in isolation and the literature indicates that few people have a knowledge base that spans both substance use and intimate partner violence. Studies identify that treatment programs struggle with concurrent programming due to philosophical differences among models and that helpers are trained in either substance use or intimate partner violence, but not both (Humphreys et al., 2005). Understanding of issues such as responsibility and choice differ depending on the clinician or service provider, resulting in inconsistencies in treatment.

Current Dominant Lenses: Feminism and the Medical Model

Within the scholarship and research to date, two dominant lenses prevail with regards to the issues of substance use and intimate partner violence. Dominant feminism and the medical model have very distinct, yet parallel ways of defining these issues, but neither is able to address their concurrence effectively. The following overview outlines the ways in which feminism and the medical model have conceptualized the issues of intimate partner violence and substance use concerns. Feminism and its impact on intimate partner violence will be reviewed first prior to discussing the medical model's influence on substance use concerns.

Dominant Feminism and Intimate Partner Violence

There are several key components in dominant feminism's influence on intimate partner violence identified in the scholarship. First, feminism has drawn political attention to the prevalence of this issue, which was previously considered a private matter. Demographic information compiled since the beginning of the battered women's movement is significant and highlights the magnitude of the issue. This merits some review. Second, feminist definitions of intimate partner violence demonstrate how it has shaped the historical landscape of violence against women. Third, feminism's influence on the conceptualization of intimate partner violence highlights the specific ways it has assisted in addressing violence against women. Finally, several alternative perspectives that critique the dominant feminist lens and its approach to intimate partner violence will be examined.

Prevalence

Although data is collected globally on the issue of intimate partner violence, Canadian statistics will be presented to illustrate the diversity found in the data. There was little to no mention of data specifically related to substance abuse in the statistics reviewed for this section; however, there is significant diversity in the types of officially recorded data related to intimate partner violence. The literature typically highlights demographic data including age, geographic location, length of years in the relationship, types of abuse/violence that have occurred, reasons for reporting/not reporting, whether the abuse occurred in a current or previous relationship, types of relationships/family composition where violence appears most common, and the overall cost of violence to the justice, medical, and social service systems.

In Canada, it is estimated that one in three women have experienced violence at some point in their adult lives and that one in ten women currently experience violence (BC Society of Transition Houses, 2011). It has been noted that violence against women is the most frequent cause of injury to women in Canada and the estimated cost to the Canadian health care system for treating women who have experienced violence ranges from \$408 million to \$1.5 billion annually (BC Society of Transition Houses, 2011).

The most recent statistical profile completed by Statistics Canada on family violence in Canada revealed several noteworthy statistics. In 2013, more than two thirds of intimate partner violence incidents involve the threat of physical force, and seventy-three percent of Canadians with a current spouse reported being physically victimized by their partner (Statistics Canada, 2015). Younger Canadians were more likely to report being a victim of intimate partner violence than older Canadians, with individuals aged 20 to 34 years old being three times more likely than those aged 45 and older to indicate they had been physically or sexually assaulted by their partner (Statistics Canada, 2015). Women continued to report more serious forms of spousal violence than men and were three times more likely to report they had been sexually assaulted, beaten, choked, or threatened with a gun or a knife by their partner or ex-partner (Statistics Canada, 2015).

Victims of intimate partner violence may choose not to report the violence, and Statistics Canada identifies the reasons for this: 82% believed the incident was a personal matter that did not concern the police, 81% dealt with the situation in another way, and 70% felt the incident was not important enough (Statistics Canada, 2011).

Interestingly, it has been identified that the risk of violence toward women, specifically domestic homicide, increases following separation. Domestic homicides account for one-third of the 4,502 solved murders in Canada between 1995 and 2004 (DeKeseredy, 2011a). Despite this, those working in the criminal justice sectors, in shelters, and in counseling sectors indicate that the primary way women are able to end their partners' abuse is to separate from them (DeKeseredy, 2011a). It is an odd and frightening notion that the most effective tool women have to stop violence by their partners may increase their risk for death. Perhaps this is why in 2009, seven out of ten women who were victims of intimate partner violence reported seeking support outside the criminal justice system through more informal sources such as family, friends, neighbours, co-workers, and spiritual advisors (Statistics Canada, 2011).

Definitions: The Evolution of “Intimate Partner Violence”

Just as there is an abundance of statistical information describing the prevalence and scope of intimate partner violence, there exists a diversity of definitions for this phenomenon in the literature. For centuries, women have been subject to violence within their intimate partnerships, and the nature of this violence has varied from relationship to relationship and context to context. In general terms, abusive behaviour has been documented to include harms that are physical, psychological, emotional, sexual, financial, and spiritual in nature. Women have been subjected to a range of physical assaults, been victims of coercion, threats and intimidation, been isolated,

denied various basic rights, and/or verbally abused. Women have also been denied the ability to believe and practice their faith, denied the ability to maintain employment, and/or forced to perform various acts that are degrading and hurtful to their bodies and self-esteem.

Since the beginning of the battered women's movement, definitions have been proposed by various disciplines to describe intimate partner violence. While a number of common terms are used interchangeably in the vernacular such as family violence, domestic violence, wife assault, woman abuse, and partner assault, debate continues across disciplines regarding how the issue is to be defined and consequently conceptualized. For example, family violence theory considers intimate partner violence as conflict related to daily life stressors that has the potential to escalate into violence; psychopathology perspectives emphasize that intimate partner violence is the result of problems such as difficulty with emotion regulation or substance abuse (Dutton, 2006; Klostermann et al., 2010). These perspectives imply significant variability in violent episodes/conflicts in intimate partnerships and acknowledge that violence is not exclusively perpetrated by males. Johnson (2011) reports that approximately 40% of intimate partner violence cases involve relatively minor incidents, while others involve more serious, life-threatening violence.

The feminist definition has become the dominant framework for contextualizing intimate partner violence in heterosexual relationships. However, even within the feminist perspective, the description of what constitutes violence has shifted over time. For example, feminist definitions initially focused on specific types of abusive behaviors that men used to undermine women's self-esteem and safety, such as verbal or

physical battering and psychological abuse (Bograd, 1988; Walker, 1979). As research developed new understandings of intimate partner violence, definitions of abuse broadened to include such harms as implicit/explicit threats of violence, controlling behaviors, humiliation, and jealousy (Bograd, 1988; Dobash & Dobash, 1979; Dutton, 1995; Dutton, 2006; Ornstein & Rickne, 2013; Winstok, 2007).

It is impossible to account for every lived experience, however feminist definitions attempt to highlight the most common forms of male violence against women in the context of intimate partnerships. The following definition proposed by DeKeseredy and MacLeod (1997) is representative:

Woman abuse is the misuse of power by a husband, intimate partner, ex-husband, or ex-partner against a woman, resulting in a loss of dignity, control, and safety as well as a feeling of powerlessness and entrapment experienced by the woman who is the direct victim of ongoing or repeated physical, psychological, economic, sexual, verbal, and/or spiritual abuse. Woman abuse is integrally linked to the social/economic/political structures, values, and policies that create and perpetuate inequality. (pp. 5)

Although this definition does not explore specific types of abuse in depth, it does attempt to address all facets of women's experience.

The debate about the nature of an appropriate definition is an important one. DeKeseredy (2011a) indicates that it is critical for researchers and service providers to operationalize a definition of intimate partner violence; failing to do so affects the way in which the issue is understood, policy is developed, and reporting takes place. For example, when research frames intimate partner violence in terms of criminal assault

and victimization, approximately 83% of violent incidents in marital relationships go unreported (DeKeseredy, 2011a). Women's experience of intimate partner violence varies depending on who they are, what their experiences have been, how they perceive what has happened to them, and what resources they may have to address conflict in their relationships. Definitions of intimate partner violence perceived as irrelevant, narrow, and/or inappropriate not only affect reporting trends, but also contribute to minimizing women's experience (DeKeseredy, 2011a). Furthermore, disparity in definitions of intimate partner violence limits options for useful comparative studies and integration of available information into an inclusive body of knowledge (Winstok, 2007).

Feminism's Contribution to Intimate Partner Violence

Feminism can be broadly defined as a framework that problematizes the subordination of women; however, feminisms vary in what they consider to be the cause of women's subordination, their alternatives to patriarchal systems, and strategies for change (Arat, 2015). The first wave of modern feminism has its origins in the 1800s when early feminists fought to exert control over conditions affecting their own lives by demanding equal opportunities for women (Arat, 2015). Throughout the first wave, various movements were organized by women to petition for electoral rights, economic participation, access to education, and equal access to the public domain (Arat, 2015; Gilligan, 1982; Kaufman, 1993).

The second wave of the women's rights movement, which occurred in most North American and Western European countries during the latter part of the twentieth century, encompassed a range of feminisms that attempted to draw attention to the

diversity of women's experiences and complexities of oppression (Arat, 2015; Dutton, 2006; hooks, 1984). Within the second wave, a number of shifts occurred; in the 1940s and 1950s, there was continued focus on education, integration of women into public life and male institutions, and gender equality through legislative reform (Arat, 2015). In the 1960s, the college and university sector expanded, and the proportion of women from working-class families attending universities and colleges increased (Arat, 2015, hooks, 1984; Kaufman, 1993, Luxton, 2001). The 1960s also marked a significant change in women's labour force participation; the number of women in the labour force steadily increased, particularly between 1960 and 1980 (Luxton, 2001). Despite the dramatic changes in women's levels of education, and their increased numbers in paid employment, the labour force in the 1960s was significantly sex segregated and women's earnings remained considerably lower than men's (Luxton, 2001). Furthermore, women had to juggle conflicting demands of both their paid employment as well as domestic and community responsibilities, which contributed to sexism in division of labour and inequalities in the paid work force (Luxton, 2001).

Second-wave feminism examined women's subordination not only in the public but also in the private domain, and sought gradual change through judicial reform and antidiscrimination laws (Arat, 2015). In the 1970s, several controversial issues raised by feminists addressed a variety of rights including the elimination of male control over women's bodies and sexuality, abortion rights, birth control, an array of household and sexual arrangements, challenges to men's authority, the gendered division of labour in public and private spheres, as well as increased economic independence (Arat, 2015, hooks, 1984; Kaufman, 1993, Luxton, 2001). It was also during this period that violence

against women in their intimate partnerships was exposed, and theories that emerged during second-wave feminism continue to inform contemporary understandings of intimate partner violence (Arat, 2015; Dutton, 2006; hooks, 1984). During the 1970s, women who had been victims of violence in their intimate partnerships began to come forward to law enforcement, shelters, and social service agencies with stories of abuse and terror. The feminist movement at the time attempted to call attention to the exploitation of women on a global scale; as a result, a new set of theories about the sources of women's oppression and new strategies for change were developed (hooks, 1984). In Canada, feminist education, activism, and research contributed to pressure for various changes in the justice system and government policy, as well as attitudinal changes within communities to respond more appropriately and effectively to women who survived abuse and violence in their intimate partnerships (Carlson & Jones, 2010; DeKeseredy, 2011a).

Since the beginning of the battered women's movement, intimate partner violence has been conceptualized within a feminist framework. When feminist lobbying first cast the spotlight on violence against women, communities and governments denied and minimized these forms of violence in an effort to preserve the notion of family (Dobash et al., 2000). The feminist movement in the 1960s and 1970s was foundational in redefining intimate partner violence within heterosexual relationships as a pervasive social problem (Lipchik, Sides, & Kubicki, 1997). Intimate partnerships are an important social setting, which offer the possibility for partners to grow and realize their potential in a safe environment (Winstok, 2013; Winstok & Eisikovits, 2011). In this environment, violence becomes counterproductive to intimacy (Butler, 2004; Emery,

2011; Winstok & Eisikovits, 2011). Feminism refuted explanations blaming women for provoking intimate partner violence and challenged attitudes about patriarchal punishment of women (Ali & Naylor, 2013; Lipchik et al. 1997). Patriarchy afforded men a significant amount of power over their spouses and families (hooks, 1984). Women were often prescribed the role of negotiating various aspects of relationships, specifically within the home, while men maintained the dominant role as sole provider for the family (Baker Miller, 1986; Basile, Hall, & Walters, 2013). Second-wave feminism suggested that challenges to men's dominance and social power was resisted by men, who perceived an attack on their masculinity and reduced rewards in being a man; as a result it increased their sense of alienation (Connell & Messerschmidt, 2005; Grieg & Holloway, 2012; Grieg & Martino, 2012; Kaufman, 1993; Kaufman, 2012).

Prior to the 1980s, intimate partner violence between a man and his female partner was not considered serious enough to warrant legal intervention and the justice system was reluctant to charge offenders despite the fact that their behavior violated the law (DeKeseredy, 2011a). With the efforts of feminism, intimate partner violence became more than a personal matter - it became political. Feminism asserts that change at the individual level is not as sufficient as it fails to address the larger societal issues (DeKeseredy, 2011b; Nichols, 2013). Public and institutional perceptions about the seriousness of the issue changed because of feminism's influence, and attempts were made to deter violence within the home and to offer support/protection for survivors (Dobash et al., 2000). Feminist lobbying enhanced education and awareness about intimate partner violence, increased the availability of supports and resources for women and children who had been exposed to violence, assisted with altering

legislation to allow women to leave their relationships, petitioned for mandatory arrests, and spurred the development of various counseling programs to address the needs of both offenders and survivors (DeKeseredy, 2011a; Dobash et al., 2000; Nichols, 2013). The feminist response to intimate partner violence typically focuses on three principal ideas. First, violence is explained as the result of gender-role expectations and the imbalance of power between men and women. Second, violence is a choice, a deliberate act, and about control. Finally, the perpetrator's acceptance of responsibility is key.

In an expanded and coordinated effort to protect women and their children, the battered women's movement, and more specifically feminism, have endeavored to address the violent behavior of men. Treatment programs for offenders became an integral part of the response to intimate partner violence and have been operating in North America for more than two decades (Dobash et al., 2000; Lee et al., 2007). Given the feminist perspective that intimate partner violence results from patriarchy, the goals of batterer treatment programs are to raise offenders' consciousness about the socialization of gender roles and to resocialize men toward gender equality and responsibility for abusive behavior (Herman, Rotunda, Williamson, & Vodanovich, 2014; Lee et al., 2007). The design of these programs is often based on cognitive-behavioral approaches that target characteristics contributing to violent behaviors, and feature psycho-educational components influenced by feminist perspectives that focus on the

sociocultural roots of intimate partner violence (Herman et al., 2014; Lee et al., 2007).

The assumption behind these treatment programs is that behaviors associated with intimate partner violence are changeable through a process of education, skill building, and support.

In particular, the Duluth Model, developed in the early 1980s by the Duluth Domestic Abuse Intervention Project and influenced by feminist perspectives, has become the dominant treatment program for male offenders in intimate partner violence. The Duluth Model was designed to act as an intervention in lieu of jail time and to hold offenders accountable for their actions (Corvo & deLara, 2010; Dutton 2006). Treatment is intended to be provided in court-mandated groups and is the most commonly used court-sanctioned intervention for men who have been convicted of intimate partner violence (Armenti & Babcock, 2016; Corvo & deLara, 2010). The crux of the Duluth curriculum is that violence is a matter of power and control; the focus is on the tactics men use to batter women in their intimate partnerships (Domestic Abuse Intervention Programs, 2013). Not only has this program influenced the way many offender treatment programs are offered, but it has helped to lobby for more significant criminal justice intervention (e.g., arrests and prosecution), provided assistance and support for female survivors, and worked with law enforcement, the courts, and advocacy programs to ensure interventions conform to the Duluth philosophy (Graham-Kevan, 2007). The ultimate aim of this programming is to reduce and/or eliminate recidivism.

According to feminist thought, intimate partner violence is a direct outcome of the social, political, and historical context in which individuals exist. Violence within intimate partnerships is the result of a patriarchal social order and the socialization of gender

role expectations (Ali & Naylor, 2013; Emery, 2011; George & Stith, 2014; Lipchik et al., 1997; Scott, 2004). Men are encouraged via their socialization, both directly and indirectly, to dominate and control their partners. Patriarchy places men at the center, expects them to control most aspects of life, while women maintain an inferior position and are expected to accept male domination (Basile et al, 2013; Winstok, 2011). If men are legitimately and socially entitled to certain rights, it follows that men will use this entitlement as justification for gaining and maintaining power within their intimate relationships.

From the dominant feminist perspective, violence in intimate partnerships is inevitable; feminist researchers highlight laws throughout history that have supported men's use of force in intimate relationships and treated it as a private matter (Ali & Naylor, 2013; Scott, 2004; Winstok, 2011). Dominant beliefs about gender role expectations and power imbalances within intimate partnerships are so ingrained that many men are not conscious of their underlying attitudes about women and vice versa. This poses some difficulties with regard to the concept of responsibility. Social expectations are disseminated through a complex system of beliefs, values, and norms that regulate human relationships in a given time and place (Winstok, 2007). Furthermore, social expectations regarding gender are performed by repetition of various acts, gestures, and enactments; these day to day practices constitute a set of meanings related to gender that have already been socially established (Butler, 1999). Since men are agents of social practice, they perform gender in ways that are socially

prescribed and reproduce institutional arrangements that are based on sex category (Courtenay, 2000). This ultimately supports men in sustaining institutional structures for the privileges they derive from preserving existing power structures, i.e., the rewards that normative masculine demonstrations provide in a patriarchal society (Courtenay, 2000).

Since taking ownership for violence is an essential consideration for change in the feminist paradigm, it stands to reason that without some form of intervention, men will not be aware that they have anything to be responsible for, since they consider themselves entitled to the use of certain behaviors as a way to obtain/maintain control. In contrast to family violence theory, for example, feminist theory suggests it is inappropriate to view intimate partner violence in a context of conflict because society attributes unequal power to men and women, and a clash between two unequal powers cannot be regarded as simply as relationship conflict (Winstok, 2007). Intimate partner violence demonstrates the problem of gender inequality and highlights the need to consider gender imbalances in other social contexts (Winstok, 2011). Feminist scholars believe that focusing on victimization in intimate partnerships does not obscure the violence, but rather emphasizes it (Winstok, 2011). Violence must be recognized as a deliberate choice, and acceptance of responsibility is required to change the dynamic of the relationship.

Critics of the Dominant Feminist Lens: Alternative Perspectives on Intimate Partner Violence

Although the dominant feminist discourse has appeared reluctant to acknowledge factors other than patriarchy in the perpetration of violence, this reluctance

exists in the face of a discourse on violence against women that has been slow to acknowledge the significance of gender and power (Heise, 1998). Attacks on the feminist construction of intimate partner violence are ever-present (Berns, 2001; DeKeseredy, 2011b). Opposition to the battered women's movement intensified in the late 1970s because of the movement's attempts to demystify the patriarchal foundation of violence against women (Berns, 2001). Activists de-emphasized their feminist orientation to secure funding for various victim services despite the prevailing notion that it was critical to maintain a focus on gender as a way to examine the issue of violence against women and the influence of patriarchy (Berns, 2001).

A number of discourses attempt to uproot the conceptualization of intimate partner violence as needing a gendered lens. For example, some opponents of feminism attempt to reframe the issue as one of "human violence" and in doing so undermine the role of gender and power in abusive relationships (Berns, 2001; Kaufman, 1993; Winstok, 2013). Berns (2001) suggests that this perspective contains the risk of normalizing intimate partner violence, and diverts attention away from men's responsibility and a number of structural and cultural factors that foster violence.

The assumptions embedded within the framework that influenced these responses to intimate partner violence, however, suggest that men are a homogenous group and fail to account for the diversity inherent amongst men's experiences. For example, research about typology of abusers suggests there are a variety of

personalities and/or types of violence that occur within intimate partnerships (Armenti & Babcock, 2016; Bender & Roberts, 2007; Kelly & Johnson, 2008; Ornstein & Rickne, 2013). Differentiating amongst types of intimate partner violence and perpetrators has the potential to more adequately address screening, assessment, and treatment needs.

Many scholars focus on communities and culture, and suggest that the influence of patriarchy does not fully explain men's violence against women, particularly when there is evidence that not all men use violence despite having received similar cultural messages (Bohall, Bautista, & Musson, 2016; Hunnicutt, 2009). Orme, Dominelli, and Mullender (2000) also point out that the experience of males within different cultures is not accounted for when considering male dominance in a feminist framework. Although multiple representations of masculinity exist within and across cultures, hegemonic masculinity represents the dominant ideal (White & Peretz, 2010). This has implications regarding ideas of power and dominance. For example, White and Peretz (2010) suggest that men who most closely conform to the dominant ideal in a particular context (e.g., White, heterosexual, wealthy, and able-bodied) amass more opportunities to dominate not only women, but also other men. A theory of patriarchy and violence against women needs to account for variations across time and be situated historically (Hunnicutt, 2009).

Although feminism has done some important work in critically examining the issue of gender in intimate partner violence, the dominant feminist framework has failed to account for the multitude of men's stories featuring varied childhood histories, different cultural and class origins. It does not make room for the idea that patriarchy oppresses men as much as it does women and children. It does not acknowledge that

men are under significant pressure to remain within the boundaries of patriarchy, nor does it acknowledge that men are wounded whether they decide to remain with or deviate from the specific parameters that legitimize their identities as men.

Patriarchy hurts men too. It is important to understand this despite the fear and resistance in acknowledging this idea. Women are encouraged to be connected and engaged with various states of feeling, particularly those of vulnerability. But masculinity equals disconnection. Both violence and substance use are prime examples of the ways that men disconnect from themselves and others. As a socio-political system, patriarchy socializes men to deny their feelings, with the exception of anger; for example, it has been noted that through the process of patriarchy men are socialized to be strong, brave, and competent, while denying their feelings, particularly vulnerable emotions such as fear, grief, and shame (hooks, 2004; Seidler, 2007; Sheff, 2003). Through this process, men learn that male identities are to be affirmed through showing self-control; masculinities, therefore, become performative as a way of concealing inner emotional turmoil from others (Seidler, 2007). If men are socialized to suppress their vulnerable emotions and pay minimal attention to relationships with others, it is inevitable that they will struggle with others in relating to them. This creates a vicious cycle: men become increasingly isolated from others, which in turn makes it easier to suppress their emotions and reinforces responses which are consistent with specific gender-role identities (Coleman, Goldman, & Kugler, 2008; Sheff, 2003).

In Western culture, violence and abuse become legitimized ways of men sharing their emotions and are accepted as part of being “a man” (Baker Miller, 1986; hooks, 2004). However, we often ask men to discuss their feelings as if this is a process they

understand. Patriarchy denies men access to full emotional well-being (hooks, 2004; Kaufman, 1993). It has damaged men; although it has defined male power and privilege, it has also brought men pain and isolation (Kaufman, 1993). Kaufman highlights the idea that power contains a paradox for men in that they are granted a significant amount of social power but the cost of this is devastating.

The issue of men's power is not straightforward. Another argument in the alternative scholarship highlights the assumption that all men equally have power within patriarchy, are power-seeking, and/or that they feel powerful (Eisikovits & Bailey, 2016; Hearn, 2004). However, this is not always so. Rather, power is a significant and pervasive aspect of men's social relations, as well as their actions and experiences; these ideas tend to be neglected in the mainstream discourse related to violence (Hearn, 2004). Masculinities regarded exclusively in relationships of power tend to present masculinity as a problem that needs to be deconstructed, instead of as a transformable part of the solution (Seidler, 2007). This impacts our understanding of how men can change and makes it difficult to work with different generations of men with diverse class, cultural, and ethnic backgrounds (Seidler, 2007). A theory of patriarchy and violence against women needs to account for variations across time and be situated historically, to consider degrees of patriarchy (i.e., forms/frequencies) (Hunnicut, 2009).

The dominant discourse presumes a universal influence of patriarchy on the gender stories men and women live while simultaneously reflecting the interests of those in power (Augusta-Scott, 2007). Considering a both/and context should not

minimize the impact of men's violence or their responsibility for it, but should recognize the oppressive discourse in which it takes place, while also honoring their experience of oppression (Augusta-Scott, 2007; Eisikovits & Bailey, 2016). Highlighting the "both/and" context allows us to understand those aspects of violence that remain hidden in the "either/or" dichotomy (Augusta-Scott, 2007).

Intersectionality theory, for example, considers the both/and context by recognizing individuals' social location (as reflected in intersecting identities) must be at the forefront in investigations of gender (Shields, 2008). More specifically, Cho, Crenshaw, and McCall (2013), Shields (2008), and Veenstra (2013) suggest that gender needs to be understood in the context of power relations embedded in social identities as subordinate group identities interact in a synergistic way, leading to unique experiences of oppression. This form of thinking has been applied to women's issues (Crenshaw, 1994), but what impact might this have if we apply the same type of thinking to men's concerns? Intersectionality theory suggests that no dimension (e.g., gender inequality) is privileged as an explanatory construct of intimate partner violence; gender inequality itself is modified by its intersection with other systems of power and oppression (Bograd, 1999). Although men who batter exercise some form of patriarchal control, men's relationships to patriarchy will differ in patterned ways depending on where they are socially located (Bograd, 1999; George & Stith, 2014).

Coston and Kimmel (2012) and MacKinnon (2013) suggest the notion of intersectionality complicates a binary understanding of privilege. Different versions of masculinities coexist at any given historical period and can coexist within different groups, however, this diversity and coexistence can create a space for marginalization

(Coston & Kimmel, 2012). The dominant group needs a way to justify its dominance and “difference” therefore becomes inferior (Coston & Kimmel, 2012). It is important to recognize that among members of one privileged social group, other mechanisms of marginalization may mute or reduce privilege based on an “other” status (Coston & Kimmel, 2012). Although men may (or may not) have access to privilege by way of their gender, they may be oppressed by other subordinate identities which they experience (e.g., class, race, substance use, etc.). This has important implications regarding men’s experiences of concurrent substance use and violence, particularly in relation to various intersecting identities that may disrupt the perceived power they hold.

Despite the significant gains that were achieved during feminism’s second-wave, its lens positions gender as the primary factor in addressing intimate partner violence. It does not account for multiple intersecting dynamics that influence men’s violence against women, nor does it deconstruct patriarchy’s impact on men. Restrictive categories, as produced by the dominant feminist paradigm, do not allow for a deeper understanding of men’s experience or sufficiently allow men to express the complexity of their experience in relation to their substance use or partner violence behaviors. They become dually stigmatized by their use of violence and their use of substances. Recognizing various axes of inequality that intersect with one another (i.e., that are interlocked, dependent upon one another, and mutually constituted) is essential to understanding the impact of patriarchy on men and how various subordinate-group identities can interact and lead to unique experiences of oppression (Veenstra, 2013).

The literature also acknowledges however, that positioning patriarchy and gender as the only lenses through which this issue can be examined fails to consider other significant dynamics. For example, Orme et al. (2000) suggest that focusing on the need for power and dominance as the primary motive behind men's violence fails to acknowledge the heterogeneity of men's experiences. Furthermore, Guistina (2008) notes that every abusive relationship is different and that to understand violence against women within intimate partnerships, one must consider that violence is motivated by pressures in addition to patriarchal socialization. It seems critical then to acknowledge that the dominant feminist lens may not be compatible with other frameworks in the scholarship related to violence against women. The most notable of these is the medical model and the way it is applied to substance use.

The Medical Model and Substance Use

The medical model constructs substance use in a manner that parallels dominant feminism's framing of intimate partner violence. Substance use has been observed for a number of decades, with specific attention drawn by to the harms caused by the use of both legal and illegal substances. This evidence has shaped the way in which substance use and the idea of addiction have been defined. It has also placed the medical model at the forefront in shaping the discourse. Demographic information will be reviewed first to highlight the prevalence of the issue. Second, definitions will be explored to illustrate the way in which substance related concerns have been

conceptualized over time. Third, the medical model's influence on treatment will be examined to emphasize how it has attempted to address substance use issues. Finally, several alternative perspectives that critique the medical model's influence on substance use concerns will be explored.

Prevalence

In parallel to the estimates of prevalence of intimate partner violence described above, what follows will focus on a review of Canadian statistics of substance use reported in the literature. It is important to note that there was significant mention in this data about harm to self and others relative to intimate partner violence; this is in contrast to the literature on intimate partner violence, which does not touch on the influence of substance use, as noted above. There is significant diversity in the type of data recorded on the use of substances. The literature typically outlines various demographic data including age, geographic location, education, marital status, income level, gender, harms reported with use, and overall cost to the health care system. Although data is collected globally on substance abuse, what follows focuses primarily on Canadian statistics.

The cost of substance use has widespread negative individual and social consequences. In 1986, the Addiction Research Foundation of Ontario determined that the cost of illegal drug use to the province exceeded 9 billion dollars per year, while in 2008, the United Nations Office on Drugs and Crime estimated that approximately 200 million people (5% of the global population) between the ages of 15 and 64 used illicit

drugs (Csiernik & Rowe, 2010). More recently, the Canadian Centre on Substance Abuse (2004) reported that in 2002, more than 600,000 Canadians aged 15 and older were dependent on alcohol and nearly 200,000 on illicit drugs.

With alcohol use alone, it has been noted that 76.8% of women and 82% of men over the age of 15 had consumed alcohol (Canadian Addiction Survey [CAS], 2008). At age 55 to 64 years, there was a significant difference in the proportion of men who consume alcohol (82.1%) compared to women (71.4%) (CAS, 2008). This statistic is consistent with the Canadian Alcohol and Drug Use Monitoring Survey from 2011, which identifies that a significantly higher proportion of males than females reported past-year alcohol use in 2011 (81.9% versus 74.3% respectively) (Health Canada, 2011). The amount of alcohol consumed also differs between men and women; men were found to be significantly less likely than women to consume one to two drinks per typical drinking day (53.4% versus 74.2% respectively) and more likely than women to report five or more drinks (23.2% versus 8.8% respectively) (CAS, 2008).

Gender differences have been noted with illicit drugs as well. With cannabis use, 39.2% of women surveyed had tried cannabis and 10.2% had used cannabis in the past year, while 50.1% of men surveyed had tried cannabis and 18.2% had used it in the past year (CAS, 2008). Additionally, the proportion of men having used cannabis in a three-month period was twice that of women, which potentially helps to explain why women have been found less likely than men (32.2% versus 43.8% respectively) to support that people should be allowed to use marijuana, believing it not to be a dangerous drug (CAS, 2008).

Excluding cannabis, it has been found that 12.2% of women and 21.3% of men have used an illicit drug in their lifetime (CAS, 2008). This is consistent with the Canadian Alcohol and Drug Use Monitoring Survey in 2011, which identified that although use of illicit drugs among males showed a statistically significant decline (12.4% in 2011 versus 15% in 2010), the percentage of use by males was almost double that of females (Health Canada, 2011). Illicit drugs most commonly used by women were cocaine (7.3%) and hallucinogens (7.1%), while for men, the most common illicit drugs used were hallucinogens (16%) and cocaine (14.1%) (CAS, 2008).

The substance use statistics include harm to oneself and to others for both men and women. The data focuses primarily on alcohol use. Overall, one in every five women and approximately one in three men reported they had experienced harm from their own alcohol use (CAS, 2008). In the year prior to being surveyed, of drinkers who reported that they had been hit or physically assaulted by a person who was drinking, 33.9% of women reported their spouse or partner as the aggressor, and 74.2% of men reported a stranger as the aggressor (CAS, 2008).

Being insulted and humiliated was the most commonly reported harm among women (21.9%), followed by serious arguments (16.1%), verbal abuse (14.5%), and family/marriage problems (13.1%). Having been physically assaulted was the least-reported harm (2%) (CAS, 2008). Approximately 11.2% of women reported that a family member other than their partner (e.g., parent, child, or relative) had assaulted them,

while 13% of men who reported being hit or physically assaulted by someone who had been drinking indicated that the aggressor was a friend (CAS, 2008). The number of men reporting that the aggressor was another family member was non-reportable (CAS, 2008).

Although these numbers highlight the significant role that substances play in our lives, they do not reflect the number of individuals who may be struggling with problematic substance use concerns.

Definitions: From Passion to Disease

Throughout history, psychoactive substances have been used for a variety of purposes, including pain control, pleasure enhancement, mental health management and facilitated learning; the reasons vary with the substance, individual, occasion, and culture (Csiernik & Rowe, 2010). Along the way, the chronic use of substances has become medicalized and subsequently criminalized. The extended or destructive use of substances has become known as 'addiction', and this has shifted the way society perceives the issue and those struggling with substance use. Underlying the notion of addiction is the assumption of a moral or spiritual weakness in individuals that requires very specific intervention to be addressed adequately.

Prior to the late 19th century, addiction was used to describe an activity that one was passionate about or committed to (Maté, 2008). This traditional definition changed following a period of societal concern over excessive drinking in North America, at which point, the definition became narrowed, medicalized, and moralized (Alexander, 2008). The medical model became the dominant narrative influencing the lens through which we understand experiences with substances. Evidence of this change is obvious

in various diagnostic tools that are currently used to assess the severity and progression of an individual's substance use (McKenzie-Mohr & Lafrance, 2013). Commonly used vernacular including terms such as misuse, abuse, dependence, and disorder define the condition as well as the consequences associated with ongoing and/or chronic use of substances (e.g., harmful use, intoxication, physiological dependence, tolerance, and withdrawal) (APA, 2000; WHO, 1994).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the most prominent example that illustrates the medical narrative's influence on our understanding of substance use concerns. It is a system of clinical language that frames certain experiences of distress and difficulty as "abnormal" by outlining diagnostic categories and symptoms (McKenzie-Mohr & Lafrance, 2013). The American Psychiatric Association did not introduce substance use as a formal medical diagnosis in the DSM until the 1980s, though definitions were in use that are precursors to the notion of addiction. The criteria for substance dependence and abuse as medical classifications of addiction are the most prevalent way in which substance use is formally conceptualized (see Appendix A for DSM-IV-TR definitions of Substance Dependence and Substance Abuse).

More recently, the DSM revised disorders related to substance use and addiction; in 2013, the criteria for substance use disorders were amended. The categories of abuse and dependence were combined into a single disorder highlighting substance use concerns on a continuum. The impetus behind the changes include attempts to strengthen the criteria, eliminate various criteria that are not considered

applicable internationally, address confusion in understanding terminology, and to utilize a single diagnosis to more appropriately match symptoms that individuals experience (APA, 2013) (see Appendix B for the DSM 5 definition of Substance Use Disorder).

Definitions of problematic substance use established by the American Psychiatric Association serve as the foundation for our existing understanding and treatment of addiction. According to current definitions, addiction describes a dysfunctional dependence on substances or a behavior (e.g., gambling). The prevailing view is that addiction is a disease or illness that is acquired or inherited, and is a compulsion that has a specific cause (Alexander, 2008; Maté, 2008). The World Health Organization (1994) supports this notion and defines problematic substance use as a disease that results from a biological cause, has a predictable history, and conforms to accepted definitions of disease.

It seems reasonable that chronic and ongoing use of substances (addiction) be labeled a disease given the extensive physiological impact that occurs. Recent research suggests that addictions not involving drugs have the same underlying neurochemistry as drug/alcohol addiction even though the term is associated frequently with psychoactive substances, which include any substance (natural or synthesized) that alters the structure or function of the body or mind in a living organism (Alexander, 2008; Bennett, 1974).

The science behind substance use and the notion of addiction has affirmed that substances alter brain function. Researchers have studied the chemistry of the addicted brain to analyze how substances act on individuals at the genetic and molecular levels

to determine how brain pathways become shaped (Maté, 2008). Most significantly, substances cause an impairment of the central nervous system, which subsequently produces change in mood, perception, sensation, consciousness, and behavior (Csiernik & Rowe, 2010). Psychoactive substances may influence a number of physiological functions mediated by the brain including the autonomic nervous system (Csiernik & Rowe, 2010).

Unlike intimate partner violence, substance use and addiction have been operationalized in the medical community and in a very scientific manner. However, their construction leaves minimal room for alternative understandings of substance use. The medical model centers physiology as the prime suspect in substance use concerns and highlights the impact of substance use on current interpersonal, social, occupational, and recreational contexts. What its focus does not consider however, is the broader social, political, historical or economic circumstances that contribute to the development of substance use concerns. The substance itself is regarded as the cause for impairment in the individual's life. This has strong implications for treatment approaches and often leaves significant aspects of experience unexamined. Although the medical model has the capacity to validate experiences of impairment and distress, objective evidence of the problem is required for concerns to be considered credible; historical and socio-political elements that impact experience are not reflected in the DSM criteria (McKenzie-Mohr & Lafrance, 2013).

The Medical Model's Contribution to Substance Use

Although the medical discourse is not the only conversation in the study of substance use, it remains the most influential in shaping policy and available treatment. As noted above, the definition of substance use is narrow in scope and physiologically focused, and as a result there has been considerable controversy in the literature over the past few decades as to whether problematic substance use should be considered a disease or a condition resulting from other causes. Numerous scientific advances in the past century have strengthened the hypothesis that chronic substance use is physiological in nature and connected to a variety of neurobiological factors.

Though substance use has been considered a disease in North American culture for the past 200 years, psychoactive substances have been present throughout history, in all societies, and now affect millions of individuals, families, and communities due to industrialized production and globalized marketing (Csiernik & Rowe, 2010; Rehm et. al, 2009; Suissa, 2003). In the early part of the 20th century, significant focus was placed on individual and medical explanations for ongoing substance use (Mann et al., 2000). For example, degenerationism promoted a focus on the individual and suggested that biological factors, environmental influences, or moral vices may trigger various social, moral, and medical problems that become passed on through heredity, thereby inferring that acquired character traits were passed on to one's offspring (Mann et al., 2000). Degenerationism theory assumed that a variety of symptoms and diseases, alcoholism among them, were expressions of underlying pathology (Mann et al., 2000).

The moral dimension to the discussion of addiction and substance use suggests that individuals are fully responsible for various drug-seeking and drug-taking acts as these are considered voluntary responses to changing conditions (Hyman, 2007). In the early 1930s, mutual aid groups such as Alcoholics Anonymous began to resist the moral element in the discussion of addiction and endeavored to make visible the suffering of those grappling with substance use. Alcoholics Anonymous (1976) posited that those wrestling with alcohol issues had an allergy to the substance and a progressive disease that made their lives unmanageable. Within this framing, Alcoholics Anonymous offered a sympathetic and supportive attitude towards the person struggling with alcohol and ultimately set the stage for scientific advances that attempted to explain addiction within a disease framework (Mann et al., 2000).

Genetic and neurobiological theories were prominent in shaping the discourse of addiction, suggesting that biological factors and environmental influences triggered social, moral, and medical problems (Bynum, 1984). Research throughout the mid 20th century continued to advance the notion that addiction is rooted in biology, and highlighted the idea of a brain disorder (Jellinek, 1960). More recently, Nestler (2005) has identified how ongoing and chronic substance use acts on the brain's reward system in such a way that it facilitates the development of specific neurobiological pathways in the formation of addiction.

The medical model intended initially to reduce the stigma associated with problematic substance use by shifting the focus away from personal responsibility toward biological processes. Framing the prolonged use of substances as addiction put the focus on the physiological impact, and implied that it is chronic and progressive in

nature. Results of the majority of research in this area reinforce that chronic substance use is an illness and should be addressed within the medical model (Gordon et. al, 2013; Hall et al., 2014; Marsden et. al, 2014).

There are several prominent theories present in the medical model that support the idea that ongoing substance use is primarily physiological in nature. For example, Dr. Jellinek began publishing research on alcoholism in the 1940s; by the 1960s, he had suggested that substance use is both a brain disorder and a progressive disease characterized by symptoms of tolerance and withdrawal (Jellinek, 1960). This spawned research proposing a genetic basis for addiction: certain individuals may be more vulnerable to developing the disease of addiction as a result of genetic sensitivities (Suissa, 2003). Research has shown that genetic factors increase one's likelihood of misusing psychoactive substances and of losing control when doing so (Mueser, Noorsdy, Drake, & Fox, 2003). Neurobehavioral theories suggest that certain childhood or adolescent behavioral disorders also increase the risk of substance use problems later in life (Hyman, 2007; Suissa, 2003). Behavioral deficits related to central nervous system cerebral dysfunction are inherited by certain individuals and increase their vulnerability to developing a substance use issue (Suissa, 2003).

More recent and prevalent research that supports the disease concept is situated within neurobiological theory. Essentially, neurobiology suggests that there are significant brain differences between those with an addicted brain and those with a non-addicted brain. Nestler (2005) proposes that physiological and neurological changes in the brain resulting from prolonged substance use support the perspective that addiction is a disease. Essentially, use of certain drugs affects the brain's limbic system, and

chronic exposure to any of these drugs causes impairment in the dopamine system, which contributes to negative emotional responses (Nestler, 2005). On drug exposure and upon drug withdrawal, complex changes occur in the frontal cortical regions of the brain affecting attention, behavioral inhibition, and responses to environmental stimuli (Nestler, 2005).

The medical model of addiction as disease and its various supporting theories shape the idea of addiction in a very particular way. It suggests that addiction is a primary disease and not a consequence or symptom of another illness (Suissa, 2003). Individuals struggling with substance use are considered to be at the mercy of their biology. The medicalization of substance use may lead individuals to excuse their actions and to be considered by others as devoid of voluntary control (Hyman, 2007; Jenkins, 2003). The illness can be blamed as the etiology for all outcomes and behaviors. It is not a choice to be sick, but a predetermined state based on heredity and biology. Similarly, responsibility for addressing the addiction is situated outside the individual; the element of choice and personal agency is taken away. Change is ultimately beyond the person's control and can only occur through the individual's acknowledgement of loss of control, adherence to medical prescriptions, and participation in treatment programs/services. The individual is reduced to an object being repaired and is no longer a subject being helped to heal (Illich, 1976). Furthermore, positioning substance use as an individual problem also fails to acknowledge the role of socio-political forces that contribute to oppression and marginalization in people's lived experiences (McKenzie-Mohr & Lafrance, 2013).

Critics of the Medical Model: Alternative Perspectives on Substance Use

The medical model and its disease focus have certainly come under fire in the scholarship. Although there is merit in the research conducted on the physiological impact of substance use, the medical discourse tends to individualize, decontextualize, and depoliticize experiences (McKenzie-Mohr & LaFrance, 2011). It fails to account for the effect of life experiences or social context on an individual's substance use behaviors (Etherington, 2006). The central hypothesis of the medicalized discourse creates a dichotomy between "normal" individuals and "addicts". The bias toward physiology tends toward a reductionist approach to providing support. The issue becomes more complex and less concrete when variables other than physiology are considered.

In addressing substance use from a scientific perspective (i.e., its etiology and progression are deemed physiological in nature), the medical lens typically omits additional dynamics that contribute to the issue and selects what is deemed relevant in substance use (McKenzie-Mohr & LaFrance, 2013). Instead of empowering and supporting those struggling with substance use, the medical model situates physicians and researchers as knowers, and the individual as defective and in need of being fixed or cured. It tends to pathologize those who are grappling with this issue; it strips away constructs of responsibility, choice, and agency, and diverts attention from broader social responsibilities and priorities.

The medical model of disease offers a convenient albeit simplified way to confront a very complex issue. Problem and solution are connected, treatment is unidimensional, and failure is tied to the individual's inability to follow a prescribed

treatment. Societal narratives about substance use tend to focus on pathologizing the individual without accounting for various life experiences or social, political, historical, and economic conditions that affect one's sense of self, agency, and identity (Etherington, 2006). According to this model, men are (again) considered a homogenous group when it comes to their substance use concerns and are often pathologized for using substances to cope with various life circumstances.

In recent years, however, the discourse has begun to include the notion that substance use may be influenced by dynamics other than biology and genetics. There is some scholarship that discusses the social construction of problematic substance use as an alternative to the medical discourse; it often highlights the use of language in relation to power, identity, and perceptions of social deviance toward those struggling with substance use concerns (Albertin, Cubells, & Iniguez, 2011; Bergschmidt, 2004; Young, 2011). These scholars refute the notion that addiction is a progressive disease, a moral weakness, or a symptom of character pathology (Shaffer & Robbins, 1991).

Furthermore, the scholarship indicates the need to consider "why" individuals make use of psychoactive substances and the purpose these substances serve in the context of their lives (Williams & Arrigo, 2007). In pathologizing the use of substances, the medical model fails to account for the vast amount of heterogeneity among those who are using, which has further implications for moving beyond use (Hambley, Arbour, & Sivagnanasundaram, 2010). Additionally, the medical model does not allow that shifting to a life without substances or making a change in substances requires a shift in one's identity (White, 1997).

One of the most relevant examples of alternative scholarship is offered by Bruce Alexander (2008) who suggests the medical model has not been able to effectively prevent the spread of addiction or treat individuals successfully. Alexander theorizes that psychosocial integration (i.e., an interdependence between individual and society) is a vital need that balances social belonging with autonomy and achievement, and that when a pervasive and enduring lack of psychosocial integration exists, individuals become wounded and disconnected from others. Alexander posits that psychological and social separation from one's society acts as a form of "dislocation", and that over time, this leads to despair, shame, emotional anguish, and "poverty of the spirit".

Alexander (2008) suggests that the globalization of free-market society undermines psychosocial integration and subsequently, creates prolonged and sustained dislocation for individuals and communities. Those who are chronically and severely dislocated become vulnerable to addiction, and in an attempt to adapt to and restore psychosocial integration, individuals turn to narrow lifestyles that function as substitutes for psychosocial integration (e.g., substances, problem behaviours, etc.) (Alexander, 2008). Therefore, according to Alexander (2008), addiction is neither a disease or a moral failure, but instead a narrowly focused lifestyle which functions as a poor substitute for those who lack psychosocial integration. In considering various intersections of race, class, etc., this has implications for men who use substances as a method of coping with various life circumstances they are forced to encounter as a result of the marginalized aspects of their identity.

Alternatives to the medical model resist the notion that substance users are a homogenous group. Another alternative example is harm reduction, which tends to be more encompassing with regards to its focus and implementation. Harm reduction, unlike the medical model, is a non-judgmental approach that meets substance users where they are at and includes a respect for human choices (Einstein, 2007; Marlatt & Witkiewitz, 2010). This particular framework has the potential to recognize the multiple experiences of those struggling with substance use concerns, and demonstrates a need for sensitivity to issues of human rights (Einstein, 2007). Harm reduction approaches are highly compatible with social work's commitment to social justice and self-determination, and assist in facilitating individuals' integration into systems and communities (Karoll, 2010; Mancini & Linhorst, 2010).

Again, this has implications in working with men who struggle with substance use concerns. Harm reduction allows for consideration beyond abstinence as the only way to address problematic substance use. This approach also recognizes that a variety of factors often contribute to one's ongoing use of substances. Ultimately, harm reduction approaches highlight the notion that substance use exists on a continuum and is not necessarily a linear process that requires a linear form of treatment.

Within the dominant lenses, there remains little scholarship that takes into account the impact of life experiences or social context on men's concurrent substance use and intimate partner violence. Therefore, it is critical to consider lenses that are fluid

enough to tackle the unique differences between these two realms but can also address them simultaneously. This is where the literature on trauma becomes an important consideration, more specifically, the scholarship that examines the connection between trauma, substance use, and intimate partner violence.

Trauma: The Missing Link

Based on my personal and professional experiences, I expected trauma would be present within men's stories. However, I did not anticipate to what extent it would influence their experiences of concurrent substance use and intimate partner violence. As I moved through my analysis, it became glaringly obvious that trauma significantly influenced men's experiences and perceptions; it permeated their stories. Given this outcome, it was important to revisit the literature to determine what exists in relation to trauma, substance use, and intimate partner violence. The following will provide an overview of trauma including definitions that have shaped its understanding. The literature on trauma and intimate partner violence, as well as scholarship related to trauma and substance use will also be explored. Finally, a review of existing research examining the relationship between trauma, intimate partner violence, and substance use will be presented to illustrate the importance of this study.

It is important to note that although several alternative perspectives exist in addressing the issues of substance use and intimate partner violence, few consider the impact of trauma and its outcomes on men who struggle with these concerns concurrently. The substance use realm has increasingly highlighted the significance of trauma in the development and maintenance of substance use concerns. Likewise, literature exists that identifies the impact of trauma in conjunction with intimate partner

violence situations. Very little scholarship exists however, on the role of trauma in concurrent substance use and intimate partner violence specific to men who struggle with these concerns. Most of the literature is quantitative in nature and focuses on women's perspectives (as victims) and the impact of trauma in their circumstances. What remains absent from the trauma-based literature is qualitative research that explores the experiences of men and the influence of trauma on substance use and intimate partner violence concerns.

Trauma Overview

Trauma affects millions of people, with many individuals experiencing at least one traumatic event across the lifespan (Prout, Gerber, & Gottdiener, 2015). A number of outcomes emerge for those exposed to traumatic events which influence day-to-day functioning in a number of areas. Traumatic experiences impact people in a variety of ways including facilitating changes in unconscious mental processes, provoking high levels of shame, anger, fear, and anxiety, as well as contributing to substance use/dependence and other comorbid psychiatric disorders (Prout et al., 2015; Wiechelt, 2007). One of the challenges of trauma is that it often remains secret. Trauma and its impact are often ignored, mislabeled, or disbelieved; individuals living with trauma may be afraid to talk about their experiences for fear that they will not have a safe space in which to share their concerns (Rosenberg, 2011).

Herman (1997) indicates that many individuals have survived various traumatic events whether or not they have ever received professional support. The helping professions tend to describe trauma in terms of the event that caused it, instead of defining it in its own terms; this contributes to difficulties in defining trauma which

ultimately complicates detection of symptoms and lends itself to treatment that is often fragmented and ineffective (Herman, 1997; Levine, 1997). Not everyone who experiences a frightening event will be traumatized. This depends on the nature of the traumatic event and the individual's perceptions of what occurred (Herman, 1997). Although trauma symptomatology has a number of constant features, it is not the same for everyone; no two individuals will have identical reactions even if they experienced the same event and not everyone who experiences a particular event will be traumatized (Herman, 1997).

The existing literature indicates that men and women experience trauma differently. The literature on men identifies that they are more likely than women to witness another person being killed/badly injured, be threatened with a physical attack, and experience subsequent traumatic events (Foster & Kelly, 2012). Men who live with untreated outcomes of trauma often attempt to cope with their associated distress by acting out the trauma through violence against others (e.g., rape, physical assault, and domestic violence); this phenomenon is referred to as the victim to perpetrator sequence (Foster & Kelly, 2012).

In spite of these reported differences, it is important to note the scholarship identifies several important commonalities in trauma symptomatology. Traumatized people are unable to overcome the anxiety of their experience thereby remaining overwhelmed by the event and struggling to re-engage in life (Levine, 1997). Individuals who have been traumatized tend to experience both physiological and psychological symptoms that remain stuck and maladaptive (Levine, 1997). For example, people subjected to prolonged and repeated trauma develop symptoms that impact the

personality and alter one's sense of self (Herman, 1997). Furthermore, traumatized people have difficulty sensing what is happening in their bodies which contributes to a lack of self-protection, high rates of revictimization, difficulties feeling pleasure and sensuality, as well as having a sense of meaning (Levine, 1997; van der Kolk, 2014).

Ongoing and untreated trauma has the potential to develop into various chronic issues/disorders; Posttraumatic Stress Disorder (PTSD) is among the most recognizable disorder covered in the trauma-based literature. Like substance use and related disorders, the categorization of PTSD has changed with the introduction of the most recent update to the DSM. In the DSM-IV-TR, PTSD was conceptualized as an anxiety disorder. In the most recent version of the manual (DSM 5), PTSD has been included in a new category (Trauma and Stress or Related Disorders) (see Appendix C for the DSM 5 criteria for PTSD).

The DSM 5 identifies that traumatic events (including threatened or actual physical assault and sexual violence, medical conditions, and/or witnessed events including observing threatened/serious injury, domestic violence, and physical or sexual abuse of another person) increase a person's suicide risk, and PTSD in particular is associated with suicidal ideation and attempts (APA, 2013). Additionally, the APA (2013) indicates that PTSD is associated with impaired functioning across social, interpersonal, developmental, educational, physical health, and occupational domains. Individuals with PTSD are 80% more likely than those without PTSD to have symptoms that meet the diagnostic criteria for at least one other mental disorder (e.g., substance use disorders) (APA, 2013).

A notable difference in the DSM's conceptualization of PTSD (in comparison to substance use concerns) is that it considers the importance of historical events (direct or indirect) that contribute to the development of an individual's distress. As identified earlier, this is not a consideration in development of a substance use disorder. However, like its conceptualization of substance use concerns, the dysfunction associated with PTSD is situated within the individual i.e., the individual displays a range of symptoms in response to a particular event(s). Additionally, it is important to highlight that the range of symptoms individuals experience as a result of exposure to traumatic events may or may not fall within the level of criteria for PTSD as defined in the DSM (Wiechelt, 2007). This suggests that in order to be recognized as PTSD, an individual's distress and suffering needs to align with the DSM criteria; difficulties that individuals experience as a result of traumatic events then, are not understood within the context of broader systems such as patriarchy and capitalism (McKenzie-Mohr & Lafrance, 2013). This is problematic because the DSM's framing of trauma downplays the role of structural barriers that produce oppression and marginalization and imposes a particular narrative on individuals that legitimizes individual pain by way of pathologizing their experiences (McKenzie-Mohr & Lafrance, 2013).

The scholarship identifies that repeated trauma amplifies the symptoms associated with PTSD, and chronically traumatized people no longer have a baseline state of physical calm/comfort; instead they feel continually hypervigilant, anxious, and agitated (Herman, 1997). Given the traumatized person has been reduced to a goal of survival, psychological constriction and avoidance become paramount and impact their relationships, activities, thoughts, memories, emotions, and sensations (Herman, 1997).

Fragmentation in consciousness becomes the central organizing principle in one's personality preventing the integration of knowledge, memory, emotional states, and bodily experience, which ultimately inhibits the integration of identity and the ability to develop meaningful connections (Herman, 1997).

Trauma that occurs at an early age and is perpetrated by caregivers can be particularly damaging. When abuse and violence are inflicted by people who are supposed to demonstrate love and care, it damages the most important safeguard against being traumatized i.e., being protected by people who love you (van der Kolk, 2014). When people who you would typically turn to for care and protection abuse or reject you, you learn to ignore what you feel and find alternative ways to deal with feeling scared, frustrated, or angry; having to manage your feelings on your own makes way for another set of problems such as dissociation, addiction, chronic sense of pain, and relationships characterized by alienation and disconnection (van der Kolk, 2014).

Victims of many different forms of familial violence present with increased levels of substance use disorders as well as certain psychiatric disorders including depression and PTSD (Stewart & Israeli, 2002). Early trauma places people in the most impossible circumstances. Those who encounter such erratic, inconsistent, and unpredictable situations somehow need to find a way to trust people who are untrustworthy, feel safe in situations that are unsafe, and find control in circumstances that are unpredictable (Herman, 1997). Additionally, individuals are left with a strong desire for protection and care, but often struggle with feeling abandoned and exploited (Herman, 1997). As a result, individuals maintain difficulty with developing intimate relationships where safe

and appropriate boundaries exist; this leaves the traumatized person at risk for repeated victimization in adult life (Herman, 1997). Although posttraumatic responses start off as an effort to protect and preserve one's life, these responses ultimately become maladaptive (Levine, 1997; van der Kolk, 2003).

Trauma and Intimate Partner Violence

Research suggests a link exists between trauma exposure, PTSD symptomology, and male perpetrated intimate partner violence; more specifically, that PTSD increases the risk of intimate partner violence perpetration (Bell & Orcutt, 2009; Dykstra et al., 2015). The literature indicates that trauma experiences in childhood (and adulthood), specifically physical and sexual abuse, increase the risk of experiencing PTSD symptoms as well as the risk of perpetrating intimate partner violence; research also identifies that children exposed to intimate partner violence are more likely to become perpetrators of intimate partner violence (Clark et al., 2013; Crane et al., 2013; Watt & Scrandis, 2013).

A number of theories in the literature attempt to explain these outcomes. Some research suggests that men do not receive treatment for traumatic exposures as children because they escape detection by the community, men do not believe exposure to intimate partner violence in their families impacts their current issues with intimate partner violence, and exposure to traumatic childhood events sensitizes men to later exposures (van der Kolk, 2003; Watt & Scrandis, 2013). The neurobiological literature indicates that childhood trauma has a significant impact on brain development

resulting in a number of difficulties later in life including limited stress tolerance, challenges with interpreting social cues, and forming attachments, all of which increase the risk of violence (Mitchell & Beech, 2011; Teicher, 2007; Watt & Scrandis, 2013).

Further to the impact of early trauma on future perpetration of intimate partner violence, the literature highlights the role of hypervigilance in aggressive behaviour. Hypervigilance is a typical response to trauma and results from needing to adapt to an environment where danger is constantly present which requires a constant state of alertness (Herman, 1997). Bell and Orcutt (2009) state that men exhibiting heightened levels of PTSD symptoms may experience greater hypervigilance with ambiguous social/environmental cues which increases the likelihood of misperceiving threat in partners' behaviours during times of conflict; this leads to feelings of increased fear and misinterpreting partners' actions as threatening (Bell & Orcutt, 2009; Dykstra et al., 2015).

Hyperarousal may also play a role in perpetration of violence. Hyperarousal is a component of hypervigilance and results in serious consequences; it impairs one's overall ability to function effectively in situations whether or not an actual threat is present because the person is in constant sensory overload (Levine, 1997; van der Kolk, 2003). It can result in increased physiological activation, sleep difficulties, and irritability (Crane et al., 2013). Hyperarousal symptoms may influence aggressive behaviour as a result of being triggered by trauma-related reminders in the environment are thought to activate cognitive, behavioural, and physiological responses that prepare

the individual to respond to potentially threatening circumstances (Bell & Orcutt, 2009). During this process, anger structures become activated resulting in heightened arousal and hostile appraisal that prevent the ability to reappraise the situation to respond in a less aggressive manner (Chemtob, Novaco, Hamada, Groos, & Smith, 1997).

The literature on trauma also identifies dissociation as a factor in violence and perpetration of intimate partner violence. Posttraumatic Stress Disorder is closely linked with dissociative disorders; PTSD symptoms such as flashbacks and emotional numbing are dissociative in nature (Moskowitz, 2004). Dissociation is considered an adaptive response to trauma in which individuals attempt to psychologically distance themselves when they cannot fight back or flee the situation; this altered state of consciousness offers protection against unbearable pain (Herman, 1997; Perry, Pollard, Blakely, Baker, & Vigilante, 1995). Although dissociation may be protective in moments of total helplessness, it can become maladaptive once the danger is no longer present because this particular state of consciousness prevents the integration required for healing (Herman, 1997). Some argue that increased dissociation is associated with increased violence, may place individuals at higher risk of abusing others, and that individuals can be traumatized by their own actions (Moskowitz, 2004).

Trauma and Substance Use

Research on trauma also encompasses its connection to substance use concerns. Although the exact nature of the link between trauma and substance use concerns is not completely understood, research does support the notion that the two issues are connected (Delker & Freyd, 2014; Wiechelt, 2007). Substance use disorders and trauma affect large numbers of Canadian men; men use and misuse legal

and illegal substances at rates far exceeding women (Foster & Kelly, 2012). Trauma and substance use concerns frequently co-exist regardless of trauma type or development of PTSD, and men are reported to experience significantly higher lifetime rates of comorbid PTSD and substance use disorders than women (Dykstra et al., 2015; Foster & Kelly, 2012; Klanecky & McChargue, 2009). Trauma-exposed women and men have twice the risk of alcohol dependence and eight times the risk of drug dependence compared to those without trauma (Klanecky & McChargue, 2009).

A number of theories exist about the connection between trauma and substance use. It is unclear if individuals use substances to medicate trauma-related symptoms, if they are more vulnerable to experiencing traumatic events because of their substance use, or if they are susceptible to stress-related disorders as a result of traumatic events because of the impact of substances on their neurochemical functioning (Keyser-Marcus et al., 2015; Wiechelt, 2007). Regardless, individuals with histories of childhood abuse/neglect, physical or sexual abuse, domestic violence, and those who witnessed interpersonal violence from childhood onward tend to comprise a significant number of those using various mental health and substance use systems (Keyser-Marcus et al., 2015). Research notes that a history of trauma is associated with increased severity in psychiatric symptoms, diminished psychosocial functioning (e.g., unemployment, separation/divorce, social status), as well as a lower level of overall daily functioning (Priard, Sharon, Kang, Angarita, & Gastfriend, 2005).

The literature identifies that the degree to which trauma and addiction occur among men may be underestimated as they are less likely to seek professional help for physical and psychological health concerns and due to under-or-misdiagnosis by practitioners; in fact, most substance use clients have neither been assessed nor treated for PTSD (Najavits, Weiss, & Shaw, 1997). In substance use samples, the lifetime prevalence of PTSD for men is estimated at 30-75% (Foster & Kelly, 2012; Najavits et al., 1997).

Similar to research conducted on intimate partner violence, studies note that childhood abuse increases the risk of later substance use and is more prevalent in persons who abuse substances compared with nonusers (Clark et al., 2013; Keyser-Marcus et al., 2015; Neigh, Gillespie, & Nemeroff, 2009). The impact of early abuse on mental health contributes to an elevated risk of mood and anxiety disorders, as well as development of substance use concerns (Evren et al., 2013; Neigh et al., 2009). Childhood trauma is thought to impair various developmental processes (e.g., emotion regulation) and interpersonal behaviours; individuals who experience stress early in life are thought to develop pathophysiological changes in the central nervous system that increase vulnerability to stress later in life that predisposes them to mental and physical disorders (Klanecky & McChargue, 2009; Neigh et al., 2009).

Individuals living with the impact of trauma and who also use substances often engage in cyclical patterns that may be difficult to shift. Not only does the literature indicate that trauma increases the risk of substance use concerns, but it also highlights the impact of substance use on trauma. For example, misuse of substances is often considered a high-risk behaviour that is associated with other high-risk behaviours (e.g.,

purchasing illicit drugs) (Clark et al., 2013; Wiechelt, 2007). High-risk behaviour associated with the substance use increases the risk that individuals might experience a traumatic event and subsequent PTSD symptoms (Wiechelt, 2007). It has also been suggested that individuals exposed to childhood abuse may experience difficulty in discerning risk in the social environment which in turn, leads to revictimization in adult relationships (including intimate partnerships) (Delker & Freyd, 2014).

Another hypothesis about the coexistence of trauma and substance use relates to self-medication of trauma related symptoms. Traumatized people often attempt to stabilize or suppress symptoms with substances (Levine, 1997). For example, Stewart, Pihl, Conrod, and Dongier (1998) state that individuals engage in a cycle whereby substances are used to alleviate trauma symptoms; the effects of the substance use may exacerbate the trauma-related symptoms and more substances are used to alleviate the exacerbated trauma-related symptoms. Individuals experiencing symptoms associated with trauma may find that certain substances alleviate their discomfort (Wiechelt, 2007). Substances assist people in controlling their feelings and behaviour, but simultaneously block the chemical systems that regulate engagement, motivation, pain, and pleasure (van der Kolk, 2003). The difficulty with using substances is that they only have the capacity to blunt the expression of certain symptoms; they are not able to assist people in learning self-regulatory strategies that support them in addressing symptoms more effectively (van der Kolk, 2003). The

tendency to use avoidance strategies to reduce negative emotional states (e.g., dissociation or risk taking) are common reactions to both substance use and trauma, and highlight the possibility of a common pathway for these concerns (Clark et al., 2013; Delker & Freyd, 2014; Klanecky & McChargue, 2009).

Dissociation is another factor influencing substance use concerns. Similar to the research on intimate partner violence, the literature on substance use concerns indicates a strong relationship between childhood trauma and dissociation, and that dissociative experiences are fairly common in substance use populations even when not under the influence of a substance (Evren et al., 2013; Moskowitz, 2004; Prout et al., 2015). Research suggests that dissociation serves as a defense mechanism against painful trauma-related memories and feelings (Delker & Freyd, 2014; Evren et al., 2013). Traumatized people who cannot spontaneously dissociate may attempt to produce a similar state or numbing effect by using substances (Herman, 1997).

Research also highlights that individuals with substance use concerns are more likely to implement defenses such as denial and projection, and that alcohol dependency has been conceptualized as a dissociative defense associated with impairment in emotion regulation and processing (Craparo, Ardino, Gori, & Caretti, 2014; Prout et al., 2015). Furthermore, research indicates a relationship between alcohol consumption and amnesia in violent populations. Evidence has emerged that suggests dissociation may drive the cycle of violence (i.e., under the influence of substances the psychological functions associated with the expression of violent impulses become disconnected from functions associated with the inhibition of violent impulses), and that a subset of the population perpetrating violence may experience

their transgressions as traumatizing, particularly in circumstances where depersonalization and amnesia are present (Moskowitz, 2004). Denial and amnesia are not active choices a traumatized person makes; they are often symptoms of trauma that preserved the ability to function and survive (Levine, 1997). However, once the danger has passed, they become patterned into one's physiology and end up being maladaptive (Levine, 1997).

Trauma in Co-Occurring Substance Use and Intimate Partner Violence

The literature that exists in relation to men, trauma, and concurrent substance use and intimate partner violence is sparse. Research tends to highlight the impact of trauma on substance use *or* intimate partner violence, but few studies exist that discuss the role of trauma in these issues concurrently. While a growing body of literature has examined women with concurrent substance use and trauma (as victims of intimate violence), the focus on men has not addressed this (Stewart & Israeli, 2002). This reflects a tendency to consider men as perpetrators but not victims. As discussed previously, the dominant discourse recognizes any effort to understand or explain men's use of violence as an excuse, and as a result, there has been very little trauma-informed treatment for men within the substance use or intimate partner violence realms.

Clark et al. (2013) note that substance use has been linked to a variety of negative outcomes including increased exposure to traumatic events, increased involvement in criminal activity, and increased perpetration of violence against others. In particular, the literature identifies that men who perpetrate intimate partner violence are more likely to use and misuse alcohol and drugs; evidence exists supporting the

notion that individuals with substance use concerns have an increased risk for violence recidivism and engage in greater perpetration of psychological abuse, physical assault, and sexual coercion in comparison to individuals who do not have substance use concerns (Stuart, O'Farrell, & Temple, 2009; Wei & Brackley, 2010). Additional evidence in the concurrent literature highlights the impact of parental substance use and witnessing intimate partner violence on children. Several issues have been reported including poorer father-child communication, increased risk for physical abuse, impulsivity and emotion regulation issues that impact parenting abilities, poorer parent-child relationships, attachment difficulties, and increased psychiatric symptoms (Stover, Easton, & McMahon, 2013).

In general, men struggling with concurrent substance use and intimate partner violence have few treatment options that address these issues in an integrated manner. Men are often treated as a homogenous group within the medical model and/or a feminist framework; interventions focus on addressing power and privilege, or in changing substance-related behaviours. The impact of trauma on these concerns has not been a fundamental consideration in the provision of support, and integrated treatment addressing trauma in concurrent substance use and intimate partner violence is lacking.

The research that exists highlights the ineffectiveness of batterer intervention programs citing a lack of comprehensive treatment for substance use concerns (Stuart et al., 2009; Wei & Brackley, 2010). Similarly, men tend to have poorer outcomes when engaging in treatment for substance use concerns where a lack of appropriate support regarding intimate partner violence exists (Crane et al., 2013). When trauma is

considered within concurrent substance use and intimate partner violence situations, the issue becomes even more complicated. Trauma has been found to be positively associated with substance use and intimate partner violence; trauma contributes to challenges for men in a number of areas including psychiatric symptoms, interpersonal problems, medical issues, employment problems, legal problems, poor coping skills, and lower treatment motivation (Crane et al., 2013; Foster & Kelly, 2012).

The impact of trauma and PTSD in treatment is an important consideration with regard to concurrent substance use and intimate partner violence. Often in treatment settings, individuals with trauma histories demonstrate mistrust towards treatment providers, resulting in poor therapeutic rapport and associated treatment outcomes (Crane et al., 2013; Zaslov, 1994). When men are willing to engage in support, they may lack the requisite coping skills for interventions that focus on processing traumatic memories through exposure (Foster & Kelly, 2012). For example, emotion dysregulation that accompanies PTSD may influence one's feelings of self-efficacy in controlling various emotional states, as well as the ability to express those emotions to another person (Dutton, 2009). The ability to experience mastery in negotiating challenging emotional states is critical, as coping is thought to a predictor and an outcome of PTSD (Foster & Kelly, 2012).

Cognitive-behavioural approaches are often utilized in both substance use and intimate partner violence treatment. However, Ford and Russo (2006) suggest that when trauma or PTSD is present, cognitive-behavioural approaches might not be sufficient as they do not support individuals in learning how to modulate intense emotions and in processing trauma memories effectively. Cognitive-behavioural

approaches tend to underestimate the importance of somatic-affective experiences in trauma work, and often focus on developing other coping skills such as controlling one's environment to avoid being triggered or addressing maladaptive cognitions that impact perception (Foster & Kelly, 2012).

Mindfulness and spirituality are two complementary approaches identified in the trauma literature that can be used in conjunction with cognitive-behavioural interventions. Mindfulness attempts to promote greater awareness and acceptance of distressing internal experiences as well as trauma-related triggers; among the many benefits, mindfulness can be useful in decreasing physiological arousal and stress reactivity symptoms (Delizonna, Williams, & Langer, 2009; Foster & Kelly, 2012). Mindfulness also assists with discernment when attending to distressing internal experiences so that individuals know when to distract themselves in order to prevent dissociation (Foster & Kelly, 2012). Additionally, religious coping has been identified as a strategy for negotiating various stressors; in particular, religious and spiritual forms of coping assist trauma survivors with making meaning out of distressing events (Walker, Reid, O'Neill, & Brown, 2009). Religious and spiritual supports have been associated with fewer depressive and PTSD symptoms, and promote resilience, healing, and overall well-being (Prout et al., 2015).

There exists a paucity of trauma-informed literature addressing concurrent substance use and intimate partner violence specific to men who struggle with these issues. As previously indicated, the bulk of research that exists on trauma-informed care relates to women as victims of intimate partner violence or who struggle with substance use concerns. Practitioners may be unprepared to hear men's stories or

address their trauma histories; as a result, men's coping mechanisms become pathologized and interventions intended to help may unintentionally recreate abuse men have been exposed to (Rosenberg, 2011). Men with trauma histories require services that are sensitive to the impact of trauma on their lived realities, and recognizing trauma as the foundation that underpins other concerns needs to be standard practice (Rosenberg, 2011).

Rosenberg (2011) suggests that trauma needs to be considered as a core life event around which everything else is organized. Further to this, she outlines the following as requirements of trauma-informed support: symptoms need to be understood as attempts to cope and survive; treatment should recognize both strengths and vulnerabilities; support should be gender-specific and rooted in safety and choice; and treatment should be coordinated across various services including mental health, primary care, emergency/crisis services, substance use treatment, and domestic violence support (Rosenberg, 2011). Trauma-informed support that can appropriately identify and address multiple needs of men with concurrent substance use and intimate partner violence is critical to successful treatment outcomes (Keyser-Marcus et al., 2015).

Impact of Trauma, Substance Use, and Intimate Partner Violence on Men

Few studies exist that consider the impact of trauma, substance use, and intimate partner violence on men. Even fewer consider men's experiences and perspectives relative to these concerns, or the impact these issues have on identity and

change (Foster & Kelly, 2012). In my review of the literature, I encountered two qualitative studies examining the impact of childhood trauma for men who perpetrated intimate partner violence in their relationships.

The first study conducted by Wei and Brackley (2010) highlighted the impact of childhood and adolescent trauma in participants' families of origin and non-family cultural environments. Outcomes from the study noted that early trauma set the tone for future violence and attitudes towards violence; the interviews also noted substance use as a factor in men's lived experiences (Wei & Brackley, 2010). The second study by Watt and Scrandis (2013) examined traumatic childhood exposures in men who perpetrated intimate partner violence. In this study, all participants noted some type of childhood trauma (Watt & Scrandis, 2013). Additionally, the outcomes identified participants normalizing violence they had experienced as children, reporting problems with substance use as a form of self-medication, and mental health issues associated with various life events. Although substance use was noted in both studies as an issue in trauma and intimate partner violence, it was not a focus. Instead, it emerged as a result of the interviews and subsequent analysis.

Summary

Returning to the literature confirmed that concurrent substance use and intimate partner violence are often examined quantitatively. This approach fails to consider men's experiences and perceptions in context. Given this, findings from the literature review and the lenses outlined in this chapter influenced the methodology in the study in the following ways.

First and foremost, participants were chosen to explore the varied experiences and perceptions of men struggling with concurrent substance use and intimate partner violence. Few studies exist that attempt to understand these issues concurrently and from men's own perspectives. Recognizing the absence of men's voices in research conducted on concerns impacting their daily realities was an important aim and the literature confirmed the need for additional research that has the capacity to offer insights from men's own perspectives. Second, a qualitative interview was used to collect data from the men. Creating a context whereby men could reveal their nuanced experiences of these concerns to improve understanding was important. Third, social constructionist and postmodern lenses informed a Thematic Narrative Analysis which was used to understand men's stories in varying contexts and determine a broader narrative of concurrent substance use and intimate partner violence that is informed by men's experiences.

This study is unique because it examines men's experiences and perceptions via the exploration of their own stories, and highlights factors that impact substance use and intimate partner violence concurrently. This has not been addressed in the research to date. Most scholarship focuses on quantitative data collection, investigates issues as separate entities, and compares men's experiences (as perpetrators) to women's experiences (as victims). This study focuses on men's experiences and the diversities (as well as commonalities) that emerge amongst men in their daily lives, and highlights their efforts to address issues related to use of substances and violence.

This study also emphasizes the role of trauma in men's experiences and highlights the need for trauma-informed interventions in supporting men struggling with concurrent substance use and intimate partner violence. To date, relatively few supports exist that address this particular component of men's experiences. Given its significance, the issue of trauma challenges the current narrative shaped by researchers and service providers indicating that men are shaped by gender and biology alone. This study was designed to explore men's experiences in an effort to determine *their* narrative of concurrent substance use and intimate partner violence, including the impact these concerns have on their lived experiences.

Chapter Three: Methodology

This study explores men's stories of concurrent substance use and intimate partner violence using qualitative methodology to understand their experiences and perceptions of these issues. The study uses narrative analysis, influenced by social constructionist and postmodern frameworks, to explore the impact of trauma on men's experiences, identities, and ability to transform their circumstances. Thematic Narrative Analysis is used to analyze the interviews. This particular approach is used to explore participants' experiences by attending to various aspects of stories that emerged from the interviews. A description and rationale for this approach is described in further detail in this chapter.

Maxwell (2005) indicates the importance of discussing methodology as it guides the methods that are used as well as how the research is conducted. Given the nature of the phenomenon and the aims of the study, it was necessary to employ a qualitative design. Additionally, it is important to be transparent about the overarching frameworks that have informed the study in order to maintain accountability regarding the process (Gringeri, Barusch, & Cambron, 2012).

This particular study could have been situated within a phenomenological framework, however conducting this study from a social constructionist and postmodern lens was more appropriate. Phenomenological research attempts to describe the meaning of lived experience for several individuals, focusing on describing what all participants have in common as they experience a phenomenon (Creswell, 2006). Although determining commonalities amongst men's experiences of substance use and violence against women was important, it was not the primary goal of the study.

Reducing individual experiences (within a phenomenon) to a homogenous core would only serve to perpetuate the hegemonic discourses that currently define substance use and violence against women. Instead, making room for multiple voices and experiences (while considering common threads) is more aligned with the purpose of this study, thus the reason for understanding the data within a social constructionist/postmodern framework.

Furthermore, it is important to note that this study does not examine men's experiences from a constructivist lens. The terms social constructivism and social constructionism are tightly linked and deemed as complementary aspects of a single process—both investigate the ways in which individuals create systems for understanding their worlds and experiences (Raskin, 2002). They are similar in that they suggest knowledge is socially situated and can only be understood in its social context, and that knowledge is the outcome of a social process of active learning than as something that is passively absorbed (Creswell, 2013; Engle, 2008). Where they differ, however, is their focus regarding the ways in which social phenomena develop.

Constructivism refers to psychological and cognitive processes at an individual level, and focuses on how individuals make meaning of knowledge within a social context (Schwandt, 2000). Constructionism on the other hand, examines how the world is socially constructed relative to social contexts; its focus is outward towards the world of intersubjectively shared, social constructions of meaning and knowledge (Schwandt, 2000). This distinction is critical to highlight given the impetus behind this research is a focus on men's experiences of concurrent substance use and violence against women,

specific to how those experiences have become constructed by various social, historical, and political contexts. Using a constructivist lens would only serve to reinforce or replicate research that currently exists on this matter by highlighting psychological and cognitive processes related to substance use and violence.

Social constructionism argues that all knowledge of everyday reality is derived from and maintained by social interactions as it denies the notion of an isolated knower (Raskin, 2002). Constructivism, however, argues that individuals generate knowledge and meaning from an interaction between their experiences and their ideas: the focus is on ways in which individuals and societies create, rather than discover, constructions of reality (Raskin, 2002). Unlike the constructivist paradigm which suggests the notion of an inherent human nature existing across persons, constructionism contends identity is much more fluid and that there are many realities and multiple selves which become socially constituted within the boundaries of culture, context, and language (Gergen, 1991). Social constructionism, therefore, is a more appropriate framework for this research. Utilizing this paradigm can assist in disrupting the dominant frameworks, thereby offering a different understanding of men's experiences of concurrent substance use and violence against women.

As such, a social constructionist/postmodern lens is most appropriate in examining issues of gender, power, and identity inherent within the phenomena of study; it matches the overarching goals of the study, which include a strong desire for social change as well as an offering a new way to conceptualize men's experiences of substance use and violence against women.

Social Constructionism and Postmodernism

Social constructionism seeks to understand the world and develop subjective meanings of experiences (Creswell, 2013). It aims to recognize, capture, and honour multiple meanings which lends itself to looking for a complexity of views (Creswell, 2013; Patton, 2002). Additionally, this particular approach relies as much as possible on the participants' views of the situation, which encompass social, historical, and cultural norms that operate in their lives (Creswell, 2013). These foci become lost in the current dominant discourses that inform men's experiences of substance use and intimate partner violence, therefore, social constructionism is a good fit with regards to excavating men's stories and understanding their perceptions of these issues.

Additionally, it is important to highlight that social constructionism attends to the ways in which language (as a social and cultural construction) shapes, distorts, and structures understandings (Patton, 2002). Foucault (1972) states that discourses are practices that systematically form the objects of which they speak. With violence against women, language is gender-based; with substance use, terms are medicalized and scientific. Blame and pathology respectively tend to be the focus, rather than multiple individual experiences. Therefore, understanding men's experiences and perceptions from a social constructionist perspective offers new ways to consider these issues outside of their currently constructed meanings.

It is crucial to note that the dominant paradigms discuss the issues of violence and substance use in an essentialist and totalizing manner. Butler (1999) states that the way in which issues (e.g., gender, use of substances) are constructed may strip away

possibilities of agency and transformation. Within both dominant feminism and the medical model, language is taken over by “experts”. Ultimately this produces an oppressive discourse that is used to assert an inclusive universality of persons (Butler, 1999).

For example, men accused of using violence in their intimate partnerships are labeled perpetrators, offenders, or abusers. Those struggling with substance use concerns might be labeled as abusers, addicts, and degenerates. These labels are powerful in defining how the man views himself and potentially how he responds to his current circumstances. They may also determine the focus relative to how the man will make meaning of the event, how others will perceive him, and what intervention will look like. Because the language used within these paradigms is so narrow and precise, the blame and pathology it produces do not allow for alternative ways of understanding the issues.

Patton (2002) indicates that exercising control over language permits control over the categories of reality that are opened to consciousness. At present, the dominant paradigms construct the issues of both violence and substance abuse as dichotomies, which perpetuates the idea that men are a homogenous group. In particular, the language used is that of “either/or”. In feminism, for example, there is a clear initial gender distinction made between men and women; masculinity is defined as what is not feminine (Kaufman, 1993). Men are labeled as powerful perpetrators and women are

labeled as powerless victims. Men are described as strong while women are labeled weak. Men are labeled as oppressors while women are described as being oppressed. Language about substance use shapes a similar dichotomy: one is labeled an addict or normal, sober or using, respectable or deviant.

Social constructionism on the other hand, assists with a deeper understanding of the way in which language has shaped men's experiences and examines how men describe/label their concerns. This permits further insight into men's perceptions and understandings of the concurrent issue as well as how these experiences have influenced their identities. Binary language fails to offer an understanding of men (and women) beyond the labels they are assigned. It further polarizes the issues, contributes to confusion over how violence and brutality can occur within intimate partnerships, and ultimately creates divisive policy and practices that mirror the binary ways in which the issues are conceptualized (Dutton & Corvo, 2007; Goldner, 1998; Lee et al., 2007; Milner, 2004).

Social constructionism recognizes that views of reality are socially constructed and embedded, while dominant views serve the interests of those in power (Patton, 2002; Raskin, 2002). Interrogating power may assist in avoiding the problems of many previous analyses of men (i.e., that not all men are powerful) (Hearn, 2004). When paradigms become so resolute that they exclude the possibility of multiple interpretations of an experience or event, they create a hierarchy in which some persons are eligible to speak, while others become excluded and subsequently delegitimized (Butler, 1999).

In the dominant feminist framework, men's experiences and understanding of their violence and abuse become excluded. It is not possible for them to express a desire for both power and love within their intimate partnerships. They are not heard when they discuss their experiences of trauma, only those experiences where they have perpetrated harm. Similarly in the medical framework, physiology is the primary concern regarding addiction. If someone describes a history of trauma or abuse as contributing to their concerns, it is disregarded; there is no room in the either/or binary of the medical model.

For a man to be heard, he can only speak to the perception held by others of who he is rather than speaking from his own experience. This enlists him in the very terms that define his oppression (Baker Miller, 1986; Butler, 1999). As a result of these totalizing discourses and the language they use to define the issues, substance use within intimate partner violence becomes misinterpreted. Ultimately, the discourses end up replicating the very processes they attempt to deconstruct.

Social constructionism works to find a range of assumptions and positions which share an interest in the subjective nature of human perceptions and remains skeptical about the possibility of objectivity; it is reluctant to privilege knowledge developed in one context over knowledge developed in another (Patton, 2002; Raskin, 2002). When conceptualizing men's violence and substance use, it is important to note that current interventions may replicate an essentialist way of addressing concerns by trivializing or ignoring their experiences and fears. Examining the issues through multiple lenses

recognizes the value of competing and contradictory perspectives and helps to resist binary notions of good and bad (Goldner, 1998). The various models currently utilized are inaccurate, simplistic, and do not capture the complexity of the multi-layered experiences of individuals (Dutton & Corvo, 2007).

Furthermore, social constructionism is concerned with how methods determine findings, and focuses on the importance of thinking about the relationship between the researcher and the researched, especially relative to power dynamics (Patton, 2002; Raskin, 2002). Mann and Huffman (2005) suggest that every knowledge producer not only shapes knowledge, but also has a partial or limited vantage point. No one view is inherently superior to another and any claim to having a clearer view of the truth is simply a masternarrative (Mann & Huffman, 2005).

In this study, utilizing methods that focus on the way in which power impacts the relationship between myself (as researcher) and the men (as research participants) was critical to the way in which the data was interpreted. Considering methods that examine power dynamics may be viewed as a manner of resistance, which ultimately has the potential to form counter discourse by producing new knowledges and highlighting new truths about men's experiences of violence against women and substance use (Mann & Huffman, 2005).

Like social constructionism, postmodernism is interested in challenging what is known and how it becomes known (Prasad, 2005). Social constructionism can offer a historical, political, and social context within a postmodern framework. This is helpful when considering what is required to understand men's experiences and support them in making meaningful change. Conceptualizing concurrent intimate partner violence and

substance use within multiple frames allows for an emphasis on choice, responsibility, and agency without negating men's experiences of powerlessness and disconnection (Goldner, 1998). For example, anti-essentialist conversation allows men to talk about being hurt and can assist them in being more readily prepared to take responsibility for their abuse while acknowledging its effects on their partners (Augusta-Scott, 2007).

Postmodernism emphasizes deconstruction of discourse to expose critical assumptions and the ideological interests of those being served (Patton, 2002; Prasad, 2005). The dominant discourse, for example, presumes a universal influence of patriarchy on the gender stories men and women live while simultaneously reflecting the interests of those in power (Augusta-Scott, 2007). However, highlighting the both/and context allows us to understand those aspects of violence that remain hidden in the either/or dichotomy (Augusta-Scott, 2007).

Exploring men's stories and understanding their experiences and perceptions assists in challenging various assumptions related to their struggles with concurrent substance use and violence. Butler (2004) states that stories happen in simultaneous and overlapping ways, both as we tell them and in how they are taken up. Stories are the key to unlocking experiences of oppression for men. Men's experience involves both power and pain, and a relationship occurs between the two (Kaufman, 1993). Considering a both/and context should not minimize the impact of men's violence or their responsibility for it, but should recognize the oppressive discourse in which it takes place, while also honoring their experience of oppression (Augusta-Scott, 2007).

Postmodernism prompts questions about cultural images and reality creation through its emphasis on critiquing grand narratives as well as emphasizing plurality and fragmentation (Prasad, 2005). Bondi (1990) indicates that postmodernism attempts to recover that which the associated meta-narratives exclude. For example, masculinities conceived exclusively in relationships of power tend to present masculinity as the problem that needs to be deconstructed; this obstructs understanding of how men can change, and makes it difficult to work with different generations of men with diverse class, cultural, and ethnic backgrounds (Seidler, 2007).

Postmodernism, then, is consistent with social constructionism. Both lenses recognize that knowledge is relative to time and place and is not absolute (Patton, 2002). This is an essential focus for the study based on challenges created by the dominant lenses in understanding men's experiences thus far. Social constructionism and postmodernism assist in understanding what is constructed, how it is constructed and the very question of what it means to say it is constructed (Patton, 2002). They offer a framework to deconstruct the ways in which meaning is made out of various experiences, and subsequently consider how that meaning constructs future experiences. Situating men's stories within a social constructionist/postmodern framework allows for their experiences to be understood within the various contexts that emerge, and allows for their perceptions to be honoured rather than dismissed. In the study, utilizing these frameworks as an anchor for narrative analysis allowed for a greater understanding of men's experiences, how they consider their identities, as well as what is required in order to engage in meaningful change.

Narrative Inquiry

Narrative approaches were utilized to collect and analyze the data obtained from participants. Atkinson and Delamont (2006) state that narratives are social phenomena and are among the many forms through which social life is enacted. Narratives highlight the ways individuals experience the world as well as how they make sense of it. What distinguishes stories from other forms of discourse is that they describe an action that begins, continues over a defined period of time, and draws to a definite close, with outcomes that become meaningful because of their placement within the narrative (Bell, 2003; Cronon, 1992). Narrative analysis is an important tool therefore, that assists with a deeper understanding of men's experiences by capturing rich data from their shared life stories.

Narrative research makes claims about how people understand situations, others, and themselves; it breaks down barriers and promotes new understandings (Polkinghorne, 2007; Trahar, 2009; Yardley, 2008). It attends to the ways that culture speaks itself through an individual's story, particularly in interactional and organizational contexts (Atkinson & Delamont, 2006; Bell, 2003). This method is important to the phenomena of study, as most research thus far has done little to make connections or develop conceptualizations of men's experiences which have any meaning or relevance to their lives.

Although narrative inquiry assists in telling personal narratives as well as the jointly shared and constructed narratives, it also assists in moving beyond the telling of the lived story to tell the research story (Connelly & Clandinin, 1990). Narrative analysis

places emphasis on understanding lived experience and perceptions of experience; it begins with experience as lived and told stories not with inquiry in theory (Clandinin & Connelly, 2000; Patton, 2002).

This particular approach allows for a unique way of understanding men's experiences and perceptions. Personal narratives reveal various cultural and social patterns through the lens of individual experiences, and narrative inquiry can honour people's stories as data that can stand on their own as pure description of experience (Clandinin & Connelly, 2000; Patton, 2002). Stories convey specific meaning and interpretation, revealing what has become subjectively meaningful; at the same time, the social context and meaning of the story are also revealed (Brown, 2013).

In narrative analysis, stories offer meaning not universal truths. The notion of meaning is key to this research. Meaning allows for plural understandings. Universal truth presumes a singular understanding, which can more easily be rejected if this does not fit in a particular context, place, or time. Stories are constructed through culturally available discourses and meaning, and thus draw on existing stories; therefore, there is no single author or voice as all stories are embedded in social interaction, culture, and history (Brown, 2013). Meaning is key to engaging others in being receptive to men's experiences and men's stories are the catalyst through which meaning and understanding can emerge; disqualified or subjugated stories are rich with alternative information and interpretation, which have largely remained silent (Brown, 2013).

Narrative inquirers strive to attend to the ways in which a story is constructed, for whom and why, as well as the cultural discourses that it draws upon; such inquiry maintains an allegiance to social constructionism which holds that constructions are the

product of structural or interactional social forces (Trahar, 2009). This is relevant when considering men's stories of concurrent substance use and violence against women. Deconstructing their stories requires exposing dichotomies, examining silences, and attending to disruptions (Czarniawska, 2002). Conventions exist about who can tell particular stories, who can listen and respond, whether the narrative can be varied or not, or is legitimate to record (Atkinson & Delamont, 2006). Narrative research is an important means by which the lives and voices of people are made available to a wide audience rather than being assimilated to the hegemonic discourse (Atkinson & Delamont, 2006).

Clandinin and Connelly (2000) state that narratives are the best way of representing and understanding experience. In order to truly excavate and understand the multiplicity of men's experiences with substance use and violence against women, narrative analysis was a solid fit. Like other qualitative methods, narrative approaches rely on criteria other than validity, reliability, and generalizability; narrative explanation derives from the whole (i.e., explanations gleaned from the overall narrative) (Connelly & Clandinin, 1990). Recovering narratives people tell themselves about the meanings of their lives is to learn a great deal about their past actions and about the way they understand those actions (Cronon, 1992). Incorporating many different voices and events allows us to reflect on the diversity of human experience (Bell, 2003; Cronon, 1992). This is important when considering men's perceptions related to substance use and violence given that thus far, men have been defined as a homogenous group regarding these concurrent issues.

In some cases, narrative interpretation focuses on the relationships internal to a storied text by drawing out its themes and identifying the type of plot the story exemplifies; in other cases, it focuses on social and cultural environment that shaped the story's life events and the meaning attached to them (Polkinghorne, 2007). Ultimately, narrative research extends the understanding of a story by contextualizing it (Polkinghorne, 2007). This is particularly important in the area of concurrent substance use and violence against women. The meaning of a narrative is influenced by the setting in which it is produced; environments of storytelling shape the content and internal organization of accounts (Holstein & Gubrium, 2011). Studies of accounts of men who use violence against women do not focus attention on the contexts in which men present these accounts; as a result, the humanity of the men becomes neglected (Presser, 2005). In attempting to understand men's violence, researchers have focused mainly on men's neutralizations of violence; they have not attended to the active use and flow of power through research (Presser, 2005).

As indicated, narrative methods are exploratory and indeterminate; they do not produce truth, but offer coherence and continuity to experience (Bell, 2003; Polkinghorne, 2007). This was an important aim of the study. My experiences have taught me that storytelling varies depending on the author and that men's stories may not be told in traditional or easy ways to understand. Circumstances often impact men's ability to share pieces of their stories that allow us to connect to them in a meaningful

way. Emotional undertones exist but can be missed because they do not appear as we expect. Therefore, men's stories may not appear coherent and linear. Narrative analysis assists with locating coherence/continuity, thus framing men's stories in an accessible manner.

Narrative analysis allows for deep and challenging insights to emerge from the discursive construction of reality; the empowered and the disempowered reveal the complex interrelationships of language and power (Fox, 2008). As such, narratives are considered a window to the contradictory and shifting nature of hegemonic discourses which are taken for granted as stable monolithic forces (Chase, 2011). This is particularly important with the issues of substance use, violence against women, and masculinity. Understanding the way in which narrators disrupt oppressive discourses is an important goal (Chase, 2011).

Narrative inquiry embraces narrative as both the method and the phenomena of study; it often begins with the researcher's autobiographically oriented narrative associated with the research puzzle (Trahar, 2009). From the beginning, it is particularly important that all participants have voice within the relationship (Connelly & Clandinin, 1990). In narrative research, there has been a turn toward the relationship between the researcher and the researched in which both parties will learn and change in the encounter; as researchers, we become part of the process (Creswell, 2006). The two narratives of participant and researcher become, in part, a shared narrative construction and reconstruction through the inquiry (Connelly & Clandinin, 1990).

Research Design

The study employed qualitative methodology to examine men's experiences and perceptions of concurrent substance use and intimate partner violence. Twelve men participated in semi-structured interviews with the author. Participants were recruited in three ways: in collaboration with various colleagues who encounter men that have experienced concurrent substance use and intimate partner violence (8 participants), through public advertisements (3 participants), and through referral by participants involved in the study (1 participant). Men participated in a private interview with the author to explore various experiences and perceptions related to concurrent substance use and intimate partner violence. Four main interview questions explored various aspects of men's experiences relative to their childhood and adolescence, adulthood, substance use history, experiences of partner violence, experiences of service providers, and what men require when making change. Once completed, the interviews were transcribed and analyzed by the author using Thematic Narrative Analysis.

Data Collection Procedures

Recruitment challenges. Purposive sampling is used in the study to permit inquiry into and understanding of the phenomena in depth (Patton, 2002). I originally sought to recruit 12-15 men for this study. Although narrative inquiry generally focuses on a select few participants, in this study, it was important to capture multiple voices to assist with understanding the varied and constructed experiences of men in order to guard against replicating homogenous outcomes.

In my research proposal, I indicated having connections in my community that would support me in locating participants for the study. I knew it might be challenging to engage men and as a result, I hoped to make full use of my networks to assist me in the process. I originally intended to recruit my sample through a variety of community organizations in the Niagara Region, including those I have worked with previously. I planned to contact services that offer support and/or treatment programming to men who struggle with concurrent substance use and intimate partner violence concerns including probation and parole. Given probation and parole's central role in organizing programming for men (i.e., in order for men to successfully meet the terms of their sentence), I anticipated they would have access to participants who met the study criteria.

What I originally planned, and what actually unfolded, are two very different stories. This particular process warrants a thorough description given the immense challenges encountered in the process. These challenges also speak directly to issues raised by participants in the context of their interviews when discussing the role of various service providers they have encountered. First, I will discuss what occurred when I attempted to implement the original plan for recruitment. Following this, I will outline the various amendments that were required to this process (including rationale), as well as what outcomes emerged by deviating from the originally outlined recruitment plan.

When I began recruiting, I sent out an introductory email and letter to various service providers in the Niagara Region (see Appendix D for introductory email and Appendix E for introductory letter). This email and introductory letter were sent to ten

organizations in the Niagara Region including Partner Assault Response (PAR) programs, men's shelters, addiction treatment services, addiction recovery homes, and counselling organizations. I outlined the purpose of the study and that I hoped to engage service providers so that they could assist with disseminating information to potential participants by various staff who have contact with them. I also noted that the men should follow-up with me directly if they were interested in participating (to protect their privacy). During this initial process, I simultaneously engaged with probation and parole to begin the process of their ethics review.

Several organizations that I contacted never responded to my email in spite of attempts at repeated follow-up. I did receive responses from a few organizations I contacted to discuss the study in more depth and answer any questions they might have. As a result of this, one organization (an addiction recovery home) agreed to provide information about the study to potential participants and one organization agreed to forward the email/information letter to their staff (addiction treatment service). Another organization (Partner Assault Response service provider) agreed to hand out the participant letter (see Appendix F for participant letter) to clientele once several changes had been made. This organization requested that the participant letter clearly indicate the organization was in no way affiliated with the study and participation would have no bearing on men's involvement in the Partner Assault Response program.

This initial recruitment strategy yielded no participants. Five months later, I submitted an amendment to extend beyond the Niagara Region given the challenges I encountered in locating participants for the study. Once this amendment was approved by the Research Ethics Board at Wilfrid Laurier University, I contacted various service

organizations in a number of locations including Hamilton, Kitchener/Waterloo, Guelph, Toronto, London, and Ottawa. Again, I received few responses from community providers. Only one housing organization in Kitchener/Waterloo made a significant effort to directly connect me with their clientele. Unfortunately, this did not result in any participants for the study.

Five months after this strategy failed, I revised my recruitment plans once again. Given the reluctance of service providers to inform men about the study, I decided to take a more public approach and obtained approval to post flyers/post cards (see Appendix G for recruitment flyers/post cards), as well as create a social media page on Facebook (see Appendix H for social media page). The social media page did not result in any participants contacting me directly, however it did allow for word to spread about the study and encouraged three of my colleagues to speak with their clientele. I also posted flyers and post cards in a number of public places, including various community organizations. It was not until I made the recruitment process more public that I started to receive follow-up from potential participants.

Throughout the process I outlined above, I simultaneously worked on obtaining ethics approval through the Ministry of Community Safety and Correctional Services in order to recruit within probation and parole. I completed their required proposal and submitted it to their ethics review board. The proposal was reviewed and amendments were completed. The entire process from beginning to end took nine months. Once this proposal was approved, I was informed that probation and parole would be unable to assist in disseminating information about the study directly to their clientele, but

would be willing to post flyers about the study in their office space. Although two individuals involved with probation and parole contacted me about the study, they did not follow-up beyond their initial contact. Overall, no interviews were obtained from clientele engaged with probation and parole.

In total, 54 organizations across Niagara, Hamilton, Kitchener/Waterloo, Guelph, Toronto, London, and Ottawa were contacted about the study. Of those 54 organizations, 19 agreed to assist in the recruitment process. Two organizations agreed to hand out the participant letter, two agreed to speak with their staff, thirteen agreed to post flyers and postcards, and two attempted to engage their clientele directly. Ultimately, eight participants were referred directly by colleagues who were informed about the study from the social media page, two participants came forward as a result of a flyer they noticed at an addiction treatment service in Niagara, one participant came forward as a result of a flyer posted at John Howard Society in Niagara, and one participant was a referral from another participant in the study.

The 54 organizations that I approached about the study were varied in the supports they offered. I contacted community health centres, family health teams, community justice programs, shelters/housing providers, Ontario Works, Job Gym, public health centres, probation and parole, John Howard Society, addiction treatment centres, methadone clinics, addiction recovery homes, general counselling organizations, men's support groups, multicultural centres, 12-step programming (Alcoholics Anonymous), AIDS/HIV support services, PAR programs, the Partner Assault Response network in Ottawa, and various mental health services.

With permission, I posted flyers and post cards in the community at a number of sites including: industrial plants, libraries, laundromats, information centres, chambers of commerce, and building supply stores. Interestingly, the public sites were less apprehensive and much more willing to post the information flyers and post cards than the professional service providers I attempted to engage. As indicated above, very few service providers responded and even fewer agreed to assist with the recruitment process.

Given the challenges encountered in this phase of the research, I decided to track the responses from service providers and outline them below to support some of the participants' experiences highlighted in Chapter 7, as well as offer insights into processes that occur in supporting men with concurrent substance use and intimate partner violence concerns. Responses I received from the service providers who engaged with me and who were willing to assist agreed to:

- (1) Forward the recruitment email to directors/managers/staff. Often it did not move beyond this point and there was no further follow-up from the organization.
- (2) Provide the participant recruitment letter to clientele.
- (3) Send the recruitment email to colleagues.
- (4) Speak with staff about the study to be on the lookout for suitable participants.
- (5) Staff from two organizations directly attempted to engage their clientele.
- (6) Staff from only one organization regularly mentioned the study to participants.

Of those who responded and were unable to assist, they listed the following as their rationale:

- (1) Organizational change prevented their ability to support the study in spite of being interested in the research (response from one service provider).
- (2) Staff identified they did not believe men would be willing to speak with me (response from multiple service providers).
- (3) Organizations were unwilling to allow me to meet with staff because they didn't have time in their schedule (response from multiple service providers).
- (4) The Ministry needs to safeguard confidentiality of clients (response from one Partner Assault Response service provider).
- (5) Partner Assault Response is a highly guarded program (response from one Partner Assault Response service provider - same as above).
- (6) Organizations indicated concerns about what will come of the research (response from one Partner Assault Response service provider).
- (7) Organizations indicated they could not post flyers/materials at Region headquarters/offices that are not their own (response from Public Health Centres).
- (8) Twelve step programming identified they could not post flyers/materials that are not 12-step literature (response from Alcoholics Anonymous).
- (9) Organizations indicated they could not involve provincial correctional clients as per agreement with Ministry of Community Safety and Correctional Services (response from addiction treatment organization).

There were a few organizations that responded to my recruitment efforts and that indicated they would consider supporting this process. They outlined the following as required changes in order to secure their participation:

- (1) Needed to alter the participant letter to highlight their program has no affiliation with the study (response from several Partner Assault Response service providers).
- (2) Required that the participant letter look more “official”, i.e., requested it include a date at the top, a date when participants should reply, and my signature (response from one Partner Assault Response service provider).
- (3) One organization wanted access to the interviews so they could read what participants reported (i.e., what was said by the men) (response from one Partner Assault Response service provider).
- (4) One organization wanted the right to alter data from the study (response from one Partner Assault Response service provider).

Finally, there were some organizations that felt it was important to highlight a number of concerns they had about the study. These concerns included:

- (1) Programs could not be affiliated with the study (response from all Partner Assault Response service providers).
- (2) Uncertain if clientele would admit to domestic violence (response from several service providers).
- (3) Concern about clients’ history of violence (i.e., safety concerns) (response from Partner Assault Response service providers).

- (4) Could not keep track of who took the handout/letter (response from several service providers).
- (5) Unsure if they had suitable locations for flyers/postcards (response from several service providers).
- (6) Many individuals suffer from concurrent disorders and very few are forthcoming about intimate partner violence (response from industrial plant substance abuse counselor).

The following are concerns identified by one Partner Assault Response service provider (who also echoed a number of the above concerns). Additional concerns raised by this provider include:

- (1) Program staff indicated they did not have time to be involved in informing clientele about the study.
- (2) Their clientele might not be interested in “yet another” appointment.
- (3) Their clientele would be reluctant to travel.
- (4) The researcher might have better luck with phone interviews/online survey.
- (5) The organization was concerned that their clientele might not keep their appointment with the interviewer.

Evidently, recruitment was much more challenging than I anticipated. Eleven months after I received ethics approval, I completed my first interview. I knew it might be difficult to engage men, but what I failed to appreciate was the way in which service providers are “gatekeepers” of men’s experiences. I will expand on this in Chapter 7 as it directly relates to a number of outcomes that emerged from the data.

Description of sample. Twenty-two men followed-up with me as the researcher and inquired about the study. Only twelve of these men followed through and participated in an interview. The sample consists of twelve men, including five from the Niagara Region, four from St. Mary's (London area), and three from Brantford. I collected a variety of demographic information from the men using the Participant Demographic Form (see Appendix I for participant demographic form) to obtain a sense of their social positioning and to ensure these details were clearly captured. I reviewed the demographic form with the men after explaining the consent letter and prior to engaging in the interview. I have learned in my clinical practice that obtaining demographic information first can support people in developing some level of comfort, and I hoped this approach would assist the men in feeling more comfortable by the time they engaged in the actual interview.

Table 1 summarizes the demographic information collected from participants in the study. It includes information related to a number of participant demographics, as well as general information related to substance use, domestic violence, mental health, and trauma (see Table 1 for information related to geographic area, housing circumstances, age, marital status, number of children, occupation, cultural background, education level, substance use and domestic violence treatment/charges, and reported mental health/types of trauma).

Table 1. PARTICIPANT DEMOGRAPHICS		Number of Participants (N=12)
General		
Geographic Area	Niagara	5
	Branford	3
	St. Mary's/London	4
Housing Circumstances	Stable home	10
	Living in shelter	2
Age	20-29	1
	30-39	4
	40-49	5
	50-59	2
Marital Status	Single	4
	Separated	3
	Married	3
	Common-law	1
	Divorced	1
Children	Biological children	7
	Stepchildren	4
	None	3
Occupation	General labourer	5
	Self-employed	1
	Unemployed	6
Cultural Background/Ethnicity	African	1
	British	5
	Canadian	1
	Dutch	1
	Native (did not specify nation)	1
	Mi'kmaq	1
	French	3
	German	4
	Irish	1
	Russian	1
	Scottish	3
	Ukrainian	1
Level of Education	Completed up to Grade 11	1
	Completed High School	3
	Completed Some College	1
	Completed College	4
	Completed Some University	1
	Completed University (undergraduate)	2

Substance Use and Domestic Violence		
Received diagnosis of substance use disorder	Yes	3
	No	9
Attended treatment for substance use	Once	3
	Multiple times	6
	Never attended treatment	3
Received domestic violence charges	Yes	7
	No	5
Attended treatment for domestic violence	PAR	3
	Changing Ways	2
	Anger Management	2
	Never attended treatment	5
Mental Health and Trauma		
Reported mental health	Acquired brain injury (ABI)	1
	Depression	5
	Anxiety	5
	Bi-Polar	1
	Cutting (self-harm)	1
	Drug-induced psychosis	2
	Suicidal ideation	5
	Suicide attempt	3
Childhood trauma	Physical	9
	Sexual	3
	Verbal/emotional	10
	Abandonment	10
	Early experiences with substance use	10
Adult trauma	Assaulted by strangers	1
	Victim of workplace bullying	1
	Hospitalization/surgery	2
	Incarceration	1
	Violence associated with selling substances	2
	Violence associated with illegal activity (other than selling substances)	7
	Trauma associated with perpetrating intimate partner violence	12
	Trauma associated with using substances	12

Information on age, marital status, education level, and cultural background was collected. Over half of the men who participated were in their 30s or 40s, over half reported themselves as single or separated, and all but one of the men completed high school (over half reported college or university level education). Although all of the men reported Canadian or European ethnicity (most men indicated their cultural background was a mixture of various descents), one of the men noted African heritage and two of the men identified at least one of their parents was First Nations.

I also asked if the men had children (biological or stepchildren), if they were employed outside of the home, and whether or not they had secure housing. Seven of the men reported biological children, four indicated they had stepchildren (two of these men identified having both biological and step children), and three men identified having no children. Six men were employed as labourers and one of these men was self-employed. Six men identified being unemployed at the time of the study. Ten of the twelve men indicated having stable housing and two men reported they were living in a shelter at the time of the study.

I felt it was important to ask about substance use (i.e., formal diagnosis and if the men had attended treatment) and domestic violence (i.e., if formal charges had been laid and if the men had attended treatment programming). Three of the men reported a formal diagnosis of a substance use disorder and nine men reported attending substance use treatment (six of these men indicated attending substance use treatment

multiple times). Seven men reported a formal charge of domestic violence in their history and five reported attendance at domestic violence treatment programming. Two men indicated attendance at anger management programming and five men identified no previous contact with domestic violence services.

I noticed the men reported a number of mental health concerns in their interviews and as a result, I decided to compile this information as part of the demographic characteristics so that it was accurately recorded in the context of the study. Several of the men who participated identified having more than one mental health issue, one participant reported a moderate acquired brain injury, and five men reported a history of suicidal ideation. Three men reported a history of suicide attempts.

Additionally, men identified a number of childhood and adult traumas in the course of their interviews. Several participants reported physical and sexual experiences of trauma as children/adolescents, ten men indicated verbal and emotional abuse, and several participants identified both physical and emotional experiences of abandonment. Participants also highlighted a number of traumatic experiences in their adulthood including events that occurred in various institutions, violence associated with involvement in illegal activity, as well as trauma resulting from use of substances and perpetrating violence in their intimate partnerships. Detailed information from participant reports on childhood and adult trauma is outlined in Chapters 5 and 6.

Location, Interview Structure, and Process of Interviews

Location of interviews. I travelled throughout the Niagara Region, as well as to St. Mary's and Brantford to conduct the interviews. The interviews were conducted at a location convenient to the participant and that allowed for privacy. Only the participant

and the interviewer were present during the interview. Five of the interviews (all participants from Niagara) took place in meeting rooms at local community organizations that allowed me to book space in their offices. Seven of the interviews took place in private meeting rooms of community organizations where colleagues (who referred clients to me directly) are employed. The interviews were scheduled with each of the men independently and rooms were booked without any identification of who I would be meeting with to maintain privacy. I chose these spaces for the following reasons: 1) to reduce transportation/access barriers for participants; 2) to ensure a quiet and private space for the interviews; and 3) to ensure I addressed safety concerns noted in my research proposal (i.e., although the spaces were private, the interviews took place in buildings where other people were present and available in the event of an emergency).

Interview structure and process. The consent form was reviewed with the participant and each man was provided time to review the form independently (see Appendix J for informed consent). Consent forms were tailored to participants' locations (i.e., local contact numbers were provided in the event of distress/adverse effects). All participants consented to being audiotaped, having anonymous quotations used in reports, and having the author engage in member checking to ensure accuracy of information. None of the participants identified concern about the consent form or its contents.

Prior to engaging in the interview, a signed copy of the consent form was provided to each participant, as well as a thank you card containing a \$20 Tim Horton's gift card. Participants were informed the gift card was a token of appreciation for their time and could be kept whether or not they continued to participate.

Open-ended questioning was crucial to the study. It allowed participants to construct the meaning of their subjective experiences and addressed the processes of interaction among individuals/settings (Creswell, 2013). As such, a semi-structured interview format was used and included open-ended questions (with various probes) designed to elicit information regarding participants' experiences of substance use and intimate partner violence, including perceptions related to influences on masculinity, what men require in order to feel supported when struggling with both concerns, and how service providers can engage them more effectively (see Appendix K for interview guide). Prior to the interview, participants were asked if they wanted their own copy of the interview guide to refer to during the interview. Only one participant indicated a preference for this and referred to it throughout his interview.

Participants were given several moments to respond to the interview questions prior to the interviewer interjecting probes. Four participants did not require probing questions during the interview process. These participants recounted their stories in a flowing manner. The remaining participants adhered to the questions asked by the interviewer and required use of probes to gather additional information. Details about participant engagement in the interview will be outlined in more depth in Chapter 4.

At the end of the interview, participants were thanked for their time and asked if they had any questions or concerns. I also asked how the men experienced the interview to determine any immediate adverse effects, and reviewed resources they could access if required. All of the participants indicated they hoped their stories could be helpful. Some of the participants continued to engage in dialogue with me once the recorder was shut off and the formal interview was completed. Memos were completed about these interactions and will be discussed further in Chapter 4.

Saturation. Narrative research focuses on studying a few individuals, gathering data through the collection of their stories, reporting individual experiences, and chronologically ordering (or using life course stages) the meaning of those experiences; it is best for capturing the detailed stories or life experiences of a single life or the lives of a small number of individuals (Creswell, 2006). Although I anticipated the possibility of obtaining a homogenous sample, I attempted to ensure as much diversity as possible by recruiting within a number of community organizations/services and by moving to public forms of recruitment.

In the dissertation proposal, it was expected that 12-15 interviews would be completed to obtain a variety of stories reporting on individual experiences of concurrent substance use and intimate partner violence. As the interviews progressed, theoretical saturation occurred around the above-noted target. Charmaz (2006) indicates that saturation occurs when obtaining new data no longer contributes to new insights nor reveals new properties of core themes. In this study, I was able to identify themes

through the process of analysis and found similar insights emerging by the time I interviewed my tenth participant. Two additional participants were interviewed to determine if any new insights or properties would emerge and ensure that a sufficient range of experiences were captured.

Ethical Considerations

Confidentiality. Safeguarding the identities of participants is a primary concern regarding the protection of their interests and well-being (Rubin & Babbie, 2008). Therefore, it is of utmost importance to ensure the confidentiality of the participants who decide to engage with the research.

Interviews were at a location convenient to the participants that allowed for privacy. Only the participant and I were present during the interview. Although some helping professionals assisted with recruitment and assisted the researcher in borrowing space to complete the interviews, these professionals were not made aware of the individual's participation unless the individual himself chose to disclose this. Participants were provided my contact information and followed up independently. This process was used to address concerns about participants being treated punitively by the organizations they were recruited within. This was important given that some professionals within a particular organization might disagree with or struggle to understand the purpose of the study.

As part of an informed consent process, I clearly explained to each participant how the information would be collected and stored. I also discussed various ethical considerations outlined in the consent form whereby confidentiality could not be maintained (Rubin & Babbie, 2008). None of the participants indicated concern about this aspect of the process.

Digital audio files from the interviews were transferred to my computer and kept in a password-protected drive to maintain confidentiality. The interviews were transcribed by me and typed into WORD files so they could be transferred into NVivo 10 software for analysis. Identifying information was removed and replaced with labels. A master identification file linking labels to participant names was kept to permit follow-up when participants agreed to be involved in a checking process to ensure their information was presented accurately. However, this master file was destroyed once follow-up had been completed.

At the time of the dissertation proposal, it was decided that participants would be assigned a number in order to protect confidentiality. I did not consider the option of using a pseudonym until I began writing the results of my analysis. Originally, I had decided that although a pseudonym may create a more personal context with which to appreciate the men and their stories, it seemed inauthentic when I considered the outcomes of the study. In Chapter 8, I discuss the relevance of identity and the ways in which men's preferred identities have become masked by various external and internal expectations. A pseudonym could be perceived as another form of "masking". Providing someone with a false name under the guise of confidentiality seemed disrespectful given what I learned about the men in the study. Assigning a number also

masks the identity of the participants but seemed more respectful while still attempting to allow the essence of the men to emerge through their stories. The second reason for my decision to use numbers as a way to identify participants relates to the sensitive nature of the study. The men revealed a number of deeply personal and intimate details about their experiences. It was brave to do this and I wanted to honour the courage it took to be open with me. As such, assigning numbers as a form of identification offers an additional layer of privacy for the men who participated.

However, in reflecting upon this decision more critically, I realized that assigning participants numbers is incongruent with what I hoped to achieve with the study. Although well intentioned, assigning numbers was a reductionist approach and did not allow the participants to have control over this part of the research process (i.e., by having them choose their own pseudonym). Neither of these outcomes is aligned with qualitative research or with the aims of the study. I hope that referring to participants in the study as numbers does not influence the way in which their stories are taken up, however, I must acknowledge that this is certainly a possibility.

Concerns about my identity as researcher: Gender and profession. In the dissertation proposal, I speculated that some participants might have difficulty with or express reluctance in sharing their stories with a female researcher who is also a social worker, particularly given the areas of study. I further surmised that although my experience has been positive in working with men, I could not ignore that there may be some participants who might experience challenges in allowing themselves to be vulnerable enough to share their stories.

Although some of the participants expressed nervousness about the interview and were unsure what to expect, the men were refreshingly open about their experiences and demonstrated a genuine willingness to share their stories. The participants offered relatively uncensored views about what they have encountered in their partnerships with women; the fact that the interviewer was a female social worker did not appear deter them from speaking openly about their beliefs.

Use of incentives. Various studies support the value of compensating individuals for participating in research and highlight incentives as an important tool in obtaining hard-to-reach participants (Kulka, Eyerman, & McNeeley, 2005). Incentives also serve as a means to compensate individuals if there is risk in participating, when asking sensitive questions, and when there is the likelihood of a gatekeeper preventing potential participants from becoming involved (Kulka et al., 2005).

In general, I felt it was important to reimburse participants for participating in the study. I personally believe compensation is important in honouring the contribution participants make to the research and demonstrates recognition that their time is valued. I also recognized that compensation might encourage individuals to participate given the challenges encountered in the recruitment process. Furthermore, I anticipated that providing each participant with a \$20 Tim Horton's gift card might support men with engaging in positive social encounters with other men and/or providing access to basic needs such as food and companionship. Given that one of the outcomes of the study highlights the importance of connection in transforming experiences of trauma, the decision to offer this incentive was an appropriate choice.

Other potential risks to participants. Additional risks for those who decided to participate in the study were primarily related to emotional and psychological trauma. I maintained concern that the men who agreed to participate might struggle to share their stories, not just because I am female and a social worker, but because their stories were varied and contained elements of loss, sadness, and trauma. In depth stories, such as the ones I asked for, can leave narrators feeling vulnerable or exposed (Chase, 2011).

Seidler (2007) suggests that men often feel they have to conceal their vulnerabilities if they are not to “lose face” in front of others; they have learned that emotions are a sign of weakness and that male identities are to be affirmed through showing self-control. Although some of the men maintained self-control throughout their interviews, others were visibly upset at times in recounting their experiences. In saying this however, the men who became upset or uncomfortable were able to manage their fluctuating emotional states, and in some cases, identified feeling a burden had been lifted by sharing aspects of their lives that they had not been able to previously.

Efforts to minimize risks. In order to minimize the risks noted above, I made every effort to adhere to ethical research practices in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2). I implemented the following processes in order to minimize potential risks associated with this study: (1) informed consent was obtained from participants with regard to their entire participation (i.e., to complete an audio-taped interview, to utilize anonymous quotations, and engage in follow-up checking for accuracy); (2) participants were informed of their rights including that their participation was voluntary and they could

end the interview/choose not to answer questions at any time, and that if they wished to recant or withdraw at the end of the interview they could do so without penalty; (3) interviews were conducted in a manner that ensured they were private and confidential (professionals the men engage with were not made aware of their participation, or of the interview taking place); (4) participants were provided with contact information and resources for follow-up support in the event they needed to speak with a helping professional; (5) data obtained from participants was transferred from a digital recorder and kept on a password-protected drive on my computer, which only I have access to; (6) identifying information was removed and participants were assigned a number in order to maintain confidentiality; (7) contact information (for follow-up checking) was kept in a master identification file which was transferred to a password protected drive and destroyed once follow-up was completed; and (8) identifying information was not used in any final reports in order to maintain confidentiality.

Data Analysis

Narrative Analysis

Sound interpretation requires the researcher to get to the center of the phenomenon through the exploration and deconstruction of the data (Geertz, 1973; Maxwell, 2005). In narrative research, storied evidence is gathered not to determine if events actually happened but to capture the meaning experienced by people in relation to various events (Polkinghorne, 2007).

Narrative methods resonate with the lenses of social constructionism and postmodernism for several reasons. Having an inductive process of studying experience assists with interpreting stories and the texts that tell the stories foremost

(Patton, 2002). Such methods contribute to understanding one's own or others' actions, organizing events and objects into meaningful wholes, and connect the consequences of actions and events over time (Chase, 2011). They can also assist in minimizing the temptation to impose theoretical concepts on people's stories; instead, these methods work collaboratively with research participants to improve the quality of their everyday experiences, which is the ultimate goal of the research (Chase, 2011).

These methods are a solid fit when one considers the literature that exists related to men's substance use and intimate partner violence has little application. In particular, narrative inquiry is not only concerned with life as it is experienced in the here and now, but also with life as it is experienced on a continuum (Clandinin & Connelly, 2000). This is critical in developing a rich understanding of men's experiences of these issues. Hearing stories allows for raising questions; it allows one to illuminate the experiences of men including how the discourse(s) has shaped their use of substances, violence, and masculinity, in addition to the impact these issues have had on their relationships (Clandinin & Connelly, 2000).

There are various ways to approach analysis of the data in narrative research. Generally however, narrative researchers situate individual stories within participants' personal experiences (their jobs, their homes), their culture (racial or ethnic), and their historical contexts (time and place) (Creswell, 2006). Participant stories are collected, analyzed, and then 'restoryed' into a framework that may consist of gathering stories, analyzing them for key elements of the story (e.g., time, place, plot, and scene), and then rewriting the stories to place them within a chronological sequence; during this process, the researcher provides a causal link among ideas (Creswell, 2006). In a

general sense, the story might include other elements such as time, place, scene, information about the setting or context of the participants' experiences, and themes that arise from the story which facilitates a detailed discussion of the story's meaning (Creswell, 2006). Additionally, one's storyline may include Clandinin and Connelly's (2000) three-dimensional narrative inquiry space: the personal and the social (interaction); the past, present, and future (continuity); and the place (situation).

Other dimensions of narrative that may be analyzed include: characters, setting, events, audience, causal relations, themes, narrative threads, and metaphors (Bell, 2003). Connelly and Clandinin (1990) suggest that stories function as arguments in which we learn something essentially human by understanding an actual life or community as lived. They indicate that it is important to avoid making generalizations and to concentrate on the event (Connelly & Clandinin, 1990). Connelly and Clandinin (1990) indicate it is important to focus on the event's emotional, moral, and aesthetic qualities; after this, the researcher investigates/asks why the event is associated with these feelings and what their origins might be.

In the present study, a thematic approach was used for analysis and allowed for ideas to emerge from the data obtained in the interviews; maintaining an inductive approach to engaging with and understanding the data was important. Although all narrative inquiry is concerned with context, in thematic analysis, context is the focus (Braun & Clarke, 2006; Reissman, 2008). Thematic analysis examines the ways in which events, realities, meanings, and experiences are the effects of discourses

operating within society by analyzing and reporting patterns within the data (Braun & Clarke, 2006). Efforts were made to prevent the totalizing of participants' narratives as the intention was to capture the nuances of men's experiences while determining contributors to concurrent substance use and intimate partner violence.

A thematic narrative analysis was used to develop understanding about men's experiences of concurrent substance use and intimate partner violence. Given the sample size and the aims of the study, several elements of story were considered including: storyline/plot, character type, setting/context, theme, lesson, and tone. Literary elements, spoken features, and conversation interactions were also considered during analysis (Saldana, 2013). These subschemas assisted with organizing men's stories into a coherent narrative across time and context (Saldana, 2013). I engaged in the following steps, which resulted in the themes discussed in Chapters 5-7:

- (1) A research journal was maintained throughout the process. Reflections and details from the journal were used as a way to engage with the data that emerged from participant interviews (Braun & Clarke, 2006).
- (2) Memos were written after each interview reflecting on what was discussed, the interaction between participants and the researcher, and what themes began to emerge (Braun & Clarke, 2006). These memos were used as a guide for each subsequent interview that occurred.
- (3) All interviews were transcribed verbatim by the investigator. Every effort was made to engage in a simultaneous process of data collection and analysis, however, this did not always occur given the timing of the scheduled interviews.

- (4) Where clarity/confirmation was required, the researcher followed up with participants to ensure accuracy of information. This resulted in obtaining additional information from one participant who offered pertinent information he did not share in his original interview. With his permission, this information was subsequently incorporated as part of the analysis.
- (5) Audio recordings of the interviews were reviewed several times to attend to the tone and structure of participant narratives.
- (6) Transcripts were read word by word, sentence by sentence to derive codes from the text that captured key concepts. Themes emerged from open coding and reflected various elements of story (Braun & Clarke, 2006; Maxwell, 2005; Saldana, 2013); text was subsequently highlighted and grouped into categories using NVivo 10 software.
- (7) A first set of memos on the categories that emerged was completed and a concept map was created to develop a visual representation of what emerged from the initial coding process (Braun & Clarke, 2006).
- (8) A second set of codes were refined when data from the initial coding process (including memos and concept map) was subsequently analyzed and collated (Braun & Clarke, 2006). Data that emerged from this process was organized into broader themes further developing aspects of story. A second set of memos and a concept map were completed to identify themes and relationships within the data.
- (9) Final examination of the data (including consideration of memos and maps completed thus far) resulted in a third set of codes. Data identifying

connections among themes emerged and supported understanding of various aspects of story in a broader context; it also assisted with the development of a coherent storyline (Braun & Clarke, 2006; Maxwell, 2005; Saldana, 2013).

A third set of memos and a final concept map were completed to illustrate the narrative of concurrent substance use and intimate partner violence; this includes the process that shapes men's experiences with concurrent substance use and intimate partner violence.

Men's stories are often not heard because they are fragmented, difficult to take up, and spoken in language that is perceived as minimizing. Men have little language available to them and are often left to make meaning of their experiences within the dominant discourse on masculinity (McKenzie-Mohr & LaFrance, 2011). By attending to stories men shared about their experiences within the context of the study, themes began to emerge. Stories men told about their experiences across the lifespan provided insight/details into these themes. Findings outlined in Chapters 5, 6, and 7 are organized into themes that emerged from the data and reflect the broader narrative of concurrent substance use and intimate partner violence. The themes that emerged are intimately connected to wording used by men in recounting their experiences and highlight aspects of story that convey meaning. Themes also reflect what story was told (and how it was told), what was said (and how it was said), and whose voice emerged in the telling of the story (Braun & Clarke, 2006; Saldana, 2013).

Efforts to Ensure Trustworthiness

A unique strength of qualitative research is its capacity to provide depth of understanding (Rubin, 2000). Researchers should describe choices they make in

implementing various approaches, and report findings in a thorough, open, and accountable manner in order to outline efforts at ensuring rigor (Barusch, Gringeri, & George, 2011; Rubin, 2000). The concept of trustworthiness (as opposed to rigor) is used in qualitative research; Lincoln and Guba (1994) developed various criteria one can implement to ensure credibility of findings. Creswell (2013) states that although a number of strategies can be employed to address trustworthiness, researchers should select strategies that are appropriate to the study. In this section, I discuss several strategies used in the study including methodological appropriateness, triangulation, member checking, negative case analysis, thick description, and an audit trail. I have dedicated Chapter 4 to discussing information related to reflexivity and power.

Methodological appropriateness. Qualitative research seeks to understand phenomena of interest; therefore, it is important to ensure the study design, data collection methods, and analysis strategies fit the aims of the research, as well as the phenomena of interest (Patton, 2002). Methodological appropriateness recognizes the importance of designing a study and utilizing methods that are appropriate for a specific situation/interest (Patton, 2002). It stands to reason that coherence and fit amongst the phenomena of interest, design, and methodology are important factors in enhancing rigor. Given this, efforts have been made to ensure transparency and clarity of reporting with regard to research questions, data collection, and data analysis. Chapters 1 and 2 outline current understandings that exist in the literature regarding

substance use and intimate partner violence relative to men who struggle with these concerns, as well as theoretical frameworks that attempt to address their concurrence. This chapter reviews the process and decision-making behind the methodology used (including specific frameworks that informed the process).

Triangulation. Used as a strategy to establish credibility, triangulation is often identified as a way to substantiate observations using multiple methods, data, analysts or theories to achieve this end (Barusch et al., 2011; Patton, 2002; Rubin, 2000). However, the purpose of triangulation is to deepen understanding through the process of collecting a variety of data and combining multiple perspectives to produce a stronger account (Barusch et al., 2011; Gringeri, Barusch, & Cambron, 2012). This study utilized multiple sources of data including interviews, memos, concept maps, and a research journal.

Member checking. Although member checking typically involves asking participants if they agree with the codes and interpretations of the researcher, there exist different approaches (Barusch et al., 2011; Gringeri et al., 2012; Rubin, 2000). Member checking is an interesting issue within qualitative research because participants may not agree with an analysis that is highly interpretive; however, within a social constructionist framework, everything is interpretive including the stories people tell (Morse, 2015). Bearing these ideas in mind, member checking in this study was conducted in two ways: 1) it was used during the process of data collection to check

data between participants, and 2) to clarify information provided by participants during their interviews. The second approach resulted in one of the participants offering additional information that was incorporated into the study (as per his request) and was subsequently analyzed.

Negative case analysis. Negative case analysis is used in qualitative research to question assumptions researchers make about the data and challenge emerging patterns (Gringeri et al., 2012; Rubin, 2000). Negative cases are sought, analyzed, and compared with commonly occurring cases in order to reveal and understand important differences (Morse, 2015). Given the aim of this study was to explore men's varied experiences of concurrent substance use and intimate partner violence, I anticipated that participants involved would describe a range of information and opinion. As such, I endeavoured to analyze responses until saturation, as well as include examples of responses that were significantly different throughout the results sections in order to provide additional meaning and insights gleaned from these particular cases.

Thick description. Rubin (2000) states that qualitative research should be reported in a specific and thorough manner. Thick description is used to strengthen transferability, and involves offering a detailed account of one's work so readers can determine if findings are applicable to other people, places, and contexts (Barusch et al., 2011; Gringeri et al., 2012; Morse, 2015). In this study, a strong effort has been made to clearly describe methods, procedures, and participants in enough detail so that readers can determine the transferability of this research.

Audit trail. Barusch, Gringeri, and George (2011) identify that an audit trail assists in developing confirmability in qualitative research. An audit trail is a record of various steps and decisions made throughout the entire research process (Gringeri et al., 2012). A strong effort has been made throughout this report to outline a clear record of decisions that were made in the context of the study. A research journal was kept in order to clearly outline steps that were taken throughout this process.

Chapter Four: Reflexivity

It is important to demonstrate awareness of the multiple roles that individuals (researcher and participant) occupy in order to highlight how they shape all aspects of the research (Gringeri et al., 2012). Social locations shape the researcher's interactions with participants and influence the power dynamics that are inherent within the relationship. By describing accounts of the dynamic relationships that occur between participant and researcher, alternate claims to power become more visible and highlight the central role of power in generating knowledge claims (Gringeri et al., 2012). As such, qualitative research demands reflexivity, requiring the researcher to be reflexive about what she brings to the work, what is seen, and how it is seen. The underlying framework of this study presupposes that there is no such thing as unmediated data or facts as these are always the results of interpretation (Alvesson & Skoldberg, 2009). Given this approach, I selected methods that permitted and enhanced reflexivity with regard to data and interpretation of the data. Reflexivity gives attention to voice and works to capture and report multiple perspectives than seek a singular truth; it encourages dialogue among perspectives rather than striving for singular truth and linear prediction (Patton, 2002).

In order to highlight the heterogeneity amongst men and their circumstances, it is crucial that I examine men's stories for evidence of dominant discourse(s) to understand the ways in which class, culture, age, and histories impact men's experiences, as well as to explore the political contexts which shape the issues of substance use and violence against women. Narrative analysis has the potential to achieve these ends. Alvesson and Skoldberg (2009) indicate that using different frames to examine the data

and exploring the dynamic of insights generated by the various frames allows for considerations of power, privilege, language, and discourse, in addition to processing empirical material. Through dialogue and reflexivity, design, data, and theory emerge, with data being recognized as generated from people in a relationship (Lather, 1998). Additionally, awareness of the researcher's own subjectivity is crucial to doing narrative research - understanding how information is filtered in narrative research requires being aware of the various lenses through which one speaks, reads, interprets and defines the world (Fox, 2008).

It is important to investigate the ways in which theoretical, cultural, and political contexts (individual/collective) affect interactions with what is being researched (Alvesson & Skoldberg, 2009). As such, compiling a research journal, writing memos, and intense examination of the data were essential activities in my research. Through the powerful tool of writing, I was able to better develop methodological (and self) awareness, as well as refine the collection and analysis of data (as this process of reflexivity generates new findings and subsequent knowledge) (Richardson & St. Pierre, 2005). I have made meaning of the data by examining a number of avenues to reach a conclusion, in addition to ensuring that I have acknowledged the ways in which I impact the process resulting from prior assumptions and biases (Mays & Pope, 2000). As previously established, qualitative researchers need to position themselves in their writing in order to make their experiences with the phenomenon under exploration known, which involves discussing how past experiences shape the interpretation of the phenomenon (Creswell, 2013).

My Experience of Recruitment, Interviewing, and Analysis

Given these ideas about reflexivity, it is important to share what emerged from the research journal I kept throughout the duration of the study. The following offers the reflections and progress noted in my research journal, and outlines various aspects of the process including recruitment, interviewing, and analysis. Even though the topic of my study is vast, I have long believed that finding a way to understand men's perceptions and experiences of concurrent substance use and intimate partner violence was an important entryway into the broader discourse regarding these issues and might provide a foundation for future research in the area of concurrent substance use and intimate partner violence. Personally, I hoped to understand my lived experiences with these issues with more depth, and given the many individuals I have encountered in my clinical practice, I also felt that exploring men's substance use and intimate partner violence could be a way to give back to my own community.

It is important to note that I have often been criticized by colleagues in the field with whom I speak about these concerns. I have been told on more than one occasion that "bad practice is bad practice" in working with men who struggle with these issues. Bad practice has been described by my colleagues as a failure to meet people where they are at while engaging them appropriately and effectively. In spite of these acknowledgments, bad practice continues to exist and men have not been supported adequately. Considering bad practice as bad practice does nothing to address the problem or shift current conceptualizations of concurrent substance use and intimate

partner violence. I want to understand men's experiences and perceptions so that bad practice is not an excuse for providing substandard support to men struggling with these issues. This became a further driving reason for this study.

Reflections on Recruitment

Recruitment for my study was an incredibly challenging process. At every turn, my patience was tested. In my first attempt, I contacted several social service organizations (e.g., addiction treatment services, men's shelters, and Partner Assault Response programs) in the Niagara Region without much success: just one organization agreed to disseminate information about the study to potential participants, and only two organizations agreed to forward the service provider/participant letters I crafted. In my research journal, I indicated feeling hopeless about this part of the process. It was important to recruit enough participants to obtain a heterogeneous sample, but given the challenges that were encountered, I was not confident this would occur.

From this initial recruitment stage, one potential participant followed up with me and made contact but, nothing materialized. In his only message to me, this potential participant stated, "Let's see what I can do to help you" (personal communication, October 27th, 2014). I noted in my journal that this was an interesting comment and questioned if the man was following up for reasons other than his own benefit. As I reflected on my reaction further, I realized that doing something for someone else can be beneficial and that I had no right to judge why people may or may not wish to be

involved in my study. It was interesting to observe my practice of particular assumption, which is most likely connected to some of the gendered assumptions that are often held in the context of treatment programming (i. e., questioning the reasons men engage in support and if they are involved for the “right” reasons).

My growing frustration led me to wonder about whether the organizations I was contacting were “passing the buck” by indicating their clientele were not appropriate for the study. I questioned why organizations were reluctant to become involved given the number of men who have been identified as struggling with concurrent substance use and intimate partner violence concerns. I also noticed that those organizations which did respond to my call for assistance were also unwilling to allow me to meet with their staff to discuss the study further. In my journal, I surmised the inability to engage with program staff would impact participant engagement and felt that staff might not be invested in letting potential participants know about the study. At this point in the process, I was left feeling that organizations in my home community were uninvested and uninterested in my research, and this was a disheartening realization for me given how much I care about my community. At this stage of recruitment, I felt the application I submitted to the Ministry of Community Safety and Correctional Services was my best chance for obtaining participants in Niagara (via probation and parole).

Due to the lack of engagement by service providers in Niagara, I made the painful decision to extend recruitment outside of the region. I was disappointed and saddened that the community in which I live and work seemed uninvested in the study, and I wondered if this lack of engagement was partially a reflection of the way in which services are provided to men (i.e., we are not invested in effectively supporting men).

After a helpful discussion with one of my colleagues, I realized that these service providers were, in effect, a barrier to accessing potential participants, but still felt that if men had the opportunity to connect with me, they would be agreeable to participating in the study. I also wondered if service providers had a sense of men's histories or if they even knew how to ask about these concerns in the context of their work. Given that the literature indicates that a high proportion of men struggle with both substance use and intimate partner violence concerns, I was left confused as to the barriers I was encountering.

After the first attempt failed, I moved to another recruitment strategy that ultimately yielded some results. I decided that I needed to hit the pavement and social media, engaging anyone I could to spread the word about the study. I continued to feel that people were unwilling to "walk their talk"—many people I connected with indicated they were supportive of the study but maintained serious reluctance in asking potential participants to get involved. In the end, despite the challenges, there were some individuals who actually spoke with men they knew about the study (instead of simply handing out recruitment material with no discussion).

Once individuals began to contact me about participating, in addition to outlining the requirements, I disclosed to potential participants that this study was important for personal and professional reasons, and offered some detail about my own experiences. I cannot say for certain if this disclosure was a deciding factor for men in their decision to participate, but I do know that it seemed to put potential participants at ease when they heard the reasons why this study was important. The participants did tell me that they appreciated my willingness to be open about my reasons for pursuing this study,

and as more participants came forward, my energy for the study was renewed and I started to feel hopeful that I would be able to see it through to the end. I found it interesting that many of the participants started coming forward as a result of the flyers and post cards I distributed. I questioned the reasons for the success of this recruitment strategy in contrast to the challenges I experienced in approaching service providers for their help. I wondered if service providers' reluctance was a way to silence men. Whether or not this reluctance was a deliberate strategy, I suspect that their actions were related to the dominant ideologies that shape the way in which concurrent substance use and intimate partner violence are often taken up.

Reflections on the Interview Process

The interview process invoked a mixture of excitement and trepidation for me as I was looking forward to finally connecting with participants in the study, but I was also concerned about what would unfold from our discussions. My first participant set the positive tone for the remainder of the study—I noted in my research journal how pleasantly surprised I was by how our interview went. Given my clinical background, it has taken me some time to appreciate the difference between clinical interviews and research interviews, and I felt like I had managed this participant interview well. Instead of interpreting during the collection of data (i.e., during the interview), I have learned that interpretation comes later during data analysis. It was slightly challenging to position myself as a researcher given my extensive clinical background, but it is a shift I have managed to make with practice.

As the interviews progressed, I noticed that a theme of “on the record” versus “off the record” discussions emerged. In general, interviews were booked with men on various days and times (with the exception of interviews in St. Mary’s, which were booked on the same day back to back in order to make the best use of time for everyone involved). I noticed that if participants were not in a rush to leave, they would continue to talk with me “off the record” once the recorder was shut off. I wondered if this meant that the men who participated were invested in the process beyond receiving an incentive or feeling as though they wanted to be helpful (I will discuss this phenomenon further when I outline my individual experiences with the participants). I observed that the interviews with men varied in length and that some of the participants seemed to struggle with articulating themselves. I also noticed that the men were reluctant to discuss their role in perpetrating intimate partner violence and seemed more at ease with discussing their challenges with substance use.

After several interviews, I recorded in my journal that I was unsure if I liked the process any longer. I identified that although I felt inspired and excited to see the data that was emerging from the interviews, I often left the interviews wondering if I was replicating the same dynamics of social work practice that I find problematic. Particularly, I questioned if it was fair for me to ask the men to disclose such intimate details about their lives and then not do anything about it (as I might if I were in a clinical role). I was also acutely aware that it is impossible to capture one’s full story within the context of an hour interview. My growing discomfort was an important reminder about

the challenges that are encountered in practice: rarely is the time taken to develop a nuanced understanding of someone in the treatment realm, especially given the pressures of managed care where the expectation is to serve as many people as quickly as possible.

While the interviews were taking place, I was simultaneously transcribing and analyzing the data that emerged. I noted in my journal that transcription was difficult and that I encountered challenges in “keeping it together.” As I moved forward with transcribing, I identified that the stories I gathered were heartbreaking and rife with trauma. I recorded several important revelations that were significant during this part of the process:

- (1) Men reported that substance use causes changes in personality. I felt, however, there was more to the story than this. I surmised that although men might be different when using substances, perhaps substances allow the hurt and pain of early and unresolved trauma to emerge from its burial place.
- (2) Reports about use of methadone as a “drug” were interesting. Although men reported using this substance for its intended purpose, there seemed to be stigma attached to its use that invalidated its efficacy as a legitimate form of treatment.
- (3) Men indicated a desire to not repeat the actions of their fathers but it was unclear how this desire actually materialized.
- (4) Connection was identified as a potential solution to the issues and I wondered how tough love (i.e., being cut off from familial connection and support) was effective given the men’s reports.

(5) Throughout their interviews, participants recalled horrendous events in a very matter of fact manner. This struck me as I was transcribing and I considered this further when I engaged in the analysis process.

(6) I questioned how and why men's services are not trauma informed. Every person I interviewed identified some form of trauma in their early years, and many reported horrendous abuses they were forced to endure. It was difficult for me to imagine how the men could begin to understand the horror of what they have been through, and yet, as professionals, we expect men to make sense of circumstances that are, in many ways, incomprehensible.

I noted that asking individuals to recount details of what brings them into programming (particularly in mandated situations) is akin to asking trauma victims to retell their stories over and over again. Asking individuals to retell their stories to multiple people on numerous occasions has the potential to cause harm, particularly when those individuals are in a vulnerable position and the people with whom those stories are shared are unprepared or ill-equipped to offer effective support. I was amazed by the men I interviewed and their willingness to take the risk of sharing their experiences with me in the hope it might help others (particularly given the amount of shame and judgment they have faced). I identified in my journal how brave I felt these men were in sharing with me and found it interesting, given what they have been through, that they were trying so hard to make things work. I questioned why practitioners fail to see these efforts and why this hard work does not gain the men the results they desire. I also identified that what the men want in their lives is vastly different from what actually has unfolded, and I began to understand why the men

reported so much frustration in their interviews. When I asked the men about what could be different for them or what they would like to see, I observed that the tone of their voice changed completely in the context of the interview as they became more positive and hopeful.

Reflections on Analysis

Although I endeavoured to engage in a simultaneous process of interviewing, transcribing, and analyzing, this was not always possible given the scheduling of the interviews. I noted feeling anxious about the analysis and worried the interviews might not result in anything significant. I also identified my concern about doing justice with the men's stories and was unsure if I would be able to report them in a way that made sense to the reader. Although I was not necessarily aware of this during the interviews, the analysis stage brought to light the fact that each of the men had challenges in communicating their thoughts and feelings. Even though I felt I had asked some fairly basic questions, the men were often either unsure as how to answer or stumbled over their words. This difficulty in clear communication was common for the participants, regardless of their background and social location. I further questioned that if men maintained difficulty with clear communication in an hour interview, how would they be able to make long-term intimate partnerships work? I wondered about what they are able to share (and not share) in the context of their relationships, as well as about the ways their communication is taken up by others.

I found it interesting to see that the structure of the interviews varied. Some men required more probing throughout and others seemed to be at ease with discussing their experiences without it. I also observed during this process there seemed to be a

great deal of “storytelling” in the interviews, and I made an assumption that men might be embellishing aspects of their experience. After reflection, however, I realized that this was the exact point of the study: to obtain men’s stories about their lived experiences (no matter how they were told) in order to develop deeper insights and understanding. During analysis, I felt it was necessary to determine what was important to the men, which subsequently informed the categorization of the data.

I continued to record challenges in the analysis around my own emotional reactions with the text. I recorded feeling heartbroken about the amount of early trauma that was encountered (e.g., loss, abuse, neglect, etc.), and how commonplace this trauma was in the context of their stories. I observed that women (i.e., mothers and grandmothers) seemed to have a strong hand in raising the men who participated but I was left wondering about the fathers. Why did they seem so absent in men’s accounts and how can this not impact a young man’s identity as he matures? I noticed that men continued to “brush off” these early experiences as if they did not matter. I wondered if the men’s appearances of denial were actually *symptoms* of trauma. Given the narratives I encountered, I reflected on whether or not men are actually seen for who they are, which then became an emergent idea in the analysis.

I recorded that I felt angry as I moved forward writing memos related to themes and categories that emerged in the analysis. The men who were interviewed had experienced an incredible amount of harm, which is not recognized in the context of the work we do with them. In particular, I indicated my doubt that service providers have a sense of what men had to endure as children, how normalized substance use becomes, and how substance use needs to be considered as an early childhood traumatic event

(just as much as the violence and abuse the men endured). I found myself disturbed by the relationships that emerged in the data: if men are unable to negotiate day-to-day life, how are they able to negotiate the contradictions that exist around their substance use, violence, and feelings? Examining the men's descriptions of service provider responses continued to stoke the anger I had felt during the recruitment phase of my study. Although (childhood) trauma emerged as a significant factor for the men who I interviewed, service providers continue to operate under the assumption that men are inherently "bad" because of their behaviours instead of recognizing and acknowledging that something bad happened *to* them.

I struggled with the final part of my analysis. I managed to identify significant themes and stories individually but was unable to pull this together in a manner that highlighted the broader narrative. I took some time away from the data in the hope this would support a fresh perspective. Once I returned, I was able to piece the themes I found together in a coherent way that gave voice to the men's stories. I noted that trauma and transformation within the context of concurrent substance use and intimate partner violence are intimately intertwined. I also determined that specific outcomes of trauma (disconnection, contradiction, and identity) were present in men's stories and wondered if addressing these might support men in transforming (i.e., making change). Ultimately, the interviews highlighted men's experiences with Post-Traumatic Stress Disorder (see Chapter 2), a process that includes varying forms of witnessing, experiencing, and participating in trauma (these outcomes will be addressed in the following chapters).

Descriptions of Participants and Reflections on Individual Interviews

In this section, I intend to provide a brief description of each participant, as well as share my reflections on their interviews. In doing so, I hope to highlight the relationship and power dynamics that occurred between each participant and myself (the researcher). Additionally, these reflections intend to honour participant voices, as well as adhere to thick description, which is required of sound qualitative inquiry.

Participant 1

A former colleague (from my work in the mental health field) referred Participant 1, who then contacted me to participate in an interview, stating he was intrigued about the study. Participant 1 was a 46-year-old white man of German, Russian, and English background. He was employed as a heavy shipment operator, and had a college diploma in mechanical maintenance. He was living with his wife and two biological daughters in the Niagara Region. He had one sibling (a brother), and was raised in an abusive home. He was subjected to physical, emotional, and verbal abuse, and identified a family history of suicide. Both parents struggled with substance use concerns (alcohol), and domestic violence was present in the home. Participant 1 stated that he and his mother were best friends while he was growing up.

Participant 1 identified no previous legal charges or treatment related to domestic violence concerns, and indicates no formal substance use diagnosis (although disclosed his family physician previously discussed concerns about alcohol

consumption). Participant 1 reported involvement with individual counselling for his substance use concerns three years ago at a local addiction treatment service. During his interview, Participant 1 identified challenges with depression and a personal history of suicidal ideation.

The interview with Participant 1 was two hours in length and he spoke with me for an additional 30 minutes once the tape recorder was shut off. My sense of him is that he would have stayed and talked with me for hours after the interview had there been the opportunity. When I first met Participant 1, I was struck by his height and his overall hardiness. Although some might experience this man as intimidating due to his stature, I experienced him as warm and kind. Participant 1 seemed nervous initially, but as the interview progressed, he made more eye contact and began to lean in to me when talking (near the end of the interview).

I thoroughly enjoyed the interview with Participant 1 even though it was difficult to bear witness to his story due to details he shared about various experiences. I was struck by this participant's openness and honesty throughout our meeting, and he reminded me of the people I have encountered in my work in the addiction field. He came from a family where substance use was prevalent, and where he was forced to contend with physical abuse by his father. He spoke highly of his wife and daughters throughout the interview, and I noticed his face would flush when he discussed the experiences and behaviours of which he was ashamed. I also observed how he framed his experiences and that gratitude seemed to be an important way of considering the challenges he encountered throughout his life. Overall, Participant 1 seemed to focus more on substance use than violence in the context of the interview. He seemed to

connect substance use and intimate partner violence but was unclear about that particular connection. He was also adamant throughout his interview that change needs to come from within. Participant 1 was very respectful towards me throughout the interview, and I noticed he made an effort to hold the door for me on exiting the room. Participant 1 struggled with accepting the gift card, but did not indicate the reasons behind his reluctance.

I found the “off the record” conversation as equally interesting as to what was shared during the taped interview. The first thing Participant 1 said to me when I shut off the recorder was “thank you for not judging me.” He continued on by discussing the stigma attached to perpetrating violence against women and his perceptions of this stigma. Participant 1 also disclosed two particular stories off the record: one was related to his familiarity with violence, and the second was a story about one of his first experiences with alcohol. I did not ask him for permission to incorporate these recollections into the analysis as he had already disclosed a significant amount of information in the context of his interview and I was reluctant to ask more of him. I reflected on the off the record disclosures and how similar they seemed to the notion of doorknob therapy (i.e., when a client discloses something significant at the end of a session to avoid addressing it in that particular moment). I was not sure whether he was uncomfortable disclosing these on the record or if these were stories that came to him later. I did, however, wonder about the need to ask future participants about labels (e.g., addict, woman abuser) and the impact of these on men’s experiences.

Participant 2

Participant 2 contacted me about the study independently. He indicated having recently relapsed and that he noticed a flyer posted at an addiction treatment centre while he was there looking into support. He stated that: “[if his] shitty experiences could possible help . . . then cool.” Participant 2 was a 40-year-old white man of German and English background. He was employed as a beekeeper and had some university education (undergraduate level courses). Participant 2 was single and lived in communal housing in the Niagara Region. He reported one biological daughter, aged 19, from a previous relationship. He had two older siblings (one brother and one sister). Growing up, he identified looking up to his older brother. Participant 2 grew up in a middle class home and said he had “a good life” as a child. He indicated his parents had a good relationship but that they argued often. Participant 2 stated he was close with his mother and that his father was frequently away from the home working long hours as a truck driver.

Participant 2 identified two previous legal charges for domestic violence and mandated treatment with the PAR program. He indicated a formal substance use diagnosis, although did not specify his addiction issues further. He reported several treatment experiences at local treatment organizations, including inpatient programming (in 1995) and outpatient programming (in 2004), as well as recent individual counselling (in 2015). During his interview, Participant 2 reported he was sexually abused as a child, which started at the age of four and continued into his adolescence. He indicated

several individual events of sexual abuse perpetrated by different assailants. He also reported spending half of his life in penal institutions for various charges. Participant 2 stated he had obtained a moderate brain injury in 2000 as a result of playing football.

The interview with Participant 2 was 45 minutes in length. When I first met him, he mentioned that he was just getting back on track again and had “nothing more than the shoes on his feet.” I noticed that he made good eye contact and seemed friendly, but that his affect was slightly flat throughout the interview. There were moments, however, when he flushed while talking about specific events of which he felt embarrassed or ashamed. He appeared to be bright, but was not overly talkative and required probing questions as the interview progressed to expand on his statements in more depth.

I noticed that Participant 2 seemed to want to take responsibility for his behaviour but I left the interview feeling he was unsure how to do this. Even the small tasks he discussed, such as cooking and grocery shopping, he said were challenging. He mentioned that most of his rehabilitation for his acquired brain injury (ABI) took place while he was incarcerated (but, to my knowledge, there are no supports for people living with an ABI in penal institutions). While Participant 2 did not blame others for his behaviour, he did not seem to know *how* to take responsibility.

Like Participant 1, he was hard on himself when talking about his life. I found there was an interesting distinction being made by the men between “defending” oneself and “perpetrating” violence. I was left to wonder what this meant in terms of being in relationship with another and if acts of violence were moments of “defense.” I thought it was interesting that Participant 2 referred to understanding the process behind the

events in his life as this concept (of “the process”) is very much a part of both addiction treatment and PAR programming. After our interview, I was left wondering what is it about relapse in addiction that is somehow more manageable or negotiable than using violence in partnerships, as well as about why the process is perceived so differently.

My most prominent thought after the interview with Participant 2 was how he had been able to manage as well as he had in life given his sexual abuse history, ABI, ongoing substance use, and long-term incarceration. I was left to wonder how was he supposed to cope and learn given his circumstances and if he had many supports in his life. At this point in the process, I began to feel uncomfortable asking participants to open themselves up to their past trauma in the context of the study. As a clinician, I can continue to support people when I ask such intimate information, but as a researcher, the same kind of support is simply not available. While I can offer interim support in the event of adverse effects in the course of my research, unlike my clinical work, I am not able to support the participants in an ongoing capacity. This was (and continues to be) something I struggled with in research.

I continued to be fascinated by what men were willing to share off the record and wondered if this was because I was not asking the right questions during our recorded interviews. I asked Participant 2 how he felt after disclosing so much personal information, and he replied that: “I feel like I just crawled out of a dumpster.” He continued to state he felt that he is behind in life because of what he has been through and noted significant challenges because of his ABI. I reminded Participant 2 about the resources he could access if he continued to struggle with the impact of disclosing in the interview and confirmed he had support in place prior to his departure.

During member checking, Participant 2 identified he had forgotten to tell me about a sexual assault charge he incurred several years ago. He also stated he was embarrassed about it and was unsure how to bring it up during the interview. He asked if it was relevant to the study and identified he would be willing to share more details that could be incorporated as data. I arranged a follow-up interview via telephone with Participant 2 so he could share about the event. He reported meeting up with a woman and that they spent the evening getting high on approximately \$1000 worth of cocaine. Participant 2 stated that while he and the woman were in the car at one point, she talked about how she “liked it rough” and he asked her to give him fellatio. When she said no, he recalled that he felt angry and that he grabbed her hair and forced her to perform fellatio on him. After she dropped him off in a random location (he could not recall where), she went to a gas station and told the attendant that she was sexually assaulted. As a result, police were called and charges were pressed against Participant 2. He served jail time for the sexual assault.

Participant 2 identified being concerned about the particular charge and what might happen to him in jail. He reported feeling angry about this event for a long time. Years later, Participant 2 and the woman randomly ended up at the same 12-step meeting. The woman pulled Participant 2 aside and asked if he would sit down with her and Participant 2 so they could talk about the sexual assault. Participant 2 said the discussion was cathartic, and that it was a helpful process that enabled him to apologize to her for his actions (he also stated that she apologized to him as well). Participant 2 indicated he felt grateful for this encounter as he would still be ruminating about what had happened and wondering if the woman was okay.

Participant 3

A colleague working at a family health team in St. Mary's referred Participant 3. Participant 3 was a 37-year-old white man of Scottish and Dutch background, who was employed as a labourer in a factory and who had his GED. Participant 3 was residing in the area surrounding St. Mary's. He was single, but had a 6-year-old biological son and an 11-year-old stepdaughter. He reported one sibling (brother) and, while he said he had grown up in a good home, he also indicated things were rough growing up because his parents separated and his mother suffered with serious mental illness. Participant 3 reported that there was physical abuse by his mother when he was younger.

Participant 3 identified no previous legal charges or treatment for domestic. He indicated a formal substance use diagnosis (poly-substance use) from 2009, and noted several treatment experiences at Belleville (twice at the age of 21) and Homewood (once at the age of 35). During his interview, Participant 3 reported a previous suicide attempt and substance induced paranoia that occurred on several occasions.

The interview with Participant 3 was 40 minutes in length. When I first met him, I noticed that Participant 3 seemed highly anxious and struggled to make eye contact. In spite of this, he made a concerted effort to answer the interview questions and, near the end, he seemed a bit more at ease as evidenced by his ability to make more eye contact with me. I also noticed Participant 3 had difficulty in articulating himself throughout the interview. He mentioned on several occasions that he was unsure how to answer the questions I asked because he was not certain he had the answers. Participant 3 required probing questions as the interview progressed to get him to expand on his statements in more depth.

Like the previous participants who were interviewed, Participant 3 beat himself up a great deal during the interview for his behaviour. He seemed to struggle with balancing any successes he has had with some of the difficulties he has encountered. In my brief off the record conversation with Participant 3, he talked about incidents of verbal anger and breaking items. He also reported thinking about suicide when he was using drugs and indicated concern that this was never going to end. I noticed he made more eye contact when he and I spoke off the record. He indicated that he hoped his interview could be helpful, and that “someone has to do it [the study].”

Participant 4

A social work colleague working at a family health team in St. Mary’s referred Participant 4. Participant 4 was a 55-year-old white man born and partially raised in Britain prior to immigrating to Canada with his family. He resided in London, was living on Ontario Works, and not currently employed. He went to college for social service work. Participant 4 is separated from his ex-wife but indicated being in a relationship with another woman at the time of the interview. He reported no children, one sibling (a sister), and identified that his grandmother raised him as a child as his parents were busy running a B & B guesthouse in England. He indicated becoming used to the arguments that would happen at home between his parents and that they became “a norm.” He also said that his mother was responsible for dealing out punishment and that he would get a “slap on the ass” (but stated this was not abuse).

Participant 4 identified one previous legal charge for domestic violence in 2012 and mandated anger management treatment. He spoke about being abused by his ex-wife throughout the duration of their relationship. Participant 4 reported no formal

diagnosis of a substance use concern and no treatment for substance use issues. During the interview, Participant 4 identified struggling with depression and anxiety, as well as engaging in supports to address these concerns.

The interview with Participant 4 was 45 minutes in length. Participant 4 seemed very friendly and forthcoming during the interview, and I did not get the sense that he was nervous about participating. He made regular eye contact and seemed comfortable with articulating himself. Participant 4 was quite open about his challenges during the course of the interview. I was particularly struck by his willingness to talk about his experiences with his abusive ex-wife and their impact on him (as, in my experience, men have often been reluctant to discuss the ways in which they have been abused by their partners). I also noticed that he seemed comfortable with seeking out support as he required. He indicated the importance of being open to various supports and identified how helpful such support could be. I did not notice the same embarrassment, shame, or stigma associated when Participant 4 was revealing details about various events as I had with the other participants. There was no off the record conversation with Participant 4, although, as he was leaving, he indicated that he was happy to have shared his story within the context of the study.

Participant 5

A colleague working at a family health team in St. Mary's referred Participant 5. Participant 5 was a 48-year-old white man that reported his cultural background as Canadian. He was employed as a grain buyer and held a Bachelor of Science. Participant 5 was divorced from but currently living with his ex-wife in the St. Mary's area. He reported having two stepchildren and three siblings (two older brothers and

one twin brother). He indicated he did not come from an affectionate home and that silence was an indication that “something was going on.” He also said that one of his brothers has issues with alcohol.

Participant 5 identified one previous legal charge for domestic violence five years ago and mandated treatment through the PAR program. He reported no formal diagnosis of a substance use concern and no treatment for substance use issues. During the interview, Participant 5 identified struggling with anxiety at various points in his life and indicated that alcohol helped him cope with his anxiety.

The interview with Participant 5 was an hour in length. He was extremely reserved and I was uncertain how the interview would unfold as a result of his demeanor. I noticed Participant 5 demonstrated great difficulty in opening up and seemed reluctant to share details though he did make regular eye contact throughout. Participant 5 was very articulate only after I used probing questions to assist with obtaining information. I observed he seemed more comfortable in discussing related events that happened to others (e.g., neighbours) than when talking about himself and his own perceptions of what was being asked.

In my brief off the record conversation with Participant 5, he stated that “men are men and women are women.” He went on to say that social media was demasculating and that God created men and women to be a certain way. I found it interesting that these comments came after the interview ended and the recorder had been shut off. While I felt that there was more to this man’s story than he let on, and given his reserved presentation, I decided that my questions throughout the interview were enough.

Participant 6

A colleague working at a family health team in St. Mary's referred Participant 6, who stated that he agreed to participate due to the hope that he would have an opportunity to explain his side of the story and potentially make a difference for others in his situation. Participant 6 was a 38-year-old white man of German, English, and Scottish background. He was employed as a trainer in a slaughterhouse and has completed several college preparatory courses. He was married and had three biological children (two sons and one daughter), and resided in the St. Mary's area. Participant 6 reported one sibling who is disabled (a sister), and identified he was loved by his parents although they both worked. He indicated discipline consisted of a spanking, but that it "wasn't like getting beat" and that this was normal in the 1980s. Participant 6 also indicated he got into fights because of his sister's disability and that he was also bullied throughout his childhood.

Participant 6 identifies one previous legal charge for domestic violence 10 years ago and mandated treatment through the Changing Ways program. He reported no formal diagnosis of a substance use concern and no treatment for substance use issues. During the interview, Participant 6 identified struggling with anxiety and depression, and said that he had contemplated suicide at one point in his life given a number of difficult circumstances.

The interview with Participant 6 was 1 hour in length. He came across as an awkward man and appeared unsure of himself. Initially, he was nervous, but as the interview progressed, he made regular eye contact. As he became comfortable, he was friendly and jovial. Participant 6 was open about his experiences although he seemed to

minimize some of his behaviours. I suspect this minimization was connected to feelings of shame as there were moments when he was flushed or became flustered. At times, I observed that his affect did not match his words. In my brief off the record conversation with Participant 6, he stated that he accepted the charges that were laid against him in order to protect his family. He identified that he had not wanted his children to have to go to court, and, if it were not for his children, he would have hired a lawyer and fought the charges. Participant 6 also noted that, at the time of the event described in the interview, he had only been getting three hours of sleep per night.

Participant 7

A colleague working at an addiction services program in Brantford referred Participant 7, who stated that he wanted to be involved in order to give back and share information that will help others. Participant 7 was a 41-year-old man who reported his father as white and his mother as Native. He was residing in Brantford. He identified working on his recovery, and as such, was not employed at the time of the interview. Participant 7 had a college diploma in social service work. He was single but had several biological children (three sons and one daughter), some of which were estranged. Participant 7 had four siblings (two older and two younger). He indicated that he grew up in a violent home, noting that the violence between his father and stepmother always occurred when the children were in bed. When he moved in with his mother and stepfather, Participant 7 reported they were often gone, under the influence of substances, and/or yelling at one another. His stepfather was severely physically abusive towards Participant 7.

Participant 7 identified no previous legal charges or treatment for domestic violence. Participant 7 indicated no formal substance use diagnosis, and indicated two treatment experiences. He attended a treatment centre four or five years ago, and was, at the time of the interview, attending treatment in Brantford. During his interview, Participant 7 reported a history of suicidal ideation, several overdoses, and substance induced psychosis.

The interview with Participant 7 lasted for 1 hour and 20 minutes. He was very open and made constant eye contact throughout the interview. I was struck by his willingness to be so thorough in his discussion of various experiences and he required almost no probing questions. His interview was similar to that of Participant 1 in its flowing and organic structure. I left the interview with Participant 7 feeling overwhelmed as he disclosed a horrendous trauma history and I believed it was truly a miracle that he was alive to tell me his story. In spite of his hardships, I sensed a warmth, genuineness, and authenticity to his personality, which was quite likable. He seemed honest in his sharing and I did not sense that he was trying to impress me.

I was particularly interested in his discussion about violence against women (i.e., belief that it is not okay to hit a woman), as well as in his discussion about substance use, particularly around relapse. Participant 7 appeared quite bright, insightful, and motivated, yet he struggled with pulling things together for himself. I observed that Participant 7 did not seem to flush or become tearful at any time discussing his history. He did seem to laugh off some aspects of his story but this was different from similar

moments with other interviewees. I did not get the sense he was out of touch with his feelings but I remain interested in the fact that he did not overtly display shame or regret in the interview (of course, this did not mean he did not experience these emotions)

In the brief discussion that occurred after the interview, Participant 7 identified feeling that substance use and partner violence are not root causes but symptoms related to other issues (i.e., various lived experiences). He also discussed the importance of being open about his experiences, particularly as someone with a social work background. He stated there is so much pressure to be “perfect” in social work and yet this is often far from reality.

Participant 8

Participant 8 was referred by another participant from the study. Participant 8 indicated being curious about the study and, as a result, decided to participate. Participant 8 was a 59-year-old white man of French background. He was self-employed as a painter and had completed high school. Participant 8 was living with his wife in the Niagara Region. He had no children, and reported several brothers and sisters. Participant 8 identified growing up in a “terrible” home where both his mother and father were alcoholics and physically abusive. He also indicated witnessing physical and emotional/verbal abuse by his father towards his mother. He identified one previous legal charge for domestic violence but no treatment was mandated. Participant 8 indicated no formal substance use diagnosis, but noted one treatment experience in Kansas City (United States) in 1991.

The interview with Participant 8 was 1 hour in length. He was open throughout the interview and made consistent eye contact. There were a few times where he needed to confirm the confidentiality of the interview given the nature of his disclosures. His history was rather colourful and he indicated that few people know all the details of his experiences despite his regular sharing at various 12-step meetings. Participant 8 focused primarily on his substance use and he seemed to minimize his behaviour with women. He seemed to get off track at times, but nevertheless offered a wealth of information. I was left wondering whether his age and potential brain damage caused by his significant substance use history contributed to the tangential nature of his discussion. It feels unfair for me to come to these conclusions, but younger participants seemed a bit more focused. Participant 8 used humour throughout the interview, but I did not experience this as a defense mechanism. He seemed to have worked hard in his recovery and had earned a balanced life as a result. There was no off the record conversation with Participant 8 as he needed to leave immediately after the interview was completed.

Participant 9

A colleague working at an addiction services program in Brantford referred Participant 9. Participant 9 was a 44-year-old man who presented as Caucasian, but reported both British and African background. He was working on his recovery, and as such, was not employed at the time of the interview. He had some college courses in finance. He was residing in a shelter in Brantford, having separated from his wife, with whom he had two biological sons. He reported several siblings (two brothers and three sisters). He indicated growing up in a “tight family” but stated that his father was an

alcoholic and rarely around. Participant 9 reported witnessing physical violence perpetrated by his father towards his mother, and indicated his father was severely physically abusive to both him and his siblings.

Participant 9 identified one previous legal charge for domestic violence in 2013 and several attempts at treatment for domestic violence (Changing Ways and the PAR program). Participant 9 indicated no formal substance use diagnosis but indicated three treatment experiences. He attended Homewood twice (back to back) in 2001 and was enrolled in Day Treatment programming in Brantford at the time of the interview.

The interview with Participant 9 was 1 hour and 10 minutes in length. Participant 9 seemed anxious initially and struggled to make eye contact throughout the interview. He was clear, however, in his willingness to be helpful and I was impressed that he pushed through his anxiety to participate. He only seemed a bit more comfortable as the interview progressed. I was surprised when I learned his age as he looked much older than his reported age of 44. I wondered if his life experiences and his use of substances had taken a toll on his body. I suspected that he was holding back during the interview as he alluded to some “things” both in his childhood and in his marriage with his wife but did not fully disclose information around certain issues. I did not probe further on these absences as I felt it was important to respect his decision to keep these pieces of his story to himself. Participant 9 was the only participant who chose to have a copy of the interview guide to refer to during the interview. I noticed he would scan the guide after each section to ensure he had answered the questions.

Participant 9 offered a number of insights in his interview and I felt sad that his life had shifted so drastically as a result of his substance use concerns. In spite of this, I left feeling positive about the interview with Participant 9 and was struck by some of his comments. I almost felt as if he was reading my mind regarding the issues with service providers in terms of what works and what does not work, and about how men feel about the issues. He seemed more willing than the previous participants to talk about relationship issues and his behaviours in the context of his intimate partnership. There was no off the record conversation with Participant 9 as he seemed in a hurry to leave once the interview had been completed.

Participant 10

Participant 10 contacted me about the study independently. He indicated having noticed a flyer posted at an addiction treatment centre while he was there looking into support. He informed me that, given his experiences, the study was something he “could get behind.” Participant 10 was a 27-year-old white man of German and Irish background. He has been recently employed in the addiction field but lost his job due to pending drug charges. Participant 10 had a college diploma in social service work and was working on his Bachelor in Health Sciences at the time of the interview. Participant 10 was in a common-law relationship with his partner of eight years and had two stepchildren (son and daughter). He was residing in the Niagara Region. Participant 10 reported one sibling (younger sister), and while growing up, he witnessed domestic violence perpetrated by his father (e.g., throwing items, threats). Participant 10 indicated his father was a significant substance user (cocaine and crack) and substance dealer.

Participant 10 identified no previous legal charges or treatment for domestic violence. He indicated a formal substance use diagnosis (opiate addiction/poly drug use), and was attending an outpatient addiction treatment service for individual counselling as he considered inpatient treatment options. During his interview, Participant 10 reported struggling with depression throughout his life and indicated several unsuccessful attempts to have this condition treated properly. He also identified a history of suicidal ideation. At the time of the interview, Participant 10 was awaiting legal outcomes related to various drug-related charges and indicated this heavily weighed on him.

The interview with Participant 10 was 1 hour in length. I experienced Participant 10 as very articulate, bright, and open during discussion. He was polite and respectful, and apologized profusely upon his arrival for missing his originally scheduled interview with me. I noticed he took his hat off prior to starting the interview. He did not appear nervous and seemed prepared to discuss his experiences honestly. I did not need to use many probing questions during the interview and he transitioned through the primary questions in the interview guide almost seamlessly.

Participant 10 noted a number of varied life experiences and had a unique perspective of working in the addiction realm as a professional. Several times during the interview he broke down in tears, and I found his display of emotion heartbreaking. I believed his tears were his genuine way of expressing his remorse over his behaviours. He seemed like a sensitive soul and I cannot imagine how his actions must plague him. I left this interview feeling guilt ridden. Participant 10 was clearly torn up about his past actions and I felt horrible for asking him to disclose such information in

the context of the study. I was struck by his desperation around trying to make change. Participant 10 noted his uncertainty around what is required of him to make change. While I have always believed that people have the answers within themselves and do not like to be told what to do, this young man seemed desperate for someone to tell him how to cope. Participant 10 offered several times throughout the course of the interview to assist with recruitment and indicated he would follow-up with some of his contacts to let them know about the study.

In the brief discussion that occurred after the interview, Participant 10 identified some concern (in a joking manner) about his disclosures. I assured him that he disclosed nothing of concern that would need to be reported and stressed the importance of confidentiality as per the signed contract. Participant 10 also informed me he neglected to mention he has noticed, in times of depression or extreme stress, he tends to be susceptible to relapse. I was struck by the many losses he had recently encountered (i.e., not being able to be with his family because of his bail conditions, loss of employment, support from colleagues, etc.). I wondered about the role of these losses in his current circumstances, and if he was negotiating them effectively.

Participant 11

Participant 11 contacted me about the study independently. He indicated having noticed a flyer posted at John Howard Society and decided to become involved in the study to help others. Participant 11 was a 36-year-old white man of French and Ukrainian background. He was working on his recovery, and, as such, was not employed at the time of the interview. Participant 11 had taken some college courses in

recreation and leisure as well as business marketing. He was single with no children, and was residing in a shelter in the Niagara Region. Participant 11 reported that he was an only child. Growing up, he witnessed domestic violence between his parents and stated that his mother “always walked around on egg shells.” Participant 11 stated that he was sexually abused by a cousin prior to the age of five.

Participant 11 identified no previous legal charges or treatment for domestic violence. He reported no formal substance use diagnosis, but had attended treatment (individual counselling) in Alberta in 2014. During his interview, Participant 11 reported a history of incarceration and suicidal ideation, and noted struggling with several mental health diagnoses including “Attention Deficit Disorder, Attention Deficit Hyperactive Disorder, Bi-Polar Disorder, and Multiple Personality Disorder.”

The interview with Participant 11 was 45 minutes in length. When I scheduled the interview with Participant 11, I wondered if there were some mental health concerns given how the conversation unfolded and due to the rushed nature of his speech. Come the day of our interview, he was slightly early for the meeting, and I experienced him as congenial and pleasant. He worked hard to be polite and not interrupt the conversation. He occasionally caught himself interrupting when I asked a question and apologized. I noticed that Participant 11 made numerous jokes throughout the interview. I was unsure if this was nervousness or part of his personality. He indicated concern about his being adequately “professional” or serious when the recorder was on.

I suspected Participant 11 had a significant trauma and mental health history. He was all over the place in his story and would talk about events in a bizarre manner. At the beginning of the interview, Participant 11 mentioned concerns about the interview

being recorded in “other” ways. I reassured Participant 11 that mine was the only recorder on and he indicated his agreement to continue with recording the interview. I observed that Participant 11 was very emotionally labile throughout. He was tearful at times depending on what he was talking about but this was appropriate given the context of his discussion. I had some concerns about how much Participant 11 could tolerate emotionally and confirmed with him several times at the end of the interview that he felt settled enough to leave. I reviewed resources available to Participant 11 at the end of the interview and encouraged him to access support if needed. Participant 11 mentioned numerous times throughout contact with the interviewer (prior to, during, and after the interview) that he was not completing the interview for the gift card. As I walked Participant 11 to the door, he gave the gift card to someone passing by, saying he wanted to prove to me that he did not complete the interview for the gift card. There was no off the record conversation with Participant 11 as he had another appointment to attend once the interview had been completed.

Participant 12

A colleague working at an addiction services program in Brantford referred Participant 12, who said that he wanted to be involved to help the interviewer with her studies and in the hope it would help others. Participant 12 was a 33-year-old man who reported his father as Scottish and his mother as Mi'kmaq. He was working on his recovery, and, as such, was not employed at the time of the interview. Participant 12 was working on obtaining his GED. He was temporarily separated from his partner and had three children (a biological son and daughter, as well as a stepson). Participant 12 was living in Brantford. He reported one sibling (a sister), and indicated growing up in a

violent home until his mother gave him up to his grandparents when he was still an infant. Participant 12 stated that both his mother and stepfather were alcoholics, and that his stepfather used to beat him, as well as his mother and sister. He noted when his grandfather died from cancer, his grandmother began to develop Alzheimer's disease and she kicked him out of her home (when he was 15 years old). He reported not meeting his biological father until he was 10 or 11 years old, and he identified an incident of sexual abuse by an uncle at the age of 12.

Participant 12 identified two previous legal charges for domestic violence (one in 2012 and another in 2015). He also reported mandated domestic violence treatment in the PAR program in 2012. Participant 12 indicated no formal substance use diagnosis, and indicated he was, at the time of the interview, in his only substance use treatment experience (at a day treatment program in Brantford). During his interview, Participant 12 reported a history of incarceration, self-harm (cutting), suicidal ideation, and suicide attempts.

The interview with Participant 12 was 45 minutes in length. Participant 12 was very open, forthcoming, and resoundingly positive in spite of everything that he had been through. After my interview with him, I felt quite emotional. I was struck by how resilient people can be and thought about the notion of survival. I noticed that men will do whatever it takes to keep trying to achieve the life they want, even though there might be a discrepancy in their behaviour. Participant 12 did not make much eye contact throughout and mostly looked down at the table, but he was eager and engaged

throughout. At one point early in the interview, he pulled a drawing off the wall that he completed. On the one side was the picture of his ideal family and on the other side he was curled into a ball sitting in a field with storm clouds above. He took several minutes to discuss his drawing and what it meant to him.

Participant 12 was eager to show me more of his other artwork after I complimented him on the first piece he showed me during the interview. He was also eager to show me pictures and videos of his daughter and stepson. He currently has no contact with his biological son due to the mother's intervention. Participant 12 seemed very proud while showing me pictures of his children and told me he raised his stepson since birth. What struck me most about Participant 12, however, was how positive he was about his experiences of help and how much he appreciated the importance of his experiences. He did not have any negative comments about the support he received. If he did not need to rush home to get to his children, I suspected he would have kept talking.

Reflections Across Interviews

All the men I interviewed were quite respectful towards me.¹ With the exception of Participant 11, all other participants quickly looked over the consent form and indicated that it was fairly standard. Participant 11 was the only person to carefully read the form. I made sure to review the consent form with each of the men so that they did not skip over items that might have caused concern. I did not realize it initially, but as

¹ One of the things I experienced during the interviews was being reminded of my own former partners and of the challenges I had encountered with them. The men's personality characteristics, substances of choice, and reported feelings of remorse and shame for behaviour were strikingly similar to those of my ex-partners. At times, I was aware of feeling triggered while completing some of the interviews.

the interviews progressed, it occurred to me that these men were incredibly trusting (i.e., engaged in a quick review of confidentiality) in spite of what they have been through in their lives and with various service providers. I observed that several of the men reported a willingness to become involved with the study because their helping professional mentioned it to them. None of the men I interviewed noted concern about their involvement in such research or indicated concern that participating might indirectly cause them harm (or trigger them).

One of the themes I found running throughout the interviews was that the men only considered violence as violence when it was physical in nature. Verbal and emotional abuse (among other forms of abuse) were often minimized. I wondered in what ways this characterization of violence is different for women (i.e., do women feel the same way about violence, and do their understandings differ if they are victims or perpetrators?). I also questioned the differing, and often contradictory, ways in which we label violence depending on whether the perpetrator is a man or woman. In the context of the interviews, I learned that the men seemed more focused (or, at least, comfortable) with discussing their substance use versus their violent behaviours. I wondered if this is because substance use is more clearly defined or if because it involves less stigma and shame. Given that the men (in substance use treatment) were more willing to share these parts of their stories, I wondered about the difference in practice between addiction services and partner violence services.

Chapter Five: Findings

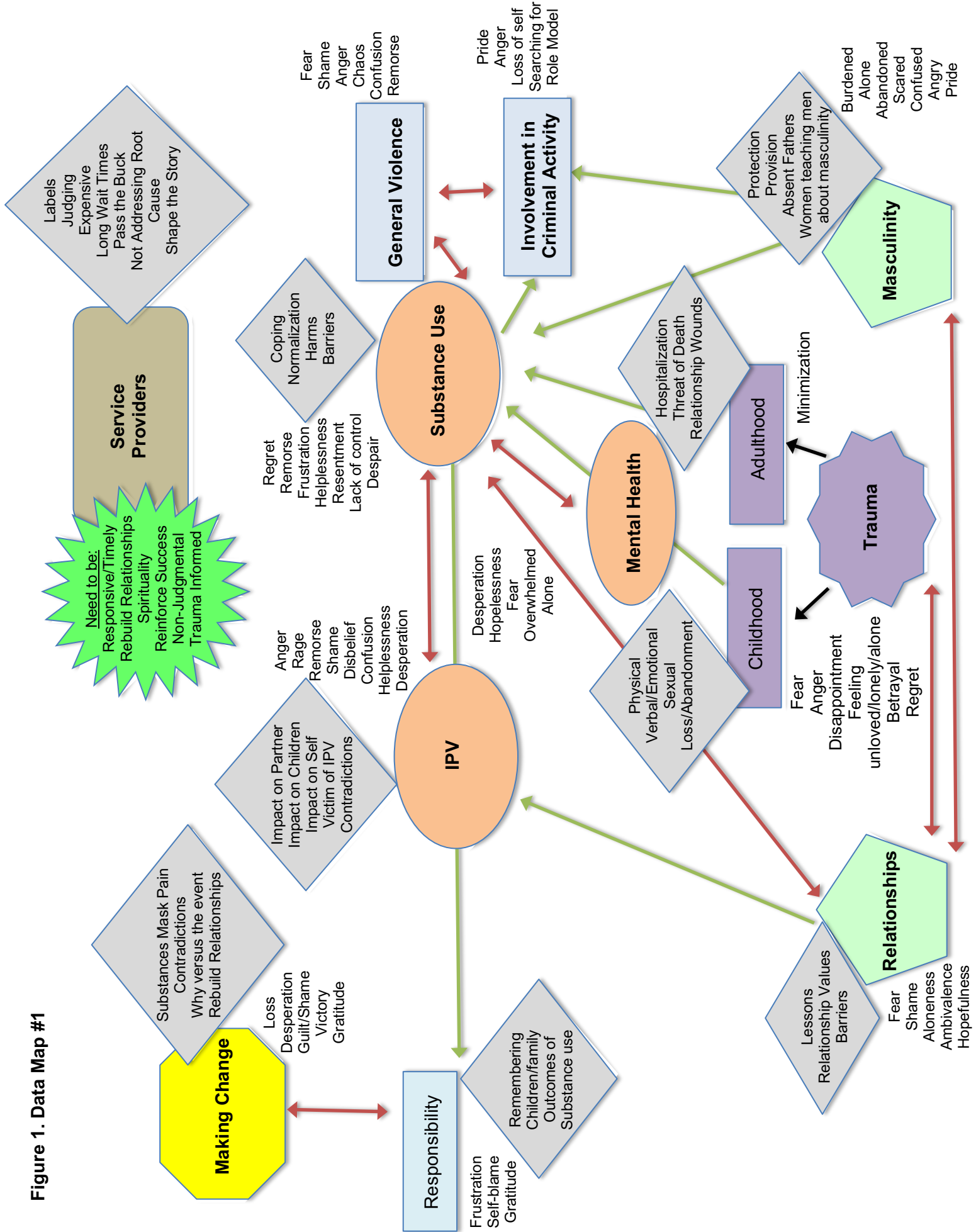
Childhood Trauma

When I began my analysis of the data, I coded for various aspects of story—overall storyline, characters, setting, theme, lesson, and tone—to understand the progression of events in men’s lives. After this process, I completed several memos and a concept map to illustrate ideas that began to emerge. The concept map (see Figure 1 for Data Map #1) illustrated that the broader narrative of men’s experiences with concurrent substance use and intimate partner violence was informed and shaped by external influences, such as service providers, dominant theoretical frameworks, and significant others, that the men had encountered throughout their lives. This was a profound observation as it completely alters *how* we understand men’s experiences. Instead of viewing men’s experiences through the lenses of biology and gender, the data pointed to concurrent substance use and intimate partner violence as symptoms of trauma.

Figure 1 highlights how men’s experiences of concurrent substance use and intimate partner violence are shaped from the “top down.” Framing men’s experiences in this way is concerning because it fragments men’s experiences; it positions particular aspects of their lives as more important than others (e.g., their choice to use substances, the influence of patriarchy on violence in their intimate partnerships, or their perceived unwillingness to accept responsibility for behaviour). Additionally, understanding men’s experiences of concurrent substance use and intimate partner violence from a top down perspective ignores the interconnected nature of a number of

variables that significantly shape various outcomes related to concurrent substance use and intimate partner violence (such as the role of one's social location, the ability to cope with internal and external stressors effectively, and the long-term influence of traumatic experiences).

Figure 1. Data Map #1



The Role of Trauma in Men's Experiences

The participants recounted numerous stories that highlighted the significance of trauma, including how it informs their experiences, how it impacts their relationships with themselves and others, as well as the way in which it influences their ability to make positive life changes. Two broad categories emerged under the theme of trauma and support a coherently structured men's-informed narrative. The men in the study outlined a variety of traumas encountered in both childhood/adolescence and adulthood. This chapter will examine men's stories of childhood/adolescent trauma and the ways in which trauma has been misunderstood by the externally constructed narrative.

Prior to moving forward with illustrative examples from the participants' interviews, it is important to note that I am conceptualizing the notions of trauma and violence as synonymous with one another. Violence can be broadly defined as:

Any attempt to influence, coerce, or control another person where there is potential to cause harm, violate the integrity of the other, or disrespect the other's differences; practices of violence are concerned with promoting conformity through imposing one's own ideas and preferences through judgment, intolerance and the suppression of difference. (Jenkins, 2009, pp.3)

A broad definition of trauma tends to be less concrete because it is dependent upon individual perception. As previously discussed in Chapter 2, it was identified that depending upon one's perception, trauma has the capacity to cause injury (physiologically, psychologically, emotionally, and/or cognitively). Frewen and Lanius (2015) capture the essence of trauma by stating that it is a dehumanizing experience,

one in which those subjected to it are reduced to the status of objects, the victim of someone else's rage, or nature's indifference; it involves being plunged into a state of helplessness.

It is important to note there are commonalities between violence and trauma. First, both are identified as causing some form of injury or harm. Second, both violence and trauma encompass not only physical harm, but emotional/psychological harm as well. Third, the definitions of violence and trauma highlight the notion that each exists as a process *and* as an outcome.

Definitions of Violence

In the context of their interviews, participants were asked how they define abuse and violence. The study found that men defined violence as a primarily physical act. One participant identified violence and abuse more generally as "hurt" but reported some confusion about how hurt actually shows up as "abuse." Another participant indicated that violence moves beyond the physical and is often more difficult to "diagnose." For example, Participant 3 indicated uncertainty around defining violence. He identified being unsure what violence means to him and stated it was not part of his life.

Participants 2, 6, and 9 all reported violence/abuse as physical acts, which Participant 2 explained as: "Hitting somebody, grabbing somebody, pushing somebody, I guess, physical...physical confrontation with somebody."

Participants 5 and 6 noted that violence/abuse can also be emotional, mental, and verbal in nature, impacting the other person's self-esteem. Both participants identify that individual perception influences how violence and abuse are understood.

Participant 5 explains:

Violence is more than just physical. And [sigh] it's any way that affects anybody emotionally and physically. Physical violence is something that is easy to detect, you know, any bruising or whatever, but I think a lot of emotional violence takes place that nobody ever sees or understands and it's probably the hardest one to diagnose and treat and cuz once something said, it can't be taken back...and they can replayed over and over and it's terrible. It's probably the worst form of violence that is there right now.

In connecting participants' responses with masculinity, men seem to understand violence as physical harm (and, to a lesser extent, as verbal harm). Other forms of violence, such as emotional harm or spiritual abuse (e.g., condoning or preventing certain spiritual practices), seem to be absent from men's reports and it is unclear if this is because they have not been detected or if they may be misunderstood.

Although the interviews with the men gathered information about various forms of violence (in relationships, specifically, and in life, more generally), the analysis attended to their stories of violence that highlighted various forms of trauma men had experienced (and/or perpetrated), and that are often perceived (externally) as violence. There are a number of ways that violence shows up as harm in the men's stories: in incidents of childhood physical, verbal, emotional, and sexual abuse; in abandonment and neglect; and, more broadly, in the men's actions against others and oneself (including the use of substances). The men's experiences with trauma and violence begin in childhood and continued to adulthood, and those experiences impact one's

perception of identity, contribute to mental health issues, cause contradiction and confusion, foster disconnection, damage relationships (with others and self), and influence the process of transformation/change.

Childhood Trauma

In the study, all 12 participants reported at least one form of childhood trauma and 11 of the men reported multiple forms of trauma in their childhood. It is important to note that some of the traumas discussed are overt (i.e., physical or sexual abuse), while others are less conspicuous (e.g., silence in the home). Excerpts from participant interviews will illustrate that trauma and traumatic events exist on a continuum and range in severity. The men made more references to childhood trauma than to adult trauma, and they told stories of being both perpetrators and victims of violence in a number of situations.

Physical trauma. Participants in the study identified a range of physical abuses they endured as children and adolescents. Nine participants noted some form of physical abuse or violence in their childhood and adolescence, and the following stories highlight the themes, lessons, characters, tone, and context of violence men experienced. One of the themes that emerged in men's stories was the conflicting messages they received in the home about the use of violence. Men's stories discuss the relevance of their parents and siblings in these circumstances, specifically highlighting their parents' failure to protect them from harm.

For example, Participant 1 indicated that physical abuse in the home might be the result of failing to protect his brother. He explained that his father would use physical violence if Participant 1 failed to use violence to protect his brother:

If my brother was getting into a fight and I saw it and I didn't help him, whether he was winning or not, when we went home, I got it. That's just the way it was. Like, you protect your family, and my brother would be the same way.

Participant 3 reported similar reasons for physical abuse by his parents but minimized his experience. He also noted that discipline was implemented by his mother:

When I was a kid, Mum, like I said, had her things going on, so she would lose her--it was more...there was some physical, but nothing like, you know, brutal, you know what I mean? She had some problems processing her own anger and whatever she had going on, you know, and she'd take it out on my brother and I. And of course, I was always the one that would kinda lip off, you know what I mean. I'd sorta fight back, not physically, but you know, like I'd run my mouth [chuckles] and I think that kinda carried on, you know, having a bit of a problem with runnin' my mouth. Talkin' when I should be listenin' [chuckles] you know?

Both Participant 1 and 3 highlight the ways in which parents might betray their children by failing to protect them and, instead, by being the individuals who perpetrate harm.

Participants also shared stories that extended the idea of how messaging around physical violence can be confusing. Four participants told stories outlining how they moved from victim to perpetrator in their early experiences. Participant 6 and 12 both reported issues at school (bullying and harassment) and indicated they engaged in violence as a means to protect both themselves (and their siblings) against peers. Furthermore, two participants told stories of when they had been in the position of retaliating against a parent for abuse they endured. For Participant 1, his retaliation was reported as a matter of protection. When he was 15, Participant 1 recalled having to protect his brother against his father:

When he [my dad] couldn't get to me, he went after my brother, and I cracked him over the head with a pop bottle. [...] Gave him six stitches, knocked him right out cold. [...] My Mum hugged me, told me she loved me, and that she'd send me to a friend's house for the night to go sleep cuz the ambulance was coming to pick up my dad [laughs].

Participant 7 recalled a time when he and his brother were in an altercation and his stepfather was going to use violence to address the situation. Participant 7 shared how he used violence to protect himself from his stepfather:

Me and my brother were fighting in the kitchen. And unfortunately I was on top of him. I'm pounding him. And my stepfather comes out charging and I knew that's it, I'm gettin' it. And it's time for it to stop, right? I'm a big kid now. And I grabbed him and threw him to the floor. He had a heart condition, so I knew I couldn't pound him out but I held him in a headlock till he stopped and went limp and we were tousing around and I told him that was it. If you ever touch me again, I'll kill you. This is the one and only time I'm telling you this. And from then on, there was nothing, right?

Participant 1 and 7 both highlight how violence was used as a means of protecting themselves and their siblings. Participant 7's story illustrates the way in which his use of violence, as a means of protection, prevented his stepfather from perpetrating further violence against him.

Another theme that emerged from men's trauma stories is the chaos that was created by physical violence they experienced in the home. Participants 1, 7, 9, and 12 all reported physical violence perpetrated by parents in the form of beatings. The violence reported by these participants highlights the ways in which abuse was disguised as discipline (i.e., deserved punishment). For example, Participant 1 discussed how he was deserving of the physical abuse he received at the hands of his father:

I got it when needed it and he wasn't afraid to give it. I don't know. Ya know what I mean? If I pushed those boundaries, me or my brother, we got it. You knew where to draw the line with my Dad.

Participant 7 discussed physical abuse by his stepfather, illustrating the fear that was instilled through various forms of physical (and psychological) violence disguised as extreme forms of discipline implemented for perceived infractions:

Growing up, with my Mum and stepfather, my stepfather very strict, very abusive man. Things like when we misbehaved, it was the strap, right? It was 10 lashes, and if you moved your hand, you got 10 more. If it was really bad, it was pants down, bare ass, strapping and I mean the strap was huge and thick and the strap hung on the cupboard so as soon as you walk in the house, you see the strap. If you did something wrong, you had to go get the strap. Right? My stepfather was notorious for things like if he found dirt on the floor, you didn't sweep properly, he'd throw shit on it and then you'd have to clean it up. If it was your night to do the dishes and he found a dirty dish, it didn't matter if it was three days ago that somebody else left it there, if he found a dirty dish on your night to do dishes, ALL the dishes came out of the cupboard. And you had to wash all the dishes, right? It didn't matter what time you were done, you had to do all of it. Kneeling was a big one. Kneeling on grates, like the heating grates, that's where you'd have to kneel for long periods of time. Umm, all kinds of weird shit.

Participants 1 and 7 both highlight the chaos and terror instilled by parents through the use of physical violence. Their stories illustrate the ways in which physical violence becomes intertwined with psychological violence, heightening the fear and terror they experienced in the home.

Sexual trauma. My clinical experience has taught me that sexual abuse is often a precursor to chronic substance use concerns and challenges in negotiating relationships with others. Despite sexual trauma commonly kept secret, especially by men, three participants shared varying accounts of sexual abuse they endured as children/adolescents, which highlight the fear and anger this particular form of violence instilled. For example, Participant 2 identified two instances of sexual abuse, one at the age of four or five, and another at the age of 13:

I think I was taken advantage of one time when I was like 13. I used to think maybe something even happened to me when I was 4 or 5 but I have no real vivid recollection of anything other than what happened when I was 13. There used to be this guy who would go to the liquor store for us and get us booze and he kinda got me drunk one night or whatever and talked me into letting him give me fellatio kinda thing and it's always bothered me.

Participant 11 and 12 both disclosed incidents that occurred with family members. Participant 11 disclosed an incident that occurred with an older cousin at the age of five, while Participant 12 discussed an incident involving his uncle. Participant 12 explains how frightening his experience was, as well as how his father used violence as a means of protection and punishment:

I had a bad experience when I was about 12. [...] My uncle just been released from prison and he was in prison for murder. I was in the bathroom. My father and my stepmother were sleeping, and my uncle was over cuz he was staying with my father and stuff, but he ended up cornering me in the bathroom at like one in the morning, and he was trying to grab at me like in an inappropriate manner. And that was one of the scariest things in my life. I didn't know what the hell to do. Like my uncle was huge, big man. But luckily, ya know, my dad was there, so I screamed for him, and my Dad came and he kicked the shit out of my uncle, threw him out of the house and stuff. That was scary. I can't even think about the shit that I've seen happen in my family to my family by my family.

Participants 2, 11, and 12 shared stories of sexual abuse they had experienced at the hands of family members and strangers. Their experiences highlight the fear and confusion they felt as a result of these circumstances, and also demonstrate ways that violence can be used for the purposes of punishment and protection.

Verbal and emotional abuse. Reports of witnessing/experiencing overt examples of domestic violence growing up were significant. Ten of the participants in the study recounted their experiences of growing up in households where domestic violence was present and their stories illustrate the conflicting messages they received about violence in their circumstances.

While participants were forthcoming about having witnessed domestic violence in the home (between their parents), there were fewer reports of verbal and emotional abuse. Participants did, however, report some significant instances of verbal and emotional abuse that occurred primarily in the home, but also at school. In particular,

two participants spoke of the notion of “silence as violence” in their stories. Silence appeared to fulfill two purposes. First, it acted as a warning sign that something might be wrong. Participant 5 noted this use of silence in childhood and later on as an adult:

If you came home and the house was quiet, you knew that something was going on. So I wouldn't say that we were taught from our parents on conflict resolution other than silence. That was the cure to solving issues. But it never lasted more than a day. Like it wasn't something that lasted forever.

Second, silence contributed to the perception that there was a lack of intimacy or closeness between family members, highlighting the men's feelings of being unloved and alone. Participant 7 highlights the contradiction he experienced in growing up in an environment where love was supposed to be present, but was often absent in silence:

I just didn't feel close with my family. Loved, right? We all loved each other deeply and we still do, but there was no closeness, no intimacy. I mean, supper was no talking. Come home for supper, you don't come home, you get beat and you don't get food. You come home, you sit at the table, supper time is for eating. There's no talking. Right?

In addition to the above examples three men offered stories that illustrated less overt forms of emotional/verbal violence between their parents. The following participant excerpts highlight the way in which emotional and verbal violence was normalized in the home. Participant 2 and 3 both identified that they came from good homes but that their circumstances were not necessarily perfect. For example, Participant 2 stated: “I think my parents had a good relationship. You know, there was a lot of arguing or whatever.” Both participants shared stories of verbal/emotional violence between parents that highlight the contradictory messages they received while growing up. The less overt the “violence” and the more it became a normalized part of men's everyday experience. Participant 4 also reported verbal/emotional violence between his parents framing it as “normal”:

Basically what I seen was my Mum and Dad...sometimes it would be escalated all of a sudden. I seen closeness, too, so I kinda seen both sides of the story. [...] I just grew used to the arguments and walkin' out but it didn't really cause me to get up and leave the house because of it. I don't know. It just became a norm, and you dealt with it.

Furthermore, Participants 1, 10, and 11 shared examples of overt instances in which verbal/emotional violence were normalized in the home and which, as Participant 1 explained, impacted their mothers:

It's all I remember is booze and fights, arguments, and my Mum crying and my Dad calling her dumb. Not too many good times that just seemed to be the norm. I watched the verbal abuse [by my Dad], and I watched my Mum cry and tormented. I remember my Mum said one time that she just wished he would just hit her. It'd be easier to take.

Participants 1, 2, 3, 4, 10, and 11 offer examples of normalized verbal/emotional violence in the home that were overt and reported as easily recognizable. Participant 7 on the other hand, expands the notion of emotional/verbal violence, identifying that it is not always seen. He disclosed that violence could be witnessed in other ways and still have an impact:

Never seen violence. But always violence when we went to bed. Right? I mean, you could hear them [father and stepmother] fighting and dishes crashing. So it was pretty scary, you know? And you just you stayed in your room and you stayed still you know? You tried to do your best to go to sleep. With my mother and stepfather, I don't remember so much of any kind of physical violence, but the yelling and screaming and my stepdad being drunk or both of them being gone a lot. [...] It just always felt like chaos.

Participant 12 offered a story that differed slightly from the others in regards to domestic violence. He contrasted his experiences of his grandparents' relationship, as well as his mother and stepfather's relationship, highlighting the different ways violence shows up in relationships:

All I seen really, like with at home with my grandparents, there wasn't a whole lot of argument there. My grandma kinda ran the show. My grandfather was a very passive person. But at home, with my Mum and my stepfather, it was nothing but violence all the time. And I knew just watching what my stepfather was doing to my mother ya know, I knew that wasn't right. Any of that, ya know. That's why I'm so shameful for the things that I've done ya know. I've never beat the hell out of any woman or anything like that, but I didn't learn a whole lot about relationships. I just knew what I didn't wanna do in mine, ya know.

Participant stories illustrate the chaotic environments they were forced to navigate as young children. The men described several ways in which verbal and emotional violence occurred within their parents' relationships, as well as the impact this type of violence had on themselves and their mothers. Participants clearly identified that they disapproved of their fathers/stepfathers' violence while growing up and vowed to be different in their own relationships. These perceptions impact men's experiences of their own violence as adults and will be discussed further in Chapter 6.

Abandonment. Another form of trauma that men appeared to endure fell under the umbrella of abandonment. Within this particular form of harm, the men's stories highlight underlying feelings of betrayal, fear, aloneness, disappointment, and lack of protection. These experiences connect to men's self-esteem and feelings of security. For example, three participants recalled stories where they were physically abandoned by one of their parents. Participant 7 disclosed a time around the age of six when he was given the choice of which parent he wanted to live with and then was denied that choice. This constitutes a significant betrayal by his father:

I think it was after my sixth birthday. My father brought us out for a drive, told us that he was moving to Edmonton with my stepmother, and that we had a choice of where we wanted to live. [...] So not having a concept of "mother", this was my family. So of course I wanna go with my father and stepmother. This is what I wanted to do. That's caused a lot of rift in my life because after I told him what I

wanted to do, he stated that no, I had to go live with my mother [big sigh] so now I have to go live with a stranger, right? [...] So that was very terrifying to for me. Very betrayed. Like, what are you doing? Why is this happening? I had no understanding what was going on.

Participant 12 also describes how as a child, he was left by his mother. His story illustrates the lack of protection, sense of aloneness, and betrayal that was part of his experience growing up:

There was a short period of time where I first went to live with them [grandparents], and you know, my Mum wanted me back home. So she [grandmother] brought me home and I threw a big tantrum ya know, I wanna go back to grandma. So right then and there before my bags are even unpacked, she brought me back up to my grandmother's and just left me standing in the hallway. My grandmother and grandfather had already gone to work. And she [Mum] just left me in the hallway. So I sat there more or less all day [laughs] ya know. Luckily I had friends in that building and stuff that I played with and whatever. They brought me into their place and stuff. But yeah, she just left me.

In addition to physical abandonment, ten participants also reported instances of emotional abandonment where lack of attention and care was present in their stories.

For example, Participant 4 identified that because his parents were so busy working, they often had no idea where he was during the day or what he did with his time:

I was basically raised up by my grandmother in England. My Dad was on council committees in England, and he also taught people how to drive. My mother was full time on taking care of us, me and my sister, and also running the B&B guesthouse. Then when we immigrated to Canada, it just seemed like I was mostly on my own-did my own thing. Half the time, my parents never knew where I was [...] I would basically leave the house in the morning, and not come home till sundown. And there was never really any question as to where I was or what I'd done, so.

Participant 7 also disclosed an instance regarding a time in his life where he was left to his own devices. He became involved with a much older woman and reengaged in using substances. The nature of the relationship highlights the lack of care and investment by his mother:

She was moving out so I helped her move out. And then we started sleeping together. She was 28. I was 15. I moved out of the [women's] shelter to stay with her under the auspice that I was gonna be babysitting her kid for her while she's working. That's what my Mum thought. So again, back to drinking and drugs, right? Tons of that with her and that went on for a few months till she thought she got pregnant and then that stopped. By then, my Mum had found a place for the family. So I moved back in with my Mum.

Participant stories illustrate the varied nature of abandonment (physical and emotional) by parents including the significant betrayal they experienced in relation to their parents' actions. These betrayals contributed to feelings of aloneness and constituted a lack of protection by their parents.

Early experiences with substance use. Ten participants disclosed early experiences with substances. These particular experiences highlight a number of feelings in their stories including betrayal, regret, anger, aloneness, a lack of care, and the normalization of substance use as part of everyday life.

Participants learned a number of lessons about substances in their families while they were growing up. These lessons normalized substance use as an inherent aspect of daily life for participants. Participants 1, 2, 7, 9, and 10 identified that substances, particularly alcohol, were present in the home and easily accessible to them at an early age. Participants 1, 7, and 9 all reported that one of their family members (mother, father, and aunt) facilitated access to alcohol. Furthermore, Participants 9 and 10 indicated witnessing a parent use illicit substances (i.e., cannabis and crack) in the home.

Participant 1 disclosed that his father significantly impacted his early understanding, and subsequent use, of substances. He recalls a time when he learned about the importance of substance use from his father. He describes his father's attention to substances in a very different manner than how he previously described the attention his father paid him:

When I was growing up, alcohol was always there. My Dad was buying it for me when I was 13 years old. And he used to make homemade cherry whiskey. [...] He would get these big industrial size mason jars, wash all his cherries off, add some sugar, and then he'd fill it with straight vodka. And then he would lovingly turn the jars of this cherry whiskey every day until it was ready. [...] And he drank it like nobody's business. And it was no big deal. And I never seen a man look so happy. That's the happiest I ever saw him, was with that cherry whiskey.

Participant 7 discussed a specific event related to family and early substance use which had a profound effect on his life. The story about his father illustrates the betrayal, anger, and regret connected to early experiences of substance use:

My father comes down, who I haven't seen since he left for Edmonton. And I don't know if he was serious, or if he was joking, or what. We go out for coffee, and the first time after all these years of not seeing my biological father, he's like, "You look like a pretty cool kid. You probably know where to get good weed in this town." I'm like, "Really? Coffee's done." And I got up and I walked out and that's the last time we ever talked. He went back to Edmonton and drank himself to death. Somebody found him two weeks later in his chair because of the smell. My father died alone. And I've always carried that as well. You know?

Further to the contradictions and lessons identified above, Participant 9 shares how substance use was normalized in his household growing up. His story highlights the way in which normalization of substance use potentially leads to attitudes that seem to minimize its role in causing harm/destruction:

Alcohol was just there. It was always there. It wasn't a big thing. Umm, if I wanted to have a beer or whatever, from about that age, onward, it was fine. I mean, I know it sounds silly to say it, but I never umm, abused it, like it was one of those things it was there, on the weekends, ya know Saturday and Sundays. If you wanted to drink it, you could, basically. My Dad uh, he drank, ya know. He was

always drunk. I didn't learn it, it was just there. It was always there. My brothers drank. [...] The booze was there. It was always there and it wasn't a big deal, ya know? Drug use, it wasn't around. I remember one time I seen my Mum smoke pot, but it was kinda like a one-off. I never seen any other drug use than that one time. But it was around ya know, umm, in the neighbourhood, that kinda thing.

In addition to family, participants also shared examples of how their peers influenced their use of substances. Participant 2, Participant 3, Participant 4, and Participant 6 all report that peers influenced the decision to use substances, and that they began using at approximately 12-13 years of age. Participant 3 highlights the influence of peers on substance use in his adolescence:

At a young age, I had a want to escape. It was a young age, I think, I was 12 or 13 first time I got drunk and then it wasn't too long after that I tried pot. At 16/17 I always hung out with older people, older guys you know, and I got into some chemical stuff, and that just sorta became my life. It just became normal. Smoked a lot of pot in my earlier-like teen years; stopped that, stopped that early.

Participant 2 also shared an example of the influence his peers had on his substance use. His story highlights his confusion over what he initially believed about substances versus how he actually experienced them:

I'd go sit in front of a liquor store on my BMX with 10 bucks and try to wait for the guy that I thought would go in and buy me a mickey of Southern Comfort. I always knew that drugs were bad and I'd always say I'd drink but I'd never do drugs. [...] I remember I was probably about 15 or whatever and these guys talked me into smokin' a joint so I smoked a joint and I remember walking home thinkin' "what's the big deal about this?" like it didn't kill me I'm not even feelin' anything really. So then I drank and smoked weed but then I said I wouldn't do anything else and then the peer group that I hung out with went from drinkin' and smokin' weed to droppin' acid probably around 16/17. So that's what I started to do too. We'd go do some break and enters and then rent a motel room and get a case of beer and some dope and whatever and party.

Participant 7 recalled a number of influences and outcomes related to use of substances that included peers and his immediate community. His story highlights his aloneness growing up and the ways in which use became normalized outside the home:

I remember hanging out with friends when we lived in Ontario Housing and waiting outside at parties for people to flick their joints out because we'd go and we'd each have a little puff, right? Or ya know, empty bottles and stuff and so, yeah, it was just natural. That's what people did. Right? And so started using at a very young age. With my parents working nights, it was easy to have parties at my house and have everybody out before dawn, right? And parents none the wiser. I had friends who helped me clean up the house and yeah, I had parties at my place every night of the week. In Ontario Housing everybody's going through so many issues, right? Abuse with their parents and these sorts of things, so for us to all sort of be our own family unit and hang out, party together and everything and that's what we did, right? It was us from that block, not gang mentality, but that's what we did. We all hung out, and we all partied together and stuff.

Participants also described the progression of their use and the outcomes and attitudes that emerged as a result. Participant 10, Participant 11, and Participant 12 discussed the challenges that occurred in the progression of their use of substances including use of increasingly risky substances, lack of concern for consequences associated with use (e.g., missing school), and life circumstances that exacerbated reasons for use. Participant 12 offers a story that highlights the ways in which substance use progressed over his adolescence and what circumstances contributed to this progression:

Substance use has always been in my life, from a young age. Started with cigarettes. Got into pot and beer, then really bad into LSD, ecstasy. Then into meth and coke, a little bit into crack. I never shot a needle or anything like that in my life, any of that stuff, but I've dabbled in everything. Started off just as a fun thing to do on the weekends. I always thought I had a grip on things. I knew I could stop any time. And my grandparents raised me till about 15. My grandfather got really sick with cancer and then he passed. And my grandmother kinda lost her mind a bit. The loss of my grandfather took her over the edge, and she threw me out. And that's when I really started getting into a lot of drugs. I started cutting myself. I started doing a lot of chemical drugs. A lot, a lot of drinking. Just fell in with the wrong crowds, ya know. My marks went down in school. I stopped going to school cuz I had to work to support my drug and alcohol habit. I was living on the street.

As a result of the analysis, the lesson that emerged from men's stories about their childhood experiences is that the world is a scary place and those who are supposed to protect usually end up causing harm. This lesson ultimately shapes how men see and experience the world as they grow up. Participants outlined a number of examples in which this particular lesson became entrenched through their exposure to various forms of violence and trauma. These particular experiences set the stage for participants' reports of adult forms of trauma.

Chapter Six: Findings

Adult Trauma

All twelve participants reported some form of adult trauma in their stories. The men highlighted a number of circumstances where violence was present as an adult. Beyond what has occurred in their intimate partnerships, men have been exposed to a range of circumstances containing violence that resulted in trauma. Interestingly, some of these situations seem to fit within stereotypical assumptions that exist about masculinity (e.g., substance use, physical violence, etc.) while others do not (e.g., being in hospital, self-medication, workplace bullying). A number of the men's stories involved substances or were related to substance use. This chapter will examine men's stories of adult trauma. Men's experiences of violence (in general) and violence related to illegal activity will be explored, and their experiences and perceptions of intimate partner violence and use of substances will also be highlighted.

Men reported an assortment of traumas as adults that varied in severity. Trauma examples men shared include: trauma as a result of exposure to institutions and trauma related to lack of safety. For example, three participants discussed specific forms of trauma/harm that occurred and were connected to their involvement within an institution. Participant 2 discussed various events he witnessed while being incarcerated and the impact this had on him personally. Participant 4 discussed an instance of bullying in his former place of employment. Participant 10 discussed a traumatic experience he had in hospital as an adult while having his tonsils removed without anesthetic.

Further to institutional experiences of trauma, men also reported adult trauma resulting from concerns about their safety and well-being. For example, Participant 9 described a time when he was randomly jumped by strangers. Participant 10 on the other hand, described a time when he learned his life was threatened as a result of his involvement in dealing substances. Participant 7 shared an experience where his safety was in jeopardy because of his involvement with a gang. These particular examples highlight the notion that perceptions of trauma are individual, but the analysis found that confusion and fear were prominent undertones in these trauma stories.

General Violence, Intimate Partner Violence, and Substance Use

The study uncovered that general violence, intimate partner violence, and substance use concerns may be considered instigators of trauma, but that the men's stories demonstrate the ways in which violence and substance use are also outcomes of trauma. Participants report a range of circumstances that involve violence. General violence, violence related to illegal activity, intimate partner violence, and substance use fall under the broader category of adult trauma given the impact on self and others.

General Violence and Illegal Activity

Violence seems to be commonplace and part of men's everyday experience, particularly if it was experienced in childhood. It also seems to be an expectation in situations when men anticipate that something bad might happen (i.e., men are expected to be violent towards others in order to protect or defend their property, relationships, or pride). In the study, six participants described general forms of violence (i.e., violence that occurred outside of their intimate partnerships). In these situations,

violence was reported to have occurred: in the home/community/institutions, against oneself, against others, as a result of using drugs/alcohol, as a result of selling/dealing substances, and as a way to eliminate boredom. Further to this, seven participants reported involvement in illegal activity. In these circumstances, illegal activity seems to be related to making money to support oneself, their family, and/or their substance use habit.

The study found that general violence and violence related to illegal activity (and the subsequent trauma that resulted) took a number of forms including assault, self-harm, violence associated with dealing drugs, and violence associated with a variety of illegal activities. Across these particular forms, the men's stories highlighted the notion that violence served a purpose. In particular, violence was used for three primary reasons including: protection, provision, and coping.

Protection. The subtheme of protection emerged in participants' stories of violence. Two participants identified specific circumstances where violence was used to protect themselves. Their stories highlight the ways in which violence is used as a means to stand up for oneself, send a message to others, and ensure their voice is heard. For example, Participant 2 identified a circumstance where violence was used within the prison system as a form of protection/tool for defense:

When I was inside I tried not to be a bully. I didn't go looking for a fight but there was a couple of occasions where I had to defend myself. [...] One guy thought that I owed this other guy money. He came to collect and I told him I wasn't paying and he wouldn't take no for an answer and he kinda got in my face. I hit him a few times [...] I'm athletic and I'm just naturally a good fighter which has come in handy 'specially spending 15 years inside.

Participant stories involving violence as a means of protection and/or defense illustrated the ways in which men demonstrated their ability to be prepared for potential threats and/or communicate that they will not be disrespected by others.

Provision. A second subtheme of engaging in violence as a means of provision emerged from the study. Three participants outlined circumstances where violence was associated with substance use, and used to facilitate provision of money and/or substances. Participants 2, 7, and 8 all identified illegal activities they became involved in to obtain money to support themselves and their substance use habits. Participant 7 shares a story that highlights the way in which violence is connected to the drug trade:

There was a couple people I mean, even with drug dealing, there's times where I've had to kick in doors and take stuff and beat people up and so, in and around with all of the drug use and alcohol, a lot of violence. Right?

Participant stories of engaging in violence as a means of provision highlighted regret and shame they experienced as a result of their actions. They also illustrated that violence is often associated with the drug world and a necessary means to obtain money/get the job done.

Coping. Further to protection and provision, participant stories also highlighted that violence was used as an outlet for coping. Participant 3 and Participant 12 offered stories about how violence was used against oneself to address emotional pain.

Participant 12 offers his insights on how violence against himself was an acceptable alternative to lashing out at others:

My whole life's evolved around violence, ya know, in one form or another. To myself, being caused by me, and to others. I have so many scars. I've just obliterated myself, ya know. I got scars on my chest, scars on my legs, scars on my arms, scars on my wrist [pause] so it was always an outlet for me. Ya know, I figured if I was hurting myself and just feeling that pain, then I wasn't passing that pain on.

Unlike participants 3 and 12, Participant 7 identified how violence was used as a way to address boredom:

We were partying on a third floor and the owner of the apartment fell asleep. So for shits and giggles, my brother and I hung him out of the window. Like by his feet, and shook him and woke him up, right? If we slipped, he was dead. Right? And not to mention the fact that this guy is already wasted. He's waking upside down, outside of his apartment, right? So how terrifying is that for him? But ya know, this is the crazy, off-the-wall stuff that we would do. Right?

Participants 3 and 12 shared stories illustrating that violence is used by men to negotiate their emotional distress, and that in some cases, this is preferable to using violence against others. Participant 7, on the other hand, provided an example of how violence is used to cope with/address boredom. His story highlights the risks associated with using and the way in which violence might ensue as a result of clouded judgment.

As noted, participants in the study more frequently reported physical forms of violence (as this is what they have come to understand as violence), but they also identified that they are often criticized and punished for not recognizing the subtler forms of harm they perpetrate. As a result of the analysis, the lesson that emerged from men's stories about their general use of violence is that respect and fear become intertwined, however this does not end in the promise of justice or satisfaction. Although participant stories showcase that violence results as a response to fear and/or survival, they also highlighted a number of examples that illustrate the amount of harm their behaviour has caused themselves and others, as well as the feelings of regret that are

attached to not being able to undo the harm that has been perpetrated. The literature tends to identify that men exercise violence as a means to obtain power and control over another, however, participant stories suggest a misunderstood complexity about violent behaviours (Domestic Abuse Intervention Programs, 2013).

Intimate Partner Violence

Men reported being in intimate partnerships and engaging in behaviour that directly contrasted with their identified values. Participants also reported their relationships with partners were volatile. For example, while good communication is necessary in relationships, the men indicated not wanting to engage with their partner for fear circumstances will escalate, but, when they attempted to walk away, they were prevented from doing so. Participants' stories highlight the idea that women's abusive behaviours are sanctioned and condoned within the context of intimate partnerships, and that men feel helpless to address those particular behaviours.

Additionally, participants reported an internal conflict about behaviour: they wanted to stop behaving in ways that are considered abusive, however, they also reported feeling unsure how to do so. The men reported wanting to please their partners, but either: (1) were not able to, or (2) resented feeling as though they are doing more than their partners. Participants also indicated a failure to implement healthy boundaries with regard to their own needs. It is unclear if they are unsure of their needs or if they are afraid to be vocal about them for fear of what might result.

The consequences related to their abusive and violent behaviour seemed to spur self-reflection for the men. Participants reported being able to reflect on past actions and develop insight about their behaviours. The challenge they identified, however, is in their ability to recognize the same concerns in the moment (i.e., struggling to see when circumstances begin to deteriorate). Some participants reported little to no memory of incidents of partner violence due to having blacked out from substance use, which also made it challenging for them to believe that they have perpetrated an act of violence.

All twelve participants reported some form of intimate partner violence. Eight men reported physical forms of violence including: punching, pushing, hair pulling, throwing objects at their partner, and smashing objects around their partner. Five participants reported moving their partner aside so they could leave a situation that was escalating. One participant reported sexual violence against a partner. Twelve participants reported verbal and emotional forms of violence in their intimate partnerships, and seven participants reported the use of intimidation, threats, and harassment. Additionally, five participants offered reports on what they could have done differently instead of engaging in partner violence. Finally, seven participants in the study offered stories that highlighted when they had been the victim of partner violence. Participants reported a number of examples where they experienced being a victim of intimate partner violence including: being hit, spit on, punched, pushed, and shoved. Men also identified partners used weapons to cause physical harm (e.g., plate, bottle), smashed/throw objects, sold property without permission, used verbal/emotional abuse, engaged in controlling behaviours, and made false accusations. Details about intimate partner violence are summarized in Table 2.

Table 2. INTIMATE PARTNER VIOLENCE DETAILS	Number of Participants (N=12)
Type of violence perpetrated	
Physical	8
Sexual	1
Verbal/emotional	12
Financial or spiritual violence	0
Intimidation/threatening/harassment	7
Moving partner aside/out of their way to leave the situation	5
Victim of intimate partner violence	
Participants reported being victim of partner violence (physical, emotional, verbal, controlling behaviours)	7
General information about intimate partner violence	
Reported the impact their behaviour had on their children	5
Identified what they could have done instead of perpetrating violence	5
Reported intimate partner violence occurred while under the influence of substances	8

Eight participants reported incidents of partner violence occurred while under the influence of substances. Two participants noted that sobriety does not necessarily alter the relationship dynamics, while ten reported that substances tended to exacerbate their circumstances if they had not addressed the underlying reasons for coping with substances. Substances may lower inhibitions and, in effect, allow underlying concerns to emerge. This contributes to relationship tension and breakdown.

All twelve men described the trauma their behaviours had on their partners, their children, and themselves. Although some experiences of perpetrating partner violence simultaneously included experiences of being a victim of violence, only three of the twelve participants indicated they were victims of violence in their partnerships.

Participants reported a variety of consequences related to their use of violence on or abuse of their partners, including having their partner: feel afraid; experience physical,

emotional, and verbal harm; and facilitating the breakdown of trust and their relationship. Participants also identified the impact of violence and abuse on their children. Furthermore, participants outlined the impact their use of violence and abuse in their intimate partnerships had on themselves; they indicated feeling ashamed of various behaviours and identified that pride sometimes became a barrier to getting help. The men also identified legal ramifications for their behaviour, which led to the loss of some relationships, including access to their children.

Experiences of intimate partner violence. Several subthemes emerged from the analysis and describe men's reported experiences of intimate partner violence. The following participant excerpts illustrate various themes/storylines behind men's violence against their partners.

I'm going to hurt you because you hurt me. One of the subthemes that emerged in experiences of intimate partner violence is the idea that "I'm going to hurt you because you hurt me." Participants shared experiences that suggested their violence was a response to a perceived (or actual) threat of harm. Participants 1, 7, 10, and 11 offered stories that highlighted instances in their relationships where they felt emotionally or physically threatened by their partners, including their subsequent use of violence to address those feelings.

For example, Participant 1 identified several events of intimate partner violence throughout his interview. In the following excerpt, he describes his response to feeling emotionally threatened when his wife stated she would take the children away if he did not cease using cocaine:

I don't remember the exact date, but I wasn't hiding it anymore from her. I was trying to sell it [cocaine] under the table without her knowing to just keep my habit going. So I was doing that and then when she caught me red-handed it was "you stop or I'm takin' the kids away." And that first time, that's when I threw her down and I grabbed her by the hair and I uh [big exhale] yeah. There was a sharp like a knife on the table, and I held it up. Told her if she tried to take the kids away from me, I'd kill her. And then very quickly after that, I cleaned right up. I haven't touched it since, nor do I have the desire to.

Participant 7 also described several instances of partner violence in his interview. In this story, he describes how he responded when being physically threatened by his partner at the time:

I was at a friend's place and we were both really hammered and I have this huge collectible. We were arguing, she went upstairs, grabbed it and threw it down the stairs at me. I dodged it and it broke. And then she came lunging down the stairs at me. I grabbed her by her throat and I lifted her up one stair and when I realized what I did, that was it, right? Like, I can't believe this happened. And I left.

Participants 1, 7, 10, and 11 shared stories of how they perpetrated violence against their partners in response to violence/threat of violence. These stories conveyed undertones of frustration, shock, confusion, shame, and remorse. Participants indicated being surprised/shocked by their behaviour, and in some cases, identified that their violent behaviour acted as a catalyst for change.

Our relationship would be better if substance use wasn't present.

Participants also described times in their relationships where violence occurred and where substance use was present. These stories generated the subtheme "things would be better in our relationship if substance use wasn't present." Participants 1, 3, and 10 all discussed experiences that highlighted the belief that their use of substances was detrimental to their relationships with their partners.

For example, Participant 3 discussed the impact of his substance use on his relationships. He highlights the underlying tone of confusion and anger that emerged as a result of his use and subsequent actions:

It's just that it's always been the source of she's pissed off because I'd been out for two days on a bender, and I didn't show up and then I'd come home and then she'd say, "Where've you been?" Then I'd say, "I've been here." And she'd say, "Bullshit." And I'd say, "Fuck you." And then we'd leave it at that. She'd be pissed...she'd be holding onto that. I'd be pissed like, who are you to tell me what to do? And then either it would turn into an argument about somethin' that had nothin' to do with the original argument or it would just get left alone. Eventually it was just one more thing to add to the list of why we are splitting up, ya know, without even talking about it.

Participant 10 offered a more extreme example of how substance use impacted his relationship with his partner, connecting his violent behaviour to his use of substances:

At the time we were smoking crack, we were gambling, and we had an Oxy addiction. I remember at one point we had one Oxy 80 left and on a rough day, we could make one Oxy 80 last between both of us for one day, ya know what I mean? That was all we had. We had it on a chessboard which we'd hide in the closet. She was mad at me about whatever and essentially she grabbed the chessboard and she threw it across the room. Now you don't do that to an addict when that's their last hit, ya know what I mean? [...] We didn't punch or fight or anything like that, but there was a TV in the room, and I just fuckin' threw it across the room with one hand. Ya know what I mean? Like, and smashed it. And it was just outright screaming, like really really bad fighting. It seemed that when we would have these really really bad fights, it would always be when we were coming down off of something.

Although Participants 1, 3, and 10 shared unique experiences of intimate partner violence in this subtheme, each of the men highlighted the significant role substance use played in their relationships with partners and indicated it was a direct contributor to challenges they experienced in the context of their intimate partnerships.

I don't know how to change/fix this. Another subtheme that emerged in the analysis from participant stories was "I don't know how to change or fix this."

Participants 1, 6, 9, and 12 offered stories that highlighted the challenges they

experienced in not knowing how to change or fix their circumstances, and the violence that ensued as a result of their frustration. Participant 6 explained how a variety of circumstances contributed to his recent charges and the impact his behaviour had on his family and himself. His story highlights his feelings of helplessness and his uncertainty over how to manage his circumstances more effectively:

I'll start from the beginning here, so. About four years ago? I had a muscle spasm in my back, which actually tore the muscles away from my spine. Pretty much from that point on, I've had a bad back, which I've been dealing with for the last 4-5 years now. And so it's progressively getting worse to the point where I'm not able to walk sometimes. On top of that, I've had a lot of my family members pass away. It's been a real hard four years. It just set me down to a depression level, but bad. So, dealing with all that, I never came to see anybody for help. I was trying to be the rock basically, for everybody else. [...] Basically that whole year leading up to when I got arrested was just me and her fighting 'n shutting down 'n well we went through a bad bankruptcy too. So we were fighting a lot. I was becoming really, really depressed to shutting down, closing everybody out, lashing out. I was arrested on August 12th for uttering a threat 'n a mischief charge for breaking a door that I didn't break. But I was using a lot of verbal assault on everybody. I was saying very, very nasty things like just really bad stuff that I shouldn't have. And it just got steadily worse till I was arrested [7-second pause] I been tryin' since to get back. Everything just built up. I realized then [when I got arrested] that I needed ta get more 'n more help, because I was gonna commit suicide. I couldn't just deal with it.

Each of the participants who shared stories within this subtheme described a number of external circumstances (e.g., employment, substance use, relationship tension, loss, mental health concerns) that contributed to challenges in negotiating their day-to-day lives effectively. Participants 1, 6, 9, and 12 offered stories that demonstrated recognition of their actions and that these were influenced by feelings of frustration, helplessness, uncertainty, and regret. These experiences highlight that the men are uncertain how to stop themselves using violence and/or substances, but that they demonstrate a willingness to learn how to do address concerns differently.

I can't trust you. Participant stories also illustrated their challenges with trust which comprised the subtheme of "I can't trust you." The stories in this subtheme highlight the way in which participants' early experiences of violence and betrayal by caregivers/family members contribute to difficulties with interpersonal relationships later in life and facilitate challenges in trusting significant others.

Participants 2, 5, 7, and 12 offered stories that highlighted difficulty with communication, and, in order to cope, they often turned to violence as an outlet to express their "voice." In sharing how his domestic violence charge came about, Participant 5 discussed his difficulty in trusting his partner based on actions that occurred building up to the event where he was charged. His experience highlights the challenges that other participants reported with communication and expressing themselves in a healthier manner:

We'd gone out for supper. My original intention was to just have a date night with my wife and then she invited another couple to come for whatever reason. It was a very cold trip on the way to dinner from home. Nothing was said and there was a lot of friction between us for quite a period of time beforehand. So, my perception was that she was saying you know, some pretty rude things towards me and my family and brother and so you know, we get in to the restaurant, sit down, and after a while - I'm not even sure how long it was, but I made a comment back to her that probably wasn't very polite, but I was just getting tired. So she throws a drink on me in the restaurant, so I throw the keys at her. Not AT her, but on the table and walk out. Called for a taxi and went home. So she shows up at the house hootin' and hollering and calling me names. [...] So, in the argument then, she says, "Well I'm just gonna call the cops and we're gonna teach you a lesson." Calls the cops. Four cops show up. Four or six? It was a lot of cops. One in the morning.

Participants 2, 5, 7, and 12 shared stories that highlighted various circumstances in which their partners had said or done something that led to the belief that they could not be trusted (e.g., threatening to cheat on them, sending mixed messages about what they want, making derogatory statements about the man and/or his family members).

Due to individual perception and challenges in communication, participants offered stories that highlighted feelings of betrayal, confusion, fear, and difficulty with trust which ultimately ended in some form of violence as an attempt to reconcile these uncomfortable feelings.

Damned if I do, damned if I don't. Further to the above subthemes that emerged in participant stories, the men also identified circumstances where it did not seem to matter what they did and that their actions resulted in violence because they were attempting to leave a situation that was escalating. This resulted in the subtheme, "Damned if I do, damned if I don't." Participants 4, 5, 6, and 9 shared experiences where they attempted to leave circumstances that were escalating but were prevented from doing so. Participant 4 shares an example that highlights the challenges of this particular experience and discussed how his attempts to leave a situation unfolded:

The day I was charged with two counts of assault, I didn't assault her per sé. I put my hands on her shoulder and moved her out of the way, trying to get out of the door because it was escalating. And I picked up the phone and phoned the OPP. And they arrested me and took me out of the house. I was out of the house for three months. Mandated to take anger management, and after that was all said and done, it was business as usual. Nuthin' really changed.

Participants 4, 5, 6, and 9 noted making physical contact with their partners in an effort to remove themselves from situations that escalated. The men identified confusion and anger over attempting to address these circumstances in an appropriate manner, and expressed resentment over being accused of using violence as a means to obtain control over their partners (instead of having their actions recognized as a means to address a situation that was escalating).

I'm just like my Dad. In the course of their interviews, participants also offered stories that connected their adult behaviours with what they learned as youth from their fathers, resulting in the subtheme, "I'm just like my dad." Participants 1, 9, and 10 shared specific stories in which they expressed feeling like their fathers in the context of their own intimate partnerships. Participant 1's experience outlines circumstances shared by other participants. He shared his awareness that his behaviour resembled his father's:

But I was just like my Dad cuz whatever she made for supper wasn't good enough, the house was never clean enough. I became this nit-picking monster. [...] I would let her have it over the dumbest things. Just because this is who I am. I am just like my Dad. And I did the same thing. I do remember the nit-picking and I do remember the beat downs. Like I mean, the emotional abuse and the words. And I remember my wife saying the same thing my Mum said to me about my Dad. She said the same thing. "I'd rather you hit me. Why don't you slap me? It would be easier to take."

Participants 1, 9, and 10 reflected on their behaviours with their partners, making the connection to behaviours they witnessed as children. Their stories reflected the shame, remorse, and regret they experienced in recognizing behaviour that they identified as hurtful in their family of origin.

Victim of intimate partner violence. Beyond specific circumstances outlined above (and in relation to their own perpetration of violence), participants reported what it was like to be on the receiving end of violence from their partners within the context of the intimate relationships. As a result, the subtheme of "being a victim of intimate partner violence" emerged. Participants 4, 6, and 12 shared specific experiences where they were victims of violence by their partners and had no role in perpetrating violence.

For example, Participant 4 was the most vocal about the violence he experienced in his intimate partnership. He discussed the ways in which his relationship with his ex-wife impacted him and his story highlights his hope that things would change for the better:

It wasn't me who was hangin' my ex up and pushin' her, shovin' her. It was vice versa. I was the one that was getting punched 'n hit 'n kicked 'n yelled 'n screamed at. And then uh, I always kept telling myself, "It's gonna change. It's gonna change. It's gonna change." I just put up with it. And by the time we moved to our other house, it got worse. [...] I'd lock myself in the bedroom, hold the door, and one night I was layin' there just to protect myself on the bed, and my ex-wife came crashing through door smashed the lock up, broke all the around the door, and came in and punched me in the head two times. Calling me every name under the book. I suck that one up. There were disagreements and arguments and I was gettin' a whoopin' sometimes. And when it came to June 18th, when she came back from that trip, and she accused me once again of having extra-marital affairs, and just looking around the room, she would always say to me, "I sensed that you have fooled around. This has been moved, this has been touched."

Participants 4, 6, and 12 shared stories that highlighted specific incidents where they had been on the receiving end of violence/abuse in their intimate partnerships. This includes physical, emotional, and verbal abuse. The men noted that they were accustomed to and expected to be on the receiving end of this violence in spite of their hopes for change. Their stories are reminiscent of women who are victims of partner violence and express the hope that circumstances within their relationship will change.

Negative cases. Three participants offered stories of partner violence that differed significantly from the majority. Participants 3, 8, and 11 identified that they have not been abusive in their relationships with partners or did not specifically acknowledge harm that occurred. For example, when asked to discuss his experiences of partner violence, Participant 3 said:

I've had arguments with girlfriends, you know, where things get heated. They say some stuff, I say some stuff, and that's pretty much where that ends. Ya know? Umm but no. I haven't been abused by a partner that I can think of, and I don't think that I have been abusive.

Participant 11 reported various incidents of violence against his previous partner and stopped short of identifying how his actions had been hurtful to her:

I called her names, I contacted her family through phone and through Facebook, and you know what? The names and stuff I called her just to do it and end up being right. I called her a whore, I called her a piece of shit, I called her a thief, I called her a drug addict, and you know what? I put her mentally into a place where she was a long time ago.

Participants 3, 8, and 11 offered specific examples where abuse/violence are present and note to some extent, that the circumstances were not ideal. Unlike the remaining participants in the study, these three shared examples that condoned, shifted blame, or denied their actions as abusive.

Substance Use

Men in the study seemed to discuss their stories of substance use with more ease than those stories containing partner violence. Reports of substance use indicate that it has been normalized from a young age (as highlighted in childhood trauma events), and, subsequently, has been used to cope with a number of issues across one's lifetime (including emotional distress, physical pain, sleep issues, and boredom), and is connected to providing for themselves and/or their families. Participants in the study outlined a progression in their usage over time. They also described their success and failure in attempts to address issues related to substance use concerns and that these attempts occurred as units of "time" (i.e., clean time versus time spent using).

Additionally, men reported their perceptions that, in some cases, others in their life did not recognize the signs that their use was spiraling out of control. At home, the consequences of their use showed up more easily, and men reported an ability to hide their use well outside the home. As their use progressed, however, the men reported a significant lack of control over their substance use and its consequences. In their stories, participants outlined the ways in which their substance use has caused massive destruction and harm in all areas of their lives. Participants identified that reality seems to shift when they were using, which impacted their relationships with others, and their ability to navigate life's challenges as well as understand the context and outcomes of what they were experiencing. Although substance use was often described by participants as unhelpful, they also indicated it was useful with regards to coping. For example, in some cases, substance use was reported as a means of attempting to reconnect (i.e., shared experience, feeling relaxed/more open in sharing), while in others, it became a means to disconnect from experiences of fear, anger, and pain.

All twelve participants reported use of substances as an adult, and also indicated that their use of substances had an impact on their intimate partnerships. Ten participants reported use of alcohol, and eight participants reported use of cocaine and cannabis. Table 3 outlines a breakdown of substances used, which substances participants preferred, method of use, and general details about participants' substance use.

Table 3. SUBSTANCE USE DETAILS		Number of Participants (N=12)
Types of substance	Substances Used	Substance of Choice
Amphetamines	4	3
Cannabis	8	3
Cocaine (including crack)	8	4
Ecstasy	2	0
Ethyl Alcohol	10	5
Hallucinogens (LSD)	5	0
Opioids	2	2
Tobacco	3	1
General information about substance use		
Reported use of substances/problems as an adult		12
Reported history of intravenous use		2
Reported times where they could have used but didn't		6
Reported substances had an impact on partnerships		12
Reported having people worry about their substance use		8

Experiences of adult substance use. Two subthemes, coping and impact on relationships, emerged from the analysis and describe men's reported experiences with adult substance use. The following participant excerpts illustrate various themes/storylines behind men's use of substances as adults.

Coping. All 12 participants shared experiences that illustrated the ways in which substance use offered a means of coping with various circumstances, and this resulted in the subtheme of "coping." In particular, participants highlighted that substance use acted as a coping strategy in three specific circumstances: as a way to escape their problems, as a means to address mental health concerns, and as a way to address physical health issues.

Participants 2, 3, and 9 shared specific stories that describe their use of substances as a means of escape from responsibility and feeling unfulfilled in their life circumstances. Participant 9's story illustrates the need to escape expressed by participants, including how substances were helpful in negotiating challenging circumstances and providing relief from problems he was unable to manage:

I was also able to escape the problems 'n the realities 'n the shit that was going on in my life through drugs, right? It was an easy way to do that, yeah. You don't think about the problems you have and if you do think about them, you're not realistic about them. They don't seem as big. Situations don't seem as bad as they are. Everything's totally different, yeah. I don't wanna romanticize it. The spot that I find myself in isn't the greatest. I mean it cost me.

Participants also discussed substance use as a means of coping with various mental health issues. Participants 1, 4, 5, 7, 8, 11, and 12 offered stories that highlight challenges in negotiating anxiety, depression, attention deficit disorder, and suicidal ideation. These participants noted that substances supported them in coping with the impact of their mental health concerns, but they also identified that substances had the potential to exacerbate those issues. Participant 4 shared his experience, illustrating the use of substances as a coping mechanism to address mental health concerns and the consequences of using this coping strategy long-term:

I think it was more like a coping mechanism, a crutch to block a lot of the crap out. I won't say I'm clean and sober, but now I can think of things in a lot more rational way. I maybe have a couple beers and that's it. I know it's wrong, but hey, it relaxes me. It really helps with my depression and my anxiety and, it's probably just one time that I'm not really thinking about everything that flows into my head that bothers me. Even though I wouldn't want to be in a constant state like that all the time, cuz it would be just blocking everything alright and using it as a crutch. But I just use weed as relaxant. That's about it. [...] I think I've messed my brain up in certain ways. I mean, I used to do a lot of LSD, right? So, it affects your Sertraline releases, and I think that really probably zapped me out just a little bit. And the alcohol just deadens thoughts, you know, stops things.

In addition to mental health, participants also shared that their use of substances intended to address physical health issues. Participants 6, 8, 9, and 10 described how their initial use of substances began as a means to address pain or sleep issues, but that this often led to an escalation of use that became out of control. Participant 9's story highlights how he began used substances to assist with a back injury:

Until the age of 24, I didn't really have much substance use. I hurt my back and got some painkillers for it, and that's what kinda started me into that. When I hurt my back, I got prescribed pain killers and it started from there and then ya know, I started abusing them and then I started buying them in the street.

In the course of sharing their experiences, participants indicated awareness of using substances to cope with various circumstances they encountered. They also noted that this particular form of coping had long-term consequences, and their stories highlighted how easily/quickly substance use could escalate beyond one's control.

Impact on relationships. Participants also shared stories related to adult substance use experiences that specifically highlighted how substances impacted their relationships with self and their families: as a result, the subtheme "impact on relationship" emerged from the analysis. Participants 1, 2, 3, 5, 7, 8, 9, 10 and 12 offered examples that illustrated how engaging in substance use impacted their relationship with self, with their families, and with their children.

Participant 1's story highlights the negative impact his substance use had on himself, and ultimately how this influenced various aspects of his life:

All my years of trouble, every one of them was alcohol. I have one DUI, and I have two assault charges. And those assault charges, was I drunk? Absolutely. Yes. Apparently somewhere down the line, it answered my questions. It was my pain relief. It was *my* best friend. It turned on me, and it made me turn on the people I love. I don't even remember if I liked alcohol. [...] When it got a hold, it just took hold. It's just terrible.

Participant 3's story illustrates challenges encountered with substance use including the ways it has impacted his relationships with family members, friends, and partners. His story highlights how quickly use can escalate and the helplessness it can cause:

The last 3 years have been hard. It's been a struggle. [...] It's run my adulthood, and my adult life, for sure drugs and alcohol. It's gonna kill me, you know, the three ends - jails, institutions, or death. It's caused a lot of worry in my parents, caused a lot of worry in family. Lost a lot of friends. It's ruined a lot of relationships, every relationship. Nobody's more worried about it than me, I don't believe, you know. [...] When things are good, then things are good, but when they're not, then they really just fall apart. It seems faster and faster every time, ya know.

Participant 12 discussed his perception of having control over his substance use and the significant impact it has had on his life, including how it affected his children:

I always thought I had a grip on things. I was sure I did. I knew I could stop any time. But as I got older, I just kinda lost touch of reality because my whole world revolved around my next fix. I was working to get high. I was working to get drunk. I lost so much touch with everything. I don't know how to even explain it. I feel ashamed. Like [sigh] how could I, as an adult, let myself sink so far down that I have completely lost touch with reality with the norm, with my family, with the people that actually care? I didn't even realize, after I started having children, ya know, my children sometimes would be scared to come near me and I wouldn't even notice. I wouldn't even care. I only cared about one thing, and that was just gettin' fucked up. That was my thing.

Participant stories illustrated the ways in which their use of substances impacted their perception of themselves, the relationships that they had with family and friends, and adversely influenced their relationships with children. The impact of substance use on relationships in men's stories is substantial and negative. Men highlighted experiences of frustration, desperation, lack of control, and shame, as well as noted their awareness of the destruction their behaviours had caused.

Overall, the participants' stories highlight that perception of harm and/or trauma varies depending on the person but that fear, confusion, helplessness, and desperation existed across their experiences. The ultimate lesson that emerged in the overall theme of adult trauma is that men do not often consider themselves as victims in their circumstances. In some ways, this speaks to a potential willingness to take ownership for choices they have made. On the other hand, this particular mindset may prevent men from appreciating their own positions of victimhood (or misunderstanding this position). Participants shared a number of stories that highlighted their discomfort with being in the victim position, and how this caused further harm because it prevented them from reaching out for help.

Chapter Seven: Findings

Transformation

Transformation emerged as a broad theme informing men's narratives (about change) because it encompasses the notion that men attempt or hope to move *beyond* their previous identity. This chapter will examine the differences between change and transformation as illustrated by participants' stories, as well as various factors that contribute to and maintain transformation. It will also explore barriers that prevent men from moving forward with engaging in meaningful change.

Overall, perceptions of change varied across the men. Participants reported some changes that were superficial in nature (i.e., temporary), while others indicated that a transformation occurred in their movement towards change (i.e., a more permanent shift in their identities). All twelve participants shared stories that highlighted their perceptions on transformation and making change. Some participants outlined that it needs to come from within and that changing for someone else was unhelpful. However, participants indicated that in some cases, important others were catalysts for change and/or stood as reasons to maintain change (e.g., family members). Eight of the twelve men interviewed specifically identified their reason in following up/participating in the study was to share their lived experience in an effort to help and/or make a difference for someone else. The notion of "giving back" was a constant thread in men's stories about transformation. Giving back underpins the notion of connection, i.e., sharing lived experience as a means of connecting with others. Additionally, participants identified a number of needs that were not being met (e.g.,

connection, meaningful activity) and indicated that rebuilding relationships/connection was a key aspect of shifting to their preferred identity, which ultimately led to congruence between who they want to be and acting in accordance with their reported values.

Transformation versus Change

The notion of “change” is often discussed in the literature, particularly in relation to services geared towards supporting men with concurrent substance use and intimate partner violence concerns. However, I believe the concept of change is too narrow. The changes men are required to make often (and only) address the outcomes of their substance use and violence. Generally, men are expected to make change in their behaviour and as long as their actions are different than what they used to be, change is considered successful.

Rohr (2016) states that change typically refers to “new beginnings, and can either support people in finding new meaning, or cause them to shut down and turn bitter” (para. 2). Transformation, on the other hand, is quite different from the notion of change. Transformation occurs “not when something new begins, but when something old falls apart; it involves a disconcerting reorientation that facilitates a process of letting go, sitting in a confusing space for a while, and then allowing oneself to be spit up on a new and unexpected shore” (Rohr, 2016, para. 2). Change often involves telling people what they need to be doing differently, however, transformation supports people in unlearning certain ways of being before new behaviours can be fully grasped. Unlike change, transformation involves a shift in consciousness that assists people in knowing *how* to respond to various circumstances (Rohr, 2016).

In examining these definitions and applying them to the notion of change regarding concurrent substance use and intimate partner violence, the idea of transformation appears to extend *beyond* replacement of behaviour and includes the importance of process in addressing concerns. The definition of change focuses on the notion of new beginnings but does not speak to factors that are required in making this shift. Transformation suggests a deeper and more fundamental modification in a person's being, unlike change, which tends to focus on superficial adjustments.

A difference in outcomes (i.e., behaviour) does not necessarily mean that men have fully altered their feelings or ways of understanding their circumstances. For example, men have the capacity to abstain from using substances or violence, thus, indicating they have made a change in their behaviour. However, abstinence does not mean the man has addressed any of the reasons he engages in substance use or violence. He may not have addressed his feelings, or his history of trauma and violence. The reasons continue to exist but may go unaddressed because the man "appears" to have changed his behaviour. As such, superficial changes have the potential to mask incongruence. Superficial changes might appear to have taken hold, but when men are required to demonstrate these changes on a longer-term basis, they often struggle because the changes address a singular aspect of men's experiences instead of addressing the whole of their being.

The notion of change also suggests that men alone need to be capable and responsible for making shifts in their lives, in spite of the fact that men in the study identified that they are not solely responsible for becoming who they are today. Participant stories have highlighted that men's thoughts, feelings, and behaviours have

been shaped by a number of their childhood and adult experiences. Given this, it seems odd that men are tasked with being completely responsible for changing thoughts, feelings, and behaviours, which have been shaped by various life experiences. Circumstances and individuals in men's lives may need to change too. Otherwise, change without transforming those circumstances and aspects of self that cause harm becomes ineffective. Change implies a state of being. When we interpret specific behaviours, we assume they are static or fixed, and may not have the capacity to shift. And yet men's stories highlight that flexibility is required in working towards who they wish to be. This is what transformation suggests; it implies a state of ongoing *becoming*, an approach that moves men towards their preferred identity.

Factors That Facilitate and Maintain Transformation

All 12 participants in the study reported a number of factors that support them in their efforts to transform and move towards their preferred identities. In particular, learning how to deal with past issues without becoming stuck in the past (i.e., making peace) supports men in moving forward. Additionally, being able to have others to relate to offers relief and hope, as well as contributes to ongoing motivation to do what is necessary to move forward. Having something meaningful to focus on becomes important, as does being open to help. Reaching out for help was identified as supporting men in understanding themselves better, thereby, assisting them in moving towards their preferred identities.

Three subthemes emerged in the study regarding the facilitation and maintenance of transformation. Participants discussed a number of ideas in their stories that facilitate and/or maintain the process of transformation including: (1) Attitude (acknowledging harm and self-reflection); (2) Purpose (developing goals and giving back); and (3) Connection (engagement and sharing).

Attitude. Eight participants in the study described a number of shifts in their attitudes that supported them in transforming their experiences. In general, men described various strategies that support them in taking responsibility for their behaviour, as well as what taking responsibility looks like to them. Their violence/abusive actions (including use of substances) became reasons men decided to take responsibility for their actions and shift towards practices that support change. Although men primarily identified the need to take responsibility in the context of their substance use, they also reported a direct impact of this particular change on their relationships with partners and children. As such, substance use was described as an aspect of (or type of violence) men perpetrate towards their family members and themselves. The study identified the ways in which men's families become targets of harmful behaviour. Although partners and children were often reported as recipients of harm, they also became the most important motivators for men taking responsibility for their actions. External relationships were identified as having a powerful impact on taking responsibility.

Participants also discussed their perceptions of remembering the harm they have caused. Their stories indicate this process is a "double-edged sword". Remembering their harmful actions can become a catalyst for change, but it can also be a barrier to

taking responsibility. It seems it depends on how those harmful memories are processed/understood, and whether or not men feel comfortable in reaching out for help to wade through the devastating impact their actions have had on themselves and others. Men identified the need for a middle ground between remembering harmful behaviour and not hating oneself for it, without resorting to forgetting or denial to ease the pain that comes with recognizing the impact of harm. Men indicated that not having appropriate supports in place to assist with looking back (to remain accountable) while moving forward simultaneously was dangerous as it leads to becoming stuck in their own thinking/living in the past. Participants reported that coming to a place of acceptance supported them in reconciling their actions.

Acknowledging harm. Five participants shared specific stories of acknowledging the harm they caused their partners and important others. Participants 1, 2, 5, 7, and 10 offered experiences that illustrate how various consequences of perpetrating harm led to recognizing damage that had been caused. Participant 1 explains this further and outlines how recognition of harm propelled him into taking action:

When I went in to AA, I went under the pretenses that my marriage and family was over. I went in there for me. Just for me. Because at this point in time, there was nothing left. Like I couldn't see my kids, she let me talk to them on the phone. I don't blame her. I look back at that and I had to turn that around. I scared my kids. I bonked one of them on the head, and I hurt them. I passed out in front of them. I've violently spoken to them. I picked up a knife towards my wife. I blacked out and I clocked her. I don't remember. Yeah, I done some damage here and that's where it brought me. [...] There's a shame factor in there. It's huge. It was my shame. I think it was the wanting to change, too, cuz I knew something had to give.

Participants reported recognition and acknowledgement of harm they caused themselves, as well as their families, was an important facilitator in moving forward. In particular, the shame and guilt participants experienced in recognizing the damage they caused their partners and children prompted them to examine their actions and address them accordingly.

Self-reflection. Five participants also shared stories about how self-reflection supported them in shifting their perceptions (and ultimately their experiences) and relationships with others. Participants 1, 4, 5, 8, and 12 discussed the importance of self-reflection and how this process contributed to new understandings. For example, participant stories highlighted how self-reflection led to being open-minded and its role in taking responsibility for harmful actions. Participant 4 explains this further by connecting openness to self-understanding:

To make a change, I think you have to be open to the ideas that are handed to ya. I find that people in a profession give you different ways and different views and different techniques how to deal with the stress, the anger, the up-upsets, the emotional... I think they play a very important role in helping you to understand what you can do and how to process it in a proper manner so it becomes a fit for you, ya know? I think it's not a sign of weakness to talk to somebody. It's sometimes a cry for help, and it stops because you're just handed different perspectives, different choices. I think it is a process for everybody where we always have to improve and have to find a way to improve.

Additionally, participants shared stories that highlighted the role of self-reflection in developing humility, and how this assists with being open to new ideas/ways of considering circumstances. Participant 5 offers an example that highlights how self-reflection leads to humility, and how this ultimately supports him in maintaining responsibility for behaviour:

Check ego at the door. That's a huge one. I think it was a lesson I learned five years ago. So, ya know, my counselor's been great as well where he tried, ya know, you're trying to find a way to express how you're feeling or what you wanna see changed or what emotion is coming or how do you negotiate or talk or argue without escalating. So it was just...it was check the ego and agree that, ya know, this is what words do. This is emotion. This is thoughts. This is feelings. And this is how they all fit together and where they shouldn't fit together. So, it's just understanding, ya know, human thinking and your own thinking as well, your own process and try ta make it so that if you do fight, that you fight fairly as well. So, I'd say that there has been some help that has come and I've been glad it was there, because it's helped the process as well.

Participants 1, 8, and 12 also identified gratitude as an important aspect of self-reflection. The men shared stories that highlighted the way in which developing gratitude supported them in taking responsibility for their behaviour. Participant 1 offered an example of how self-reflection led to developing gratitude and its impact on moving forward:

It's all done a complete circle. And that's why I'm here because I owe it to someone else, too. Cuz that hand was given to me. Cuz in darkness, there is light. You just gotta find it. Ya know, I'm so grateful. By no means, is the path that I wanted to take when I was 18 years old. Ya know, this was not where I wanted to be. How I wanted to go about it. But I'm grateful for it. I'm grateful for the walk. I would've never thought in a million years that this is where I was gonna end up. [...] It is what it is. I can't change that. But I can change how I look and perceive things. I can...that chapter's over. I can close that. I'll look back at it, time to time. It's good for me but there's new writing on the page now. It's time to go that way.

Participant experiences highlighted the crucial role of self-reflection on accepting responsibility and in moving towards their preferred identities. Their stories outlined that changes in thoughts and perceptions altered how they chose to be in their relationships with their partners and children. Their stories also illustrated the role of humility in moving towards practices that align with their values. Participants shared the

importance of having gratitude, not only for the support they received, but also for the circumstances they have survived. Participants were able to recognize the role their experiences played in shaping who they have become, particularly if they are aligned with (or moving towards) their preferred identity.

Purpose. In addition to shifts in attitude, having a sense of purpose was identified as an important factor in transformation. In their stories, ten participants highlighted the importance of purpose in moving forward and highlighted specific forms of purpose that were most helpful in their efforts to make meaningful change.

Goals. One particular aspect of purpose that emerged from participant stories was the importance of having goals to work towards in order for them to make the transformation they hoped for. Six participants shared experiences that outlined the importance of having goals and how they relate to a sense of purpose. Participants 1, 2, 3, 6, 9, and 11 offered stories that highlighted various types of goals men have and that support transformation of their circumstances. Men's stories suggested a variety of goals that are important to transforming their circumstances and include: attending 12-step programming; protecting sobriety; meeting with doctors, psychiatrists, social workers, and sponsors; and engaging in addiction treatment programming, cognitive behavioural therapy, anger management, Partner Assault Response programming, and Caring Dads. Participants identified that goals they developed supported them in remaining accountable to their desired change.

Participants also reported however, that goals must involve some form of meaningful activity. For example, Participant 9 discusses the void that occurs when substances are removed from his life and the challenges this presents in moving forward:

Ya know, I spent a lotta time using drugs, actively seeking drugs, so ya know, when you take away the drugs, there's all that time that you don't know what to do with yourself anymore, right? So you gotta figure out a way to fill up your days with things that are healthy, and that's how you make the changes. You deal with the shitty things that you did and got you to the place that you're in and make different choices. That's what you do.

Participants identified the importance of finding meaningful activities that have the capacity to support them in moving forward. Their stories also highlight the varied nature of activities and goals that men might engage in that hold a sense of meaning/purpose.

Giving back. As outlined earlier, giving back was identified as a primary reason participants decided to become involved in the study. Eight participants shared stories that highlighted giving back as a form of purpose and how it supported men in shifting their circumstances. Participants 1, 2, 6, 7, 8, 10, 11, and 12 offered such examples of the importance of giving back. Participant 8 explains this further by outlining how being of service supports him in transforming his experience:

Well, when I first got sober, I started to be more open minded to do different things. I believe I got a lot of direction from God and goin' helping others. I'm selfish and self-centered to the extreme. I had no means but I had gas to go pick up guys at Detox and the recovery home. I would never do that and I never really thought about it till lately. I go to the jails and go talk to newcomers and help other newcomers. I think the main ingredient is thinking less of ourselves and more of others, you know, get outta self. I think that is the only reason I'm here today, you know? I'm not so selfish and self-centered. I love givin' back. And it

just recharges me. [...] That's the best experience in sobriety, being able to do stuff for others, you know? And I see all my experiences helping others today. I got through things and that's the most important thing, and I'm lookin' forward not too much behind.

Participants shared the importance of having purpose in their lives and their stories illustrate how this shows up in the context of their experiences. Some men reported having meaningful goals/activities they could engage in, while others outlined the significance of giving back to others. Having purpose was reported as supporting men in transforming their experiences, particularly aspects of their lives of which they felt ashamed.

Connection. Connection was identified as another important factor that facilitates/maintains transformation. In their stories, ten participants highlighted the importance of connection in moving forward and in assisting them with moving towards their preferred identities. Like responsibility, connection experiences were varied and illustrated the types of needs men have.

Social support is one of the most powerful protectors against becoming overwhelmed by stress and trauma; being truly heard and seen by others contributes to necessary feelings of safety (van der Kolk, 2014). This becomes important for traumatized people because they often find themselves chronically out of sync with those around them (van der Kolk, 2014). However, some find comfort in groups where they can share their experiences with others who have similar backgrounds and experiences (van der Kolk, 2014). Sharing and connection contribute to a sense of meaning; resolution of traumatic experiences needs to take place within the context of relationship and cannot occur in isolation (Herman, 1997).

Participants discussed the role of external resources, such as 12-step programming in assisting with connection. Interestingly, peer support does not readily exist for men struggling with intimate violence concerns. Although group programming might be considered an alternative, it is interesting that peer support is not an option. In the addiction realm, peer support achieves a few important outcomes. Individuals in 12-step programming (e.g., Alcoholics Anonymous) tend to be responsive, empathetic, and active in supporting other members. Twelve-step programming also provides a platform for mentoring and healthy role modeling where individuals are able to find others in recovery that embody particular changes they aspire to. These are important forms of connection that seem to be missing in the intimate partner violence realm and might speak to some of the challenges men encounter with regard to these concerns.

Participants also reported that sharing their experiences with others is helpful. Five of the men in the study were directly approached by their helping professional and agreed to participate. Most of these men wanted to have the opportunity to share their side of the story and/or use their experience to help others. The remaining men all indicated that the study aligned with their interests/previous background in social services and/or wanted to use their lived experience to help others going through similar circumstances. Men discussed several forms of connection in their stories that highlighted the importance of engaging in support as well as sharing their story with others.

Engaging. Nine participants shared stories that highlight the importance of engaging in supports and reaching out for/accepting help. Participants 1, 2, 3, 4, 6, 7, 8, 9, and 12 offered examples that illustrate how formal and informal supports offered

opportunities for connection and rebuilding relationships with others. In their stories, participants highlighted the role of consequences in reaching out for support, as well as the importance of finding safe spaces that had the capacity to nurture connection and relationship building.

For example, Participant 1 explains his initial attempts at connection, including the perseverance that was required to find a space where he felt understood and could relate to the challenges of others:

I dried out for about three days in my brother's basement before I could come up for air and then when I came up for air, I grabbed my phone and I looked at the phone book and I found a hotline for the AA. And that there was a bit of a saving grace. Out of the darkness, there was hope. I don't know the lady's name who answered the phone, but she told me that there would be somebody would call me right away. And sure enough, I did get a phone call. And he came to my door and took me to my first meeting. I don't know what I was looking for. I didn't belong there. I wasn't like these people. [...] I remember starting at everyone's feet. I wouldn't even look'em in the eye. Ya know, shame, there was a million of emotions going through me. But I went the next day. And I went the next day. It wasn't easy, but I think it was a good place for me because you could hear people, you could talk to people, and you weren't alone. You knew that you okay, these people have the same issues, ya know. As demented as they are, they can relate and that was relief. That was hope. So, with that, I kept going.

Participants also discussed the importance of role models and mentors in connection. For example, Participant 8 discussed the importance of role models and mentors in his life, and how they supported him in transforming to his preferred identity:

You gotta find somebody that's like you or you wanna be. You gotta find somebody you look up to, and I found those people, they were put in my path, like I had things in place when I got sober. I had outpatient counselors because I didn't want to go back to treatment and I found people I could confide in and open up. We went to any length to get drunk and stoned, we gotta go to any length to turn our lives around, and all those things were in place when I got outta detox and that was so important for me because I was incapable of making decisions, you know, and I needed to look up to somebody, take some direction you know. People shared their experience you know, and they become open and friendly. You know, I wanted friends all my life but with my friends there was

always a catch, drugs or money or girls or whatever the case may be you know, and I think you just gotta find people you can confide in. I had the wall up. You gotta tear brick by brick sometimes you know and that's why it's so important to have a network of people. I've got people in my life that I love today, and I've got friends, not fairweather friends, I have true friends, you know.

Participants discussed the role of engaging in support, including how various supports facilitate the process of connection. They also outlined formal and informal types of supports (including mentors) that assist them in feeling connected to others, and as a result, in making the changes they are working towards.

Sharing. Ten participants also identified that having the opportunity to share their experiences was an important component of developing connection with others.

Participants 1, 2, 4, 6, 7, 8, 9, 10, 11, and 12 outlined the importance of sharing their stories and the ways in which this contributes to connection. Participant 12, for example, explains the importance of having safe spaces and people with whom he can share his story, as well as how this supports his efforts to move towards his preferred identity:

For me, so far, the key thing I guess is having those people that are right there ready and understanding and willing to help you make the change, first of all. I know for me personally, I'm a very verbal person. I don't mind sharing whatever and just being able to come to a safe place with other people, living the same struggles as I'm living, to hear their stories, be able to share mine, this is where the whole judging thing comes in for me because I'm not judged here, ya know. And it's such an alleviating feeling, ya know. And just having those things in place is what's working for me. Cuz it's given me a reason to keep going. Cuz it's inspirational to see these other people making these life changes and knowing that I can be a part of their lives changing as them being part of mine. Ya know, it's just great. And it's things like this that really help.

Participant 9 also specifically outlines the role of connection and its importance in his ability to transform into the man he wishes to be. He discussed the need for sharing in working through feelings of guilt and shame, as well as its importance of addressing contradictions experienced as a result of his actions:

I think the big thing is umm...connection. I think that's what it is, right? Because when you're using drugs and alcohol, you usually shut yourself off from everybody, right? I think dealing with the shit that you did when you're using, I think there's a lot of shame and guilt attached to drug use, especially if it's become a problem. And ya know, being able to get to a place where you're able to let go of that, simply by just talking about those things that make you feel shame and guilt. And the things that you did to get you to that place that you're in. [...] And you can't, speaking for myself, you can't make change in your life if you aren't able to talk about those things, ya know. Like there's a lot of shame and guilt, attached to ya know, the domestic I had. And until I get to a place where I can let that go, and realize that ya know, what I did was bad, but I'm not a bad person, ya know. I'm never gonna be able to make the changes that I need to be successful in recovery.

Participant stories highlight the role of sharing in their efforts to move forward. They identify that sharing supports them in identifying and connecting with others, as well as negotiating the shame they experience as a result of not living in alignment with their values. Men indicated that sharing their stories contributes to greater understanding, of themselves and others, and supports them in getting to a place of acceptance so they can move forward.

Negative Cases. Unlike other participants who spoke about their harmful actions and the role of connection in transforming those circumstances, Participant 4 discussed the role of connection and its importance in being a victim of violence:

From an abused male on the physical and the mental side of it, I would have to say to someone just because you're a male you don't have to man-up or be a man or suck it up. Everybody thinks they know right from wrong. If you're an abused male, and seek out the supports, and if the worst case scenario happens that you end up leaving, you're probably doing the right thing. Enough is enough. Walk away. You know? It'll take care of itself. It does. I know. I'm one of them. So

the choices have to be for you, not for what the ex might be thinking, the neighbours, your family, the greater community, it's you. You take care of yourself cuz no one else will. So...that's my words...seek out help. Seek out treatment. Seek out support. And be open to it.

Generally, men discussed the role of connection in supporting their efforts at changing their own abusive behaviours, however, Participant 4 highlights the significance of connection in addressing the ramifications of being a victim of violence.

Barriers to Transformation

Ten participants in the study reported a number of barriers that exist in their efforts to move towards their preferred identities and in transforming their circumstances. From men's reports, substance use services seem to offer supports that are aligned with reported needs including opportunities to share story, offering role models to connect with, and lessening the stigma surrounding substance use concerns. Intimate partner violence supports on the other hand, do not seem to match/reflect practices/interventions with men's needs. Instead, men become isolated and disconnected from others who might be able to address their concerns in a helpful manner, and there exist no role models or mentors with whom to engage.

Three subthemes emerged in the study regarding barriers to transformation. Participants discussed a number of ideas in their stories that present as barriers to transformation including: (1) Lack of connection (lack of resources and engagement/investment); (2) Lack of purpose (lack of meaningful activity and discrepancies/problem-focused support); and (3) Stigma (lack of recognition of root causes/personal histories and inaccurate assumptions).

Lack of Connection. Given the significance and need for connection as outlined in men's stories, it makes sense that a lack of connection poses a barrier for men in several ways. Although participants discussed a lack of connection in their experiences throughout the study, seven participants shared specific stories that highlighted the lack of connection men experience in accessing services geared towards substance use and intimate partner violence. Support they attempt to engage is not suited to their specific needs, exposes them to a lack of empathy from service providers, and prevents them from experiencing non-judgmental connection with family members.

Lack of appropriate resources. The lack of congruence that exists between support and what men indicate they require causes further isolation, loneliness, and hopelessness. Participants 2, 3, 4, 6, 7, 9, and 10 shared stories that highlight the scarcity of resources that exist. These men identified experiencing barriers because of: lengthy waitlists for service, short-term and inconsistent support, unaffordable services, and a lack of healthy role models that can support men in applying new learning.

Lack of engagement/investment. Further to the lack of resources that exists, Participants 6, 7, 9, and 10 also shared their frustration around service providers not making an assertive effort to reach out to them when they are struggling. Participants noted challenges they encounter in attempting to develop rapport with service providers who may not take their concerns seriously, who expect change but do not create opportunities for men to demonstrate changes they have made, or who may not have

lived experience they can draw from to support men. Participant 10 explains further by sharing how service providers have not done enough to engage him. He also shares his feelings of discouragement over engaging with inadequate support and how this impacts his ability to make change:

I was told by many people to keep on using until I could get into a rehab or keep doing what I'm doing until somebody can see me in a month. I constantly felt like there was doors being slammed in my face when I was the most vulnerable, and I was reaching out for help and it wasn't there. One of the hardest things that I'm finding right now is as I go to counsellors, or even call a hotline, or an AA meeting, which I attend, or even my methadone doctor. I ask them a question. So for example, I've got all these stressors and all these triggers and all these things happening. And I say to them, how can I deal with this? What can I do? And nobody gives me an answer. Not a single person gives me an answer. They just go oh, well, maybe you should go into this program, maybe you should do this. It's always passing the buck. It's always another wait list, it's call this number and they say oh, well, no, you don't qualify or well, you have to wait six months, and it's like NO, that's not acceptable, ya know. It's not acceptable. [...] When it comes to somebody who's asking for help, somebody needs to be there who can say, ya know, let's actually take more than an hour-long session here. Let's lay these things out and let's make an action plan here. Ya know what I mean? There needs to be more care and there needs to be a continuity of care, too ya know. Don't pass me off to another counsellor, the next week because what type of rapport am I supposed to build with this person and then you're gonna switch me off to another one? It's ridiculous.

Participant 9 was the only participant who specifically and extensively discussed the notion of connection/disconnection spontaneously. He identified the importance of actively dealing with concerns, but shared challenges that emerged when he was unable to discuss those concerns. He also discussed the notion of “tough love” and its impact on his ability to move forward. He shares a specific story of how connection with his family might have supported him in shifting his circumstances:

I'm cut off from pretty well everybody but my brother. Now if they had've – like that night I told you, where I got jumped, okay, and I showed up at my sister's house, dripping blood ya know what I mean? My eyes were closed, dripping blood, but she wouldn't let me in the house, right? [small chuckle] That's what I mean. I understand how people that have addicts and alcoholics in their lives...I

understand that they're *tired* of the same old same old, but I don't know. I just think it's not helpful. I think if they would just say, we love you in spite of the fact that you're an addict, ya know what I mean? This tough love stuff, you know, whatever. I mean, I get it, but I just don't believe that it works. That was a tough thing when that happened, ya know what I mean? Like I'm bleeding everywhere and my sister wouldn't let me in the house to get me cleaned up. I had to stumble off and find a public restroom. People are staring at me and I just don't see how that kind of thing works. Now if she had've opened her arms and let me in or whatever, who knows? Maybe that would've been the turning point. Maybe that would've been, ya know? I know my family loves me, but this whole thing where you're cut off from connection and support because ya know, tough love...that I don't understand. And I think if it was the opposite, then I think it might work better.

Participants identified the ways in which service providers and families may demonstrate a lack of investment in supporting their efforts to change, including how this impacts men's ability to move forward. It creates a context whereby isolation, frustration, and hopelessness ensue, and exacerbates the challenges that men are confronted with regarding their substance use and violence.

Lack of Purpose. Although having a sense of purpose was identified as a facilitator of transformation, a lack of purpose was identified as a barrier to change. Six participants outlined a number of barriers to developing purpose including a lack of meaningful activity and being required to engage in problem-focused support.

Lack of meaningful activity. Participants 2, 3, 4, 9, 10, and 11 shared stories that outlined how lack of meaningful activity, not having support that matches their needs, and not having supports that recognize or develop their strengths contribute to experiencing a lack of purpose and subsequently prevent men from moving forward. For example, Participant 2 explained the way in which a lack of purpose, particularly meaningful activity, led to challenges that interfered with his ability to move forward and address various concerns.

I spent so many years in prison I haven't developed the skills necessary to be able to deal with stress or deal with life. [...] I know for me it's a great escape, right? I'm sure it is for a lot of people, you know? You know they say you get lost in the getting and using and finding ways and means to get more you know. I know for me sometimes just lookin' for the drugs and finding the money to get the drugs and then finding the person that's got the drugs and then trying to get the drugs and whatever that whole game in itself seems to be almost more fulfilling than okay once I get the drugs like ah shit you know that's not really why I'm doing this. It's like the whole other part of it which is kinda weird. I think it just gives me somethin' to do. Breaks the boredom. It's like one great big sick goose chase.

Problem-focused support. Further to lack of meaningful activity, participants also highlighted difficulties they encounter due to support that is problem-focused and fails to harness the power inherent within men's individual strengths. For example, Participant 9 reflected on his experiences, particularly with intimate partner violence supports, and noted challenges he encountered in attending the Changing Ways program. His story highlights the importance of service providers matching interventions to meet client needs, including recognizing individual strengths, and the need to focus on this when providing meaningful and purposeful support that assists men in transforming their circumstances:

What they know about me is what happened on April 8th, 2013. That's all they know, right? And it really comes across. They don't know I was married for 17 years, right? So if you think about it that way, it couldn't have been all bad. My kids are 17 and 16, and for a lot of those years, my wife worked afternoons, so I was the one that had to make dinner, do the homework thing, bathe the kids, that kinda stuff, right? That's the stuff that they don't see. They don't know. And that stuff never gets asked about. All that ever gets talked about is the bad stuff, how to prevent it, right? How to recognize it when you're in the middle of it. [...] But they don't reinforce the good things. They don't reinforce the positive stuff. They just plan out the shitty stuff and give you the tools on how to recognize it or how not to recognize it, ya know? [...] You did this bad thing, and you gotta sit through 12 agonizing sessions of dissecting how to not do it again. I don't know. It just seems to me that most people aren't those things. A lot of times it's drugs and

alcohol that are involved. I know in my incident it was, and maybe those domestic violence programs, maybe they should be talking about drugs and alcohol, I don't know. I just think that they're all about punishment. I don't know. That's what I think. The positive, not the negative.

Participant stories outlined the challenges they encountered when they were unable to develop a sense of purpose in their lives. In particular, men's experiences highlighted how a lack of meaningful activity exacerbates the challenges they encounter in transforming their circumstances. Their stories also illustrated the ways in which failure to match interventions to individual needs, including highlighting men's strengths, causes men to feel frustrated, discouraged, and less able to negotiate the outcomes of the harm they have perpetrated.

Stigma. Another specific barrier that was identified by participants was stigma and its impact on their ability to make change/move towards their preferred identities. Nine participants reported that with service providers specifically, assumptions are made about who men are and what might be going on for them without recognizing the broader context of their circumstances. Participants 1, 2, 3, 5, 6, 7, 9, 10, and 12 identified that stigma shows up in variety of ways including not recognizing personal histories/root causes of behaviour and making inaccurate assumptions about men's circumstances.

Lack of recognition of personal histories/root causes. Participants 1, 2, 3, 6, 7, 9, 10, and 12 offered stories that illustrated the challenges they encounter in transforming their experiences when their individual circumstances and/or root causes of behaviour have not been considered. These stories are significant because they move away from pathologizing men and provide context that is often absent from the

dominant narratives that attempt to explain men's experiences with concurrent substance use and intimate partner violence. For example, Participant 7 shared the importance of recognizing the root causes of substance use and partner violence, including individual histories that contribute to present day behaviours. When asked about what he wished people knew about men who are struggling with substance use and intimate partner violence, he said:

That it doesn't just come out of nowhere. They have a history of neglect, or violence in their childhood and/or clinical mental health issues. There's more going on to it than just violence. Right? It's very rare that people are violent for no reason, right? There are things that have happened and things that they've seen, and that's why it's so important with everything to focus on what the issues are and not just incarceration. It doesn't solve anything, right? There's reasons for it. There's no excuses, but there are reasons these things happen and that's what needs to be focused on. Not the violence, not the drug and alcohol use, but where it comes from.

Inaccurate assumptions. Participants 2, 6, 7, 9, 10, and 12 also discussed the ways in which others' assumptions hinder their ability to move forward from the outcomes of harmful behaviour they have perpetrated. Participant 9, for example, shared his specific experiences of engaging with both substance use programming and intimate partner violence programming (Changing Ways) including how stigma was perpetuated via professionals he encountered. He discusses the impact of stigma, including the guilt and shame it promotes. When asked about what he felt would improve substance use and intimate partner violence services, he said:

Well, with substance use, I think that it's starting to change a little bit anyways. I think it's more about dealing with the shit inside you, the stuff and the things that drove you to using drugs and those feelings of shame and guilt while you're using. Dealing with that stuff is what's gonna help. And the domestic side, when they stop treating people like monsters, I guess. I don't know if that's too strong a word. I know you need to be held accountable for your actions. I get that. But I don't know. You just feel so shitty sitting there. It's hard to participate. They want you to admit to doing this, doing that. How do you feel? Ya know, how do you

think I feel? I don't wanna be here. You feel like garbage and then when you're not participating, it's like they want you to be happy being labelled. Ya know, wife beater or something like that. That's the whole thing about it. The stigma attached to domestic violence and the action – the actual thing that you did, rather than the reason why you did it. And I'm not saying the reason why you did it is cuz you got drunk, punched your wife or punched your kid. Usually there are reasons and things that have happened before that actually happens that contribute to that, right? I mean, deal with that stuff a little bit. I don't know. The other thing, too, was having to sit there. Like I said, what happened, happened in an instant on one day, and having ya know, somebody that doesn't know you or your kids or your wife or your family telling you this is the way you're supposed to feel about this or that. I don't know. They make you relive it over and over and over again. That's the whole thing, the whole shame and guilt that's attached to the domestic programs. Making people feel guilt and shame over something they did isn't going to do anything but make them feel guilt and shame over what they did.

Participant 12 reflected deeply about the impact of others' perceptions and contrasts this with an emerging perception of who he wants to be. He spoke to several aspects of his preferred identity including how he wants to be in his relationship with partners, the kind of man he wants to be in general, who he feels he is underneath the exterior that others tend to see:

I'm not what I look. That's for sure. I'm not an asshole, I'm not a bad guy. I have just made some mistakes. I'm a compassionate, caring individual. I want nothing good but the best for everybody, ya know, and I don't wanna be stereotyped anymore. I don't want people to take one look at me and think I'm a lost cause. Ya know. So this happens a lot, believe it or not. Take one look at me, especially with my shirt off cuz I got my stomach tattooed, my chest, my back, everything, ya know. I look like a [chuckles] hardened criminal. But I don't want that stereotype anymore, ya know. I just want them to see me as a normal equal human being. I just want the same things that everybody wants, ya know. [...] I try to start seeing both sides of what's actually happening. Ya know, if I can compromise in any way with the situation, I'm gonna try to do that. I still get frustrated with a few things, ya know. But it's definitely becoming a lot easier. I wanna see myself be assertive, but I don't wanna be aggressive, ya know what I mean? I wanna be understood and get my point across, but the same time be accepting and willing of the other person's whatever they want going on. [...] I see it every day in the world, people fallin' down, people doin' this, people doin' that. And that used to be me, ya know. And it's just not the perception I want people to have of me anymore. And I want my kids to be able to look up and say, ya know, that's my daddy, I'm proud of my daddy. [...] I just wanna be loved and I

wanna love back, ya know. I wanna be understood. And I wanna understand [sigh] the real me [sigh] well, the real me is just a terrified little boy still. I put on a persona sometimes of a big tough guy and I got my shit together, and I can handle whatever but, ya know, I cry a lot. I sit at home in silence. I don't speak to a lot of people. I worry constantly about my kids. I worry constantly about my family, what's happening with them. I'm just a softie at heart. I love life, ya know. I'm a Christian, I pray every night. I read my bible. I love my children. Ya know, it's all I wanna be. I just wanna be a husband and a father.

Participant stories illustrated the various ways that stigma impacts their ability to move towards their preferred identities. Participants outlined specific circumstances where the broader context of their lives was not considered, and that assumptions were made about the root causes of their behaviours. In these forms, stigma perpetuated feelings of guilt and shame, and interfered with men's ability to accept or utilize potential supports in a manner that might have been helpful to them in addressing their concerns.

In general, the analysis highlights that moving beyond one's current circumstances and engaging in practices that support men in moving towards their preferred identity is crucial for long-lasting change. Men's stories illustrate their attempts and experiences with making change, and outline various factors that contribute to, or present as, barriers when moving towards their preferred identities. Participants also identify the significant role of service providers in addressing outcomes of trauma, and suggest various improvements be made that support them in dealing with trauma outcomes more effectively. The lesson that emerged in the theme of transformation suggest that men need to learn how to deal with their past in order to

move forward, but that this can be difficult to navigate. Through their stories, participants suggest that at times they have felt very much on their own in their attempts to move forward, but when opportunities arise for meaningful support, they have the capacity to transform their experiences of trauma and live in alignment with their preferred values and identities.

Chapter Eight: Discussion

The dominant paradigms tend to highlight that men are socialized as a result of their gender and use substances/enact violence as way to enforce power and/or conform to traditional notions of masculinity. However, the literature that exists on trauma identifies that substance use and violence are connected to early traumatic events (Clark et al., 2013; Crane et al., 2013; Evren et al., 2013; Foster & Kelly, 2012; Mitchell & Beech, 2011; Neigh et al., 2009; Stewart & Israeli, 2002; Stover et al., 2013; Stuart et al., 2009; Teicher, 2007; Watt & Scrandis, 2013; Wei & Brackley, 2010). The outcomes of this study do not support the dominant frameworks that attempt to address these concerns, but instead, align with the trauma literature; the study offers additional context for the ways in which trauma informs men's lived experiences of substance use and partner violence. This chapter will offer a brief summary of the findings related to trauma and transformation, and then connect these dynamics to trauma outcomes identified in men's experiences of substance use and intimate partner violence; the outcomes that emerged in men's stories were disconnection, contradiction, and identity. In addition to this examination, a process illustrating the relationship between trauma and transformation, influenced by these specific outcomes, will be considered to offer additional insight regarding the participants' experiences.

Trauma

This study found men's stories highlighted a significant amount of trauma in their experiences that subsequently impacted their current relationships with themselves and others. In the process of analysis, it was disturbing to recognize how much violence/trauma these men were exposed to as children. This has implications for

substance use concerns and issues with partner violence later in life. Although trauma emerged in a number of distinct ways (i.e., physical, verbal, emotional, sexual, etc.), it was interesting to learn how men *understood* those particular experiences. None of the participants in the study explicitly used the term trauma to identify their early or adult experiences with substance use and/or violence, however, their stories illustrated the ways in which trauma was a substantial aspect of their lived experiences. As well, the majority of the men highlighted that violence itself is recognized as a physical act, and they identified experiences of harm more readily when reflecting on their childhoods than their adult years. If men only understand violence as physical (given the magnitude of how often it seems to happen), then they might be unaware of subtler forms of violence.

Additionally, the study specifically highlights the dual role of violence and substance use whereby they have the capacity to inflict harm as well as emerge as outcomes of harm. For example, participants described general violence as a means of protection/defense, provision, and coping. In their experiences of intimate partner violence however, their choice to use violence ended in harm to themselves, their partners, and their children. Likewise, with substance use, participants outlined how their use of substances supported their efforts to cope and/or connect, while simultaneously causing harm in their relationships.

Perceptions of harm varied across participants in the study. In spite of this diversity, their stories highlighted a significant amount of chaos, instability, and a number of conflicting messages that men were required to negotiate in their lived experiences. Substance use was found to contribute directly and indirectly to intimate

partner violence situations. Participants also shared that family members, peers, and partners played a significant role in their trauma experiences. Overall, participants identified learning that they were not victims in their own circumstances in spite of the amount of harm they had reported.

Transformation

The study also highlighted the process of change/transformation men attempt to engage in. Participants offered stories that emphasized various factors that facilitate and/or maintain transformative change, as well as barriers that present challenges in moving forward towards their preferred identities.

Participants discussed the importance of attitude, purpose, and connection in facilitating meaningful change. Their stories highlighted the subtle ways that men demonstrate responsibility for their actions/behaviours including acknowledging the harm they have caused, facing the consequences of choices, self-reflection, learning to accept past actions, being open to new ideas, as well as developing humility and gratitude. Often, responsibility is captured in the literature as “taking ownership” for behaviour (Berns, 2001; DeKeseredy, 2011a; Dobash et al., 2000; Domestic Abuse Intervention Programs, 2013; Dutton, 2006; Dutton & Golant, 1995; Emery, 2011; Graham-Kevan, 2007; Ménage, 1997). Typically, this blanket statement is not discussed in more depth and/or is understood as the need to admit guilt for particular behaviours/actions. This becomes challenging when considering concurrent substance use and intimate partner violence. Men in the study clearly outlined the harm that they caused to themselves and important others, however did not necessarily admit their guilt in a direct manner. This does not mean that men did not recognize the harm they

caused or that they were unwilling to take responsibility for their actions. Instead, their stories highlighted that taking responsibility for actions comes in various forms, and that admitting guilt does not necessarily equal accountability. On the contrary, men's stories highlighted that if they were unable to explore the impact of their actions in a way that was meaningful and safe, they were unable to accept true ownership for the harm they caused.

Purpose was another important factor in transformation and encompassed having goals, meaningful activity, and opportunities to give back. Participants identified specific goals that have supported or attempt to support them in moving forward, and they outlined the importance of attaching meaning to those goals (i.e., goals should reflect and match their needs). Participants also outlined the significance of giving back to others and the ways in which this supports them in developing purpose/meaning. Participants shared that giving back serves as a way to use and/or transform painful experiences into something helpful that might benefit others.

Participants discussed how connection was a significant factor in the process of transformation. Participants highlighted the need for connection as a means to support them with moving towards their preferred identities, as well as in supporting them with reconciling the contradictions they had experienced. Men identified the ways in which story sharing can be restorative, and opens up possibilities for greater connectedness and meaning. The literature put forth by the substance use and partner violence realms does not specifically highlight the importance of developing safe connections and opportunities to share their stories as ways for men to mitigate some of the challenges

they experience in their lives, or how crucial engagement becomes in the role of connection (i.e., with self and role models) (Alexander, 2008; Coleman et al., 2008; Gordon et al., 2013; Hyman, 2007; Lee et al., 2007; Lipchik et al. 1997; Mann et al., 2000; Marsden et al., 2014; Nestler, 2005; Sheff, 2003; Winstok, 2011).

In addition to factors that facilitate transformation, the study found that a number of barriers exist for men in their efforts to engage and maintain meaningful change. Not surprisingly, lack of connection, lack of purpose, and stigma tend to impact men's ability to move forward. Participants noted that they often experience service providers and significant others as unsafe. The assumptions and stigma that others carry create unsafe spaces for men and cause them to feel reluctant about opening up and/or trusting those who are tasked with being supportive. Participants also identified the importance of recognizing individual circumstances and context in addressing concurrent substance use and intimate partner violence. Men suggested that root causes for their behaviour are often overlooked and as a result, support they receive is unable to fully address their concerns.

In Chapter 2, it was outlined how the narrative of concurrent substance use and intimate partner violence has been shaped by those other than men who experience these concerns. In particular, service providers have acted as the 'author'ities on these concerns, and as outlined in Chapter 3, tend to gatekeep men's stories. In many ways, interventions and supports that have emerged do not support men in transforming or moving towards their preferred identities. We ask men to bank knowledge about how they need to change, but we do not teach them how to apply it/make sense of it. This is a reflection of the dominant cultural interests (i.e., conformity), and replicates harmful

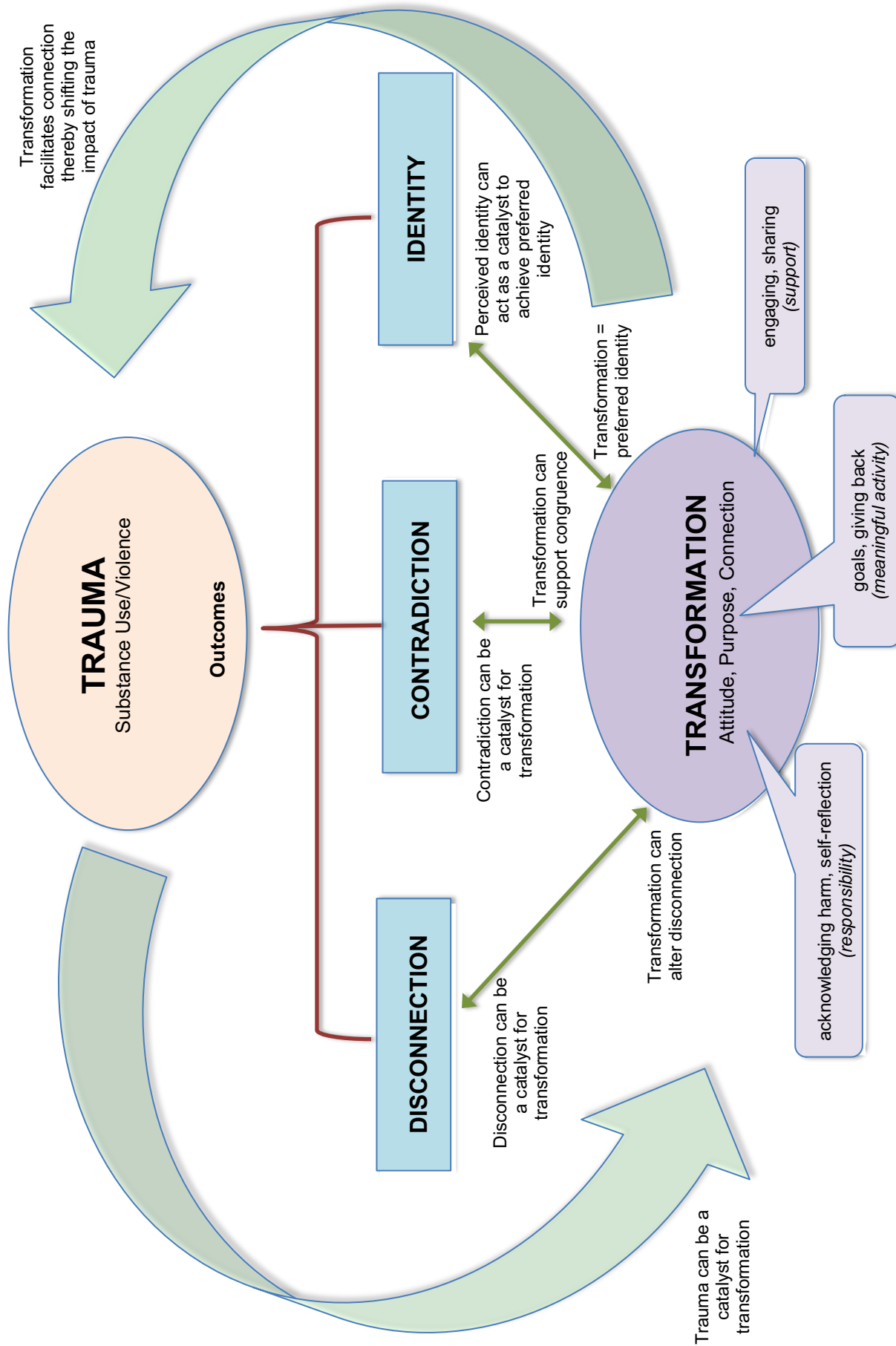
dynamics/practices service providers attempt to support men in moving away from. Requiring men to engage in behavioural changes without supporting them in building new forms of resilience or the emotional capacity to negotiate those changes is unhelpful; punishing behaviour is simply not enough.

Trauma Outcomes

In examining the themes that emerged from coding, the data clearly demonstrated that disconnection, contradiction, and identity were three primary outcomes of trauma in early life and adulthood. In considering the process of transformation, these outcomes also influenced how men go about making change/transforming their experiences. This is important because disconnection, contradiction, and identity serve a dual purpose in men's stories: they are outcomes of trauma, but also facilitators of change depending on how they are understood and taken up by men and external others.

Figure 2 illustrates the ways in which transformation has occurred for participants of the study. It highlights how trauma they have experienced can act as a catalyst for change, as well as how transformation has the capacity to shift various outcomes that trauma creates. It identifies various components of transformation the men considered important re: influencing change in their attitudes, behaviours, and relationships outlined in Chapter 7.

Figure 2. Data Map #2



The study highlighted specific outcomes that resulted from participants' trauma experiences which impacted their ability to move towards their preferred identities. The themes that emerged in the process of analysis illustrate the ways in which trauma creates disconnection, contradiction, and identity issues within men's experiences. These particular outcomes are often masked by traditional notions/understandings of masculinity. Connell and Messerschmidt (2005) suggest that masculinity is often taken up as a fixed pattern of practice, but that it needs to be understood as embodied social practices that are situated in history, affected by social class, race, sexual orientation, ability, etc., and shaped by economic, cultural, and political forces. Men are not passive in their socially prescribed roles or simply conditioned by their cultures; instead, they are active agents in constructing and reconstructing dominant norms of masculinity (Courtenay, 2000). It is important to recognize that masculinity requires compulsive practice because it can be contested at any moment; therefore, masculinity must be renegotiated in each context that a man encounters (Courtenay, 2000).

Through the process of attending to and exploring men's stories in greater depth, the study provided the opportunity to move beyond traditional masculinity in order to understand men's experiences of trauma in new ways. In everyday life and particularly in the treatment realm, it can be challenging and time consuming to move beyond the surface of what individuals show us about themselves. Superficial explorations tend to highlight individual characteristics that are separated from the whole of a person, thus contributing to fractured understandings and misperceptions. This matters when it comes to understanding concurrent substance use and intimate partner violence. Studies thus far have examined individual characteristics of men struggling with these

concerns and often fail to appreciate important factors that influence these characteristics (Augusta-Scott, 2007; Coston & Kimmel, 2012; Eisikovits & Bailey, 2016; George & Stith, 2014; Guistina, 2008; Shields, 2008). As a result, support becomes implemented around the characteristics that are presented instead of being aligned with the root causes that contribute to various behaviours.

The findings of the analysis support the importance of understanding and appreciating the nuances inherent within men's stories, and highlight that participants' experiences contain trauma resulting from various forms of violence and substance use concerns. The dominant discourses have conceptualized and misinterpreted violence and substance use and suggest these issues are root causes, instead of recognizing them as symptoms of trauma. In examining men's stories further, it was found that three important outcomes emerged from trauma. It was also discovered that these particular outcomes have the potential to influence men's ability to transform their circumstances depending on how they are understood. The outcomes of trauma that emerged include: disconnection, contradiction, and impact on identity. What follows explores these outcomes in greater detail and illustrates their importance in men's experiences.

Disconnection

Traumatic events breach important attachments with family, friends, and community (Herman, 1997). They undermine belief systems that give meaning to human experience and cause significant damage to relational life (i.e., feeling safe in the world, valuing oneself, basic trust, capacity for intimacy) (Herman, 1997). Disconnection, therefore, has long-term and devastating consequences. The stories participants shared highlight this well. One of the principal outcomes of trauma reported

by men was that of disconnection. Participants offered a number of stories that outlined the disconnection they experienced growing up in their relationships with family of origin and their peers. The disconnection reported in the study took the form of multiple losses (i.e., family, trust, not feeling safe), difficulty with communication (i.e., shutting down, use of silence), and became a means of coping (i.e., a means of escape, attempting to deal with painful feelings, attempting to connect with others). Various forms of disconnection continued to be reported in the participants' adult lives through their use of substances and violence. Although the language men used might be perceived as minimizing, the stories men shared highlight that the way men describe their circumstances stands as an example of disconnection from experience (i.e., an outcome of trauma) and reflects the notion that their experiences have been normalized over the course of their life.

I find it interesting that the dominant discourses influence and perpetuate disconnection in the understanding and treatment of men struggling with concurrent substance use and intimate partner violence. Institutional structures contribute to unhealthy beliefs and behaviours among men, compromise men's attempts to engage in healthier practices, and provide different resources to men (than women), all of which cultivate disconnection (Courtenay, 2000). Furthermore, failure to examine and understand men's challenges with substance use and intimate partner violence perpetuates the false assumption that these particular behaviours are natural to men (Courtenay, 2000). Men sustain institutional structures, in large part, for the privileges they are granted for preserving existing power structures (e.g., social acceptance,

diminished anxiety about their manhood) by demonstrating hegemonic masculinity through various health-related beliefs and/or behaviours such as denial of vulnerability, dismissal of any need for help, and displays of aggressive behaviour/physical dominance (Courtenay, 2000).

Participants' stories illustrate the consequences of disconnection and identify how it acts as a barrier to transformation. It is important to note the analysis conceptualized the notion of disconnection as both an outcome of trauma as well as an important consideration in the process of transformation. Herman (1997) indicates the core experiences of psychological trauma are disempowerment and disconnection. After a traumatic event, a sense of alienation and disconnection pervade every relationship and the person loses their basic sense of self, therefore, empowerment and creation of new relationships become necessities in the healing process (Herman, 1997). People in the survivor's social world have the power to influence the eventual outcome of the trauma; supportive responses, including efforts to establish safety, witness the traumatized person's narrative, and develop meaningful relationships through reconnection, all become important components of recovery (Herman, 1997; van der Kolk, 2014).

In examining Herman's definition, it becomes clear that disconnection can take many forms. For example, as outlined in participants' stories, disconnection shows up as separation from family and/or aspects of self. Disconnection is also an active process; men's trauma stories demonstrate that disconnection is not something that simply happened to them, but is also something that has been facilitated by their own actions. As noted above, disconnection is a common and enduring outcome of trauma,

and the participants' stories illustrate the way in which disconnection resulting from trauma can become cyclical. By telling the same stories about themselves, they continue to engage in behaviours that reinforce these narratives. Learning to become connected, i.e., recognize and respond to trauma responses in new ways has the capacity to move them forward, supports them in discontinuing hurtful patterns that perpetuate harm, and facilitates the telling of stories that are aligned with who they wish to be.

It is important to consider the notion of disconnection as something that happens to a person, and as something that a person can do to themselves or another. Not only does it illustrate the dual-nature of this phenomenon, it also suggests that depending on how it is understood and supported, men have the capacity to alter how disconnection is experienced. The literature on concurrent substance use and intimate partner violence examines issues related to disconnection in a way that suggests it is only something that can happen to someone (i.e., often described as dissociation) (Craparo et al., 2014; Delker & Freyd, 2014; Evren et al., 2013; Herman, 1997; Levine, 1997; Moskowitz, 2004; Perry et al., 1995; Prout et al., 2015). This is a passive process that suggests individuals have no control over their experience, and as such, would not have the capacity to transform it into something positive.

In the study, it was found that disconnection is an outcome of trauma and impacts men in a number of profound ways. Interestingly, it also served as a means to perpetuate trauma in an ongoing manner. The analysis found that disconnection occurs in a particular way in men's stories, specifically in the context of relationship with oneself and with others. Trauma emerged in the men's stories as relational—it occurs in

relationship to others (intimates, family members, or externals)—as well as in relation to oneself. Ultimately, these harms led to disconnection from self and from others.

Although a seemingly contradictory statement, it is important to appreciate that harm facilitates disconnection and that disconnection facilitates harm. van der Kolk (2014) suggests that trauma, if unaddressed, results in an ongoing process whereby responses to the trauma (such as dissociation) end up becoming more problematic than the original issue.

Disconnection, in the context of relationship, was often described by participants as being perpetuated by substance use and violence. Disconnection also was found to show up in a variety of forms, such as thinking, feeling, perception, and behaviour. For example, in Chapter 5 (childhood/adolescent trauma), men shared stories highlighting various losses they experienced, particularly in their relationships with family and friends. In Chapter 6 (adult trauma), men's stories described additional losses they perpetuated or experienced relative to relationships (with partners and children), as well as feelings of safety, security, trust, and aloneness. Disconnection was normalized for men via their early relationships and this continued as they moved into adulthood. This notion of normalization is vital. Men were taught from an early age that disconnection was a normal state of being and doing (Coleman et al., 2008; Courtenay, 2000; Dutton, 2009; hooks, 2004; Kaufman, 1993; Seidler, 2007; Sheff, 2003). It is also important to consider that disconnection, in the form of lack of recognition/awareness, has also been normalized for men as a result of their experiences.

Furthermore, it is imperative to highlight that disconnection exists in how men shared their stories. Participants used language that might be perceived as minimizing their behaviour or that did not necessarily convey the seriousness of their circumstances. Men have often been criticized for the ways in which they describe their experiences, particularly those involving substance use or violence. However, it seems relevant to consider a history of “normalization” has contributed to men being disconnected from an ability to discuss their behaviours in a way that expresses the depth of their experiences. Perhaps it is not a matter of deliberately minimizing their behaviours that is the issue, so much as it is a matter of being disconnected from the ability to frame concerns in a manner that communicates how deeply they understand their experiences. Levine (1997) suggests that minimization or denial is a form of dissociation that occurs when circumstances are too painful to acknowledge.

Men shared early learnings from their family of origins that normalized a lack of communication about feelings, and for some, that silence was often used as a means of punishment or violence. Participants further indicated that as adults, disengaging, withdrawal, and silence were used in their partnerships as a means to address circumstances they believed were escalating or felt unable to address in a healthy manner. Participants shared that communication was impacted or exacerbated by their use of substances, causing challenges with perception, leading to resentments, and influencing their ability to be open and honest about thoughts and feelings.

Finally, participant stories illustrated that disconnection was used as a means of coping and led to chaos and destruction instead of connection and repair. Although violence and use of substances initially began as a way to connect with others, address

insecurities, escape reality, block painful memories/feelings, minimize the significance of life problems, support men in feeling calm/relaxed, and/or help them feel more confident, these methods of coping often led to disastrous outcomes, perpetuating disconnection from self and others. Men shared that ongoing use of substances and violence ultimately ended in isolation from important others, an inability to think about/perceive situations clearly, exacerbated mental health concerns, and perpetuated ongoing losses.

Disconnection becomes an important consideration in the process of transformation because connection has been identified as a central factor in supporting men with addressing the harm they have caused, particularly in regard to the resulting shame they experience. Shame is a warning signal that behaviour is not aligned with our values. It is also a social process whereby the expression of disapproval invokes remorse in the person being shamed and/or condemnation by others who become aware of the shaming (Braithwaite, 1989). Essentially, it leads the shamed person to consider that a particular action or behaviour is unacceptable by societal standards. Some experiences of shame are considered a normal and inevitable part of everyday life and play an important role in healthy development. However, continual experiences of shame may be unhealthy; ongoing and chronic experiences of shame are associated with a variety of symptoms including anxiety, social phobia, fear of negative social evaluation, feelings of inferiority, depression, anger, aggression, externalizing blame, and substance abuse (Andrews, Qian, & Valentine, 2002; Mills, 2004).

Quite often men are not well-supported in addressing the shame they feel about their actions, and as a result, they are driven to eliminate it (albeit temporarily) through similar, hurtful actions. Shaming men for their behaviour is unhelpful, toxic, and abusive, and participants identified the role of shame in preventing forward movement (Andrews et al., 2002; Augusta-Scott, 2007; Mills, 2004; Seidler, 2007; Sheff, 2003). Supporting men in facing their shame, however, has the capacity to generate positive shifts in identity. This support seeks to reposition/recontextualize shame in a way that facilitates growth and awareness. Being able to feel safe with others is one of the most important aspects of mental health; safe connections are fundamental to meaningful and satisfying lives (van der Kolk, 2014).

Contradiction

A second important outcome of trauma that emerged from the analysis was contradiction. Contradictions and complexities were embedded in men's stories; they exist in both substance use and intimate partner violence independently, however, tend to become exacerbated when the issues are examined concurrently. As indicated in Chapter 1, contradictions exist in the way the dominant paradigms attempt to understand these concerns, as well as in their attempts to address them. Neither perspective considers alternative constructions that explain why men may be struggling with violence against themselves and others.

Both dominant feminism and the medical model focus on a singular aspect of men's identity; neither paradigm considers that men might be simultaneous offenders and victims in their circumstances. Subsequently, interventions may replicate essentialist ways of addressing concerns by trivializing or ignoring their experiences and

fears. As a result, men become dually stigmatized by behaviours related to violence and substance use. Participants' stories highlighted that contradictions exist in a number of their lived experiences and that they struggle to reconcile these. Men offered stories that highlight the confusion they experienced in making sense of simultaneous love and absence, not being abusive but engaging in abusive behaviour, and experiencing substance use as both helpful and unhelpful.

Traumatic events breed contradiction. In spite of this, contradictions are not addressed well in the literature that exists on concurrent substance use and violence. Chapter 2 highlighted how the dominant paradigms tend to flatten men's experiences and reduce them in a manner that makes it easier to deal with contradictions that emerge. Men are labeled as good or bad, abusive or not abusive depending on their behaviour (Augusta-Scott, 2007; Eisikovits & Bailey, 2016; Jenkins, 2009). The trauma literature however, creates space to examine contradiction and highlights its impact, particularly with regard to relationship. For example, Herman (1997) identifies that trauma impels people to withdraw from close relationships and to seek them desperately; it causes people to respond to a threat that may no longer be present, and to act in ways that are in direct opposition to what the person wants and needs. Participants' stories from childhood highlighted how they were supposed to be loved and protected by family members, peers, and professionals, only to have these individuals perpetrate harm. Likewise, as the men moved into adulthood, their experiences mimic their early learnings and some of them end up perpetrating harm

against those they love and care for. These circumstances present challenges to those who want to understand the discrepancies in men's actions, however, if addressed effectively, contradiction becomes an important consideration in the process of transformation.

In my practice, I've witnessed many of my colleagues dismiss men's reports of their experiences because they are assumed to be lying or minimizing their behaviour. The dominant discourses that attempt to explain substance use and intimate partner violence suggest that a person can only have one true experience, that only one version of the truth exists, and when more than one truth emerges, the response is to root out and change that which is untrue (Augusta-Scott, 2007; Butler, 1999; Dutton & Corvo, 2007; Goldner, 1998; Lee et al., 2007; Mann & Huffman, 2005; Milner, 2004). This process of shaping truth is dangerous because men's experiences may become reduced to a singular truth that is not their own. Based on the outcomes of the study, men's reports are not solely reflective of dishonesty or minimization, but instead illustrate the contradictions they experience in their day-to-day lives. In their reports, participants seemed to struggle with reconciling how two seemingly opposing experiences could exist simultaneously in their lived experiences.

It is confusing and exasperating to make sense out of something that appears to make no sense at all, and it takes care and consideration to examine contradiction, particularly in the realm of relationship. It is also easier to hone in on one aspect of men's experiences (e.g., gender, biology, socialization) in order to make sense out of the paradoxes that exist. In the findings chapters, the danger of this reductionist approach was highlighted and participant stories emphasized the ways in which an

external truth tends to shape the narrative for men who struggle with concurrent substance use and intimate partner violence. The findings also illustrated the importance of recognizing multiple truths that exist in men's stories and the profound outcome this has on shifting their narratives. Without actually labeling the contradictions inherent within their stories as contradictions, participants revealed some of the paradoxes that have existed for them and the confusion they experience in attempting to integrate these in a way that makes sense. Some men seem to be aware of the contradictions that exist in their experiences and some do not. Furthermore, it seems important to note that the contradictions emerging from men's stories appear to involve complex emotions and/or inner states of being.

Participants offered specific examples of contradictions in the course of their interviews that related to various situations, feelings, and experiences they were not able to reconcile. For example, in Chapters 5 and 6, men described experiences where they felt that love and care had been present in circumstances where abuse existed. In their childhoods, men's stories illustrated the confusion they experienced in trying to understand how parents and family members often acted abusively. Men indicated that their caregivers did the best they could, but often failed to protect, nurture, and be attuned to their needs. In some cases, men noted substances played a significant role in their parents' inability to offer appropriate care, while others indicated that violence presented as a barrier. Additionally, men noted their fathers were significantly absent (emotionally and physically). Furthermore, some men indicated that they had been victims of partner violence and experienced their partners' abuse as an expectation of the relationship. Herman (1997), Levine (1997), and van der Kolk (2014) have identified

that trauma at an early age, particularly harm perpetrated by caregivers, often contributes to long-term challenges in making sense of violence and abuse by those who are supposed to offer love, care, and protection. These difficulties pave the way for concerns such as dissociation and addiction, as well as feeling alienated and disconnected in relationships with others (van der Kolk, 2003).

Participants also shared examples of contradiction in how they understood their violence, i.e., I'm not abusive even though I act abusively. Participants noted some of the challenges they experienced in their intimate partnerships as adults, stating that there was often a disconnection between how they wanted to be and how they actually behaved. Some men indicated that although conflict was often present in their adult partnerships, they did not recognize emotional and verbal conflict as abuse. Instead, a number of men noted that physical violence (in the form of physical contact with the body) was the only evidence of abuse. Men also noted in their stories that protecting themselves or retaliation were not considered forms of intimate partner violence, but were instead responses to their partners' advances. The trauma literature supports these findings and indicates that exposure to childhood trauma and intimate partner violence in their families of origin sensitizes men to exposure later in life, as well as contributes to limited stress tolerance, difficulty with interpreting social cues, and forming attachments (Delker & Freyd, 2014; Mitchell & Beech, 2011; Stuart et al., 2009; Teicher, 2007; van der Kolk, 2003; Watt & Scrandis, 2013; Wei & Brackley, 2010).

In addition to the above contradictions, participant stories highlighted the notion that substance use is good but bad. In their stories related to childhood trauma, a number of the men identified learning that substance use was "bad" or "wrong" and yet,

their initial experiences seemed to offer some sense of relief and/or a way to connect with their peer group. Research shows that individuals who have experienced trauma (e.g., neglect, physical or sexual abuse) or witnessed interpersonal violence from childhood onward often use substances as a way to cope with trauma symptomatology (Foster & Kelly, 2012; Keyser-Marcus et al., 2015; Priard et al., 2005; Wiechelt, 2007). Participants also identified a normalization of substance use via their home environments, stating it was often part of everyday life and that they witnessed one or both of their parents using/dealing substances regularly. As adults, participants highlighted the challenges that substance use perpetuated in their ability to navigate life challenges and various relationships, however they also shared the ways in which substances supported them in coping with circumstances in which they felt confused, hopeless, and/or ashamed. Levine (1997), Stewart et al., (1998), van der Kolk (2003), and Wiechelt (2007) identify that substance use is often a means by which individuals attempt to self-medicate trauma related symptoms and alleviate discomfort, despite the fact that substance use may actually exacerbate trauma symptomatology.

In Chapter 7, participants also identified their experiences of contradictions in the process of transformation. Men identified not knowing how to navigate contradictions in order to move towards their preferred identities. They indicated feeling the need to deal with the consequences of their actions and make change happen independently, while also recognizing the need to engage in additional support. Support outside of oneself was reported to assist in rebuilding relationship with self and others (partners, children), as well as providing a context in which one can learn more about oneself by having various ideas reflected back. Men identified recognizing the harm they have caused,

but admit it brings forth a deep sense of shame they feel ill-equipped to negotiate. Crane et al. (2013), Foster and Kelly (2012), Herman (1997), Levine (1997), and van der Kolk (2014) note the significance of appropriate support in navigating trauma outcomes. These authors state that finding safe others they can share experiences with has an important impact on developing a sense of meaning as well as with navigating uncomfortable feelings associated with the impact of traumatic events.

Furthermore, participants' stories illustrated the relevance of living in alignment with one's preferred identity; this was equated with being true to oneself (e.g., being a great father or husband). This congruence elicits healthy pride in men and supports them in feeling positive about transformative practices they choose to engage in. On the other hand, not being who they want to be tends to cause pain and harm, thus engaging men in a cycle of hopelessness and fear which results in ongoing ways of being that do not serve the men in a helpful capacity. Craparo et al. (2014), Delker and Freyd (2014), Evren et al. (2013), Prout et al. (2015) and Stover et al. (2013) state that traumatic events contribute to impairment with emotion regulation and processing which ultimately impact the ability to negotiate various emotional states more effectively. The men's stories illustrate the importance of supporting them in understanding and/or coming to terms with the contradictions they have experienced so that they have the capacity to engage in meaningful change.

Identity

The third and final outcome of trauma highlighted in men's stories was connected to their perceptions of identity. Men's identities have become impacted and subsequently shaped by the traumatic events they have endured over the course of

their lives. Likewise, men's perceptions of identity also became an outcome impacted by their experiences of trauma. The literature that exists tends to indicate men's perceptions and experiences of masculinity are informed primarily through socialization of their gender, however, this study highlights the role and impact of trauma on men's perceptions of identity. In Chapter 2, it was noted that identity is often taken up as masculinity, including the ways in which men have been socialized as a result of their gender. The scholarship that exists in relation to concurrent substance use and intimate partner violence often considers these concerns as outcomes of hegemonic masculinity (Corvo & deLara, 2010; Easton et al., 2000; Humphreys et al., 2005; Klostermann & Fals-Stewart, 2006; Lee et al., 2007; Lipchik et al., 1997; McMurrin & Gilchrist, 2008; Nichols, 2013; Winstok, 2011). However, this literature neglects to consider the ways in which men's identities are shaped by various traumatic events that may or may not align with the dominant understandings of masculinity.

In the study, participants shared stories that highlighted varied and complex experiences of identity. In their childhoods, men offered varying accounts of what they learned about being a man and from whom they acquired these learnings. In their learnings about being a man, participants shared that fathers seem to generally be absent (physically and emotionally), and the messages young men take up in their early years are both overt and covert. Participants indicated learning about masculinity from a variety of individuals, most often someone other than their fathers. Often men reported looking to others outside of the home for masculine role models. Although some participants reported learning about what it means to be a man from their families, many did not. Some participants looked up to older male siblings as a source of

teaching/mentoring, while others reported finding role models amongst their peer group/on the street. These understandings contributed to how men ultimately came to see themselves and how they understood their behaviours within the context of their intimate partnerships. Critics of the dominant discourse support the participants' stories by indicating that multiple representations of masculinity exist, and that these variations are important to consider; men's social location influences and impacts their understandings of what it means to be a man (Augusta-Scott, 2007; Bograd, 1999; Coston & Kimmel, 2012; George & Stith, 2014; Guistina, 2008; Orme et al., 2000; Veenstra, 2013).

Furthermore, participants' childhood stories offered numerous examples of how they learned to be men in the context of their relationships with others. Literature on dominant masculinity indicates that men learn their identities are affirmed by showing self-control, concealing their inner emotional states, and suppressing vulnerable emotions (Coleman et al., 2008; Seidler, 2007; Sheff, 2003). Few participants made specific connections between early learnings and the impact of their adult relationships but identified learning about relationships by watching their fathers negotiate their relationships with their mothers. Some participants identified their fathers were not good role models, and as a result, looked elsewhere for guidance. Participants also noted ambivalence in learning about relationships that came from their mothers/grandmothers, while others reported learning independently how to be in relationships because they did not have guidance from a caregiver in their early years. The trauma literature outlined in Chapter 2 highlights the significance of early exposures on adult behaviour and suggests that children exposed to intimate partner violence are

at higher risk for perpetrating intimate partner violence as adults, maintain difficulty in developing healthy and safe attachments, and struggle with misperceiving social and environmental cues during times of conflict (Bell & Orcutt, 2009; Dykstra et al., 2015; Herman, 1997; Mitchell & Beech, 2011; Teicher, 2007; Watt & Scrandis, 2013; Wei & Brackley, 2010).

Early learnings men discussed in the context of their stories contrasted men's current values in their relationships, as well as their preferred identities. The lessons participants shared in the context of their stories highlighted the way in which their current perceptions of self have been impacted. Their stories also illustrated the barriers men encounter with enacting relationship values and how they compared to what they learned about being men.

Perceptions of self. Participant stories illustrated current perceptions of self. Men discussed their shame over who they have been, as well as identified how they see themselves now. All twelve participants identified some dissonance between who they have been and who they wish to be. They clearly indicate not wanting to cause harm, and there is some recognition in men's stories of the changes that were required to shift perceptions of identity, as well what possibilities await when those changes are enacted. Learning about being a man does not seem to have been helpful or align with how they actually want to be as men in the world.

In terms of how they see themselves, some participants reflected on how they understand their choices as contributing to their perception of their identities and that they don't want to be "that guy". In the context of their stories, men shared important insights regarding the harm they caused in their relationships with intimate partners, and

recognized that their behaviours often resembled that of their fathers. Men identified that in some cases, these particular perceptions of self have shifted over time when they have been able to work on transforming their circumstances. Men also note in their stories that an emerging sense of self (in relation to making positive choices) often contrasts with others' perceptions, thereby presenting men with challenges in appreciating changes they have been able to make.

Given the bulk of research on concurrent substance use and intimate partner violence has been quantitative in nature, it has focused on psychological, cognitive, physiological, and contextual factors, with little attention being paid to cultural and situational factors (Bennett, 2008; DeKeseredy, 2011b; Dobash et al., 2000; Coston & Kimmel, 2012; Fals-Stewart & Kennedy, 2005; Humphreys et al., 2005; Klostermann & Fals-Stewart, 2006; McMurrin & Gilchrist, 2008; Murphy & Ting, 2010; Smith, 2000; Veenstra, 2013). Men's experiences of their behaviour and the impact their use of substances and violence has had on their identities have not been an important focus in the scholarship, nor has the subtle ways that exposure to traumatic life events influences identity development.

Preferred identity. In addition to stories that outlined current and shifting perceptions of self and the impact of their experiences on identity, participants also discussed their preferred identities, i.e., who they want to be as men and as men in the context of their intimate partnerships. Participants discussed who they preferred to be, as well as outlined challenges they encounter with living in alignment with their preferred self. Additionally, men discussed important relationship values including barriers that prevent these values from being enacted.

Throughout the course of their interviews, participants shared what they valued in their relationships with partners. The men identified that honesty, trust, working together to raise the children, having things in common, working as a team, reciprocity, no abuse, honouring vows/commitment, unconditional love, intimacy, and loyalty were important values that they desire in their relationships with intimate partners. In addition to outlining what they value in their relationships, participants were also able to identify what got in the way of their ability to enact those values. Participants reported that various life stressors, financial issues, feelings of insecurity and pride, lack of communication, lack of effort by partners, substance use issues, interference from external service organizations, difficulty with negotiating strong emotions such as anger and resentment, and fear of rejection and being judged all present as barriers to acting in alignment with men's reported relationships values.

Throughout their stories, participants highlighted the kind of men they do not want to be, however, their experiences also reflected the kind of men they wish to be. Several participants offered stories illustrating who they want to be in the world and in relationship to others, as well as what factors support them in shifting to their preferred identity. Participants noted the importance of connection, being supportive to their partners, and developing trust were essential aspects of moving towards their preferred identities. Additionally, participants shared that parenting was an important aspect of their identity. They indicated this as a noteworthy consideration and identified that being a dependable, nurturing, and supportive father was important aspect of their preferred identity.

The literature that exists specific to concurrent substance use and intimate partner violence does not consider the ways in which men's experiences contrast with their values or who they *wish* to be. Who men prefer to be is drastically different than what hegemonic masculinity dictates; the participant stories highlight that men want more for themselves and their relationships than power and control (Basile et al, 2013; Eisikovits & Bailey, 2016; Guistina, 2008; Hearn, 2004; Orme et al., 2000; Seidler, 2007; Shields, 2008; Winstok, 2011). However, it is important to note that some of the men seem unable to break free from the constraints imposed by assumptions connected to hegemonic masculinity in order to move towards their preferred identity. Men who continue to struggle report shame and remorse for acting out in ways that do not align with their preferred identity, as well as frustration over not being able to implement changes that would support them in being more congruent.

Witnessing, Experiencing, Participating

As outlined in Chapter 5, violence has been noted as any attempt to cause harm to oneself or another. This includes substance use and suggests that violence (in any form) profoundly alters the essence of one's being. For men struggling with concurrent substance use and intimate partner violence, it creates traumatic outcomes that impact their ability to be in relationship with themselves and others, as well as thwarts men's movement forward when it comes to transforming into their desired selves. The humanity of men becomes masked by the outcomes of disconnection, contradiction, and perceptions of identity, and limits their ability to engage with important others (including themselves) in a way that is meaningful and aligned with their values.

Although the trauma outcomes that emerged in the context of men's stories presented as barriers in their efforts to address their substance use and intimate partner violence, it is important to note that these outcomes also offer insight into how transformation can occur. The study found that attending to these outcomes has the capacity to support men in moving towards their preferred identities and in acting in alignment with their values. Therefore, with regards to men's experiences of concurrent substance use and intimate partner violence, it is important to consider that trauma outcomes are both brokers of harm as well as agents of change.

In my examination, I found that men consistently described their stories in a particular way. As they shared their experiences with me, I realized they were describing a process of witnessing, experiencing, and participating. Men's stories were filled with examples that offer details about their lives and describe circumstances that outline the process of witnessing, experiencing, and participating across various contexts. Interestingly, when I considered this particular process I recognized it was aligned with the criteria outlined for Posttraumatic Stress Disorder (see Appendix C for PTSD criteria). In attending to their stories through thematic narrative analysis, I discovered that men stories about concurrent substance use and intimate partner violence were actually stories about trauma. Figure 3 outlines the final aspect of story that requires consideration when examining concurrent substance use and intimate partner violence; what emerged was that attending to men's stories highlights a process that exists between trauma and transformation.

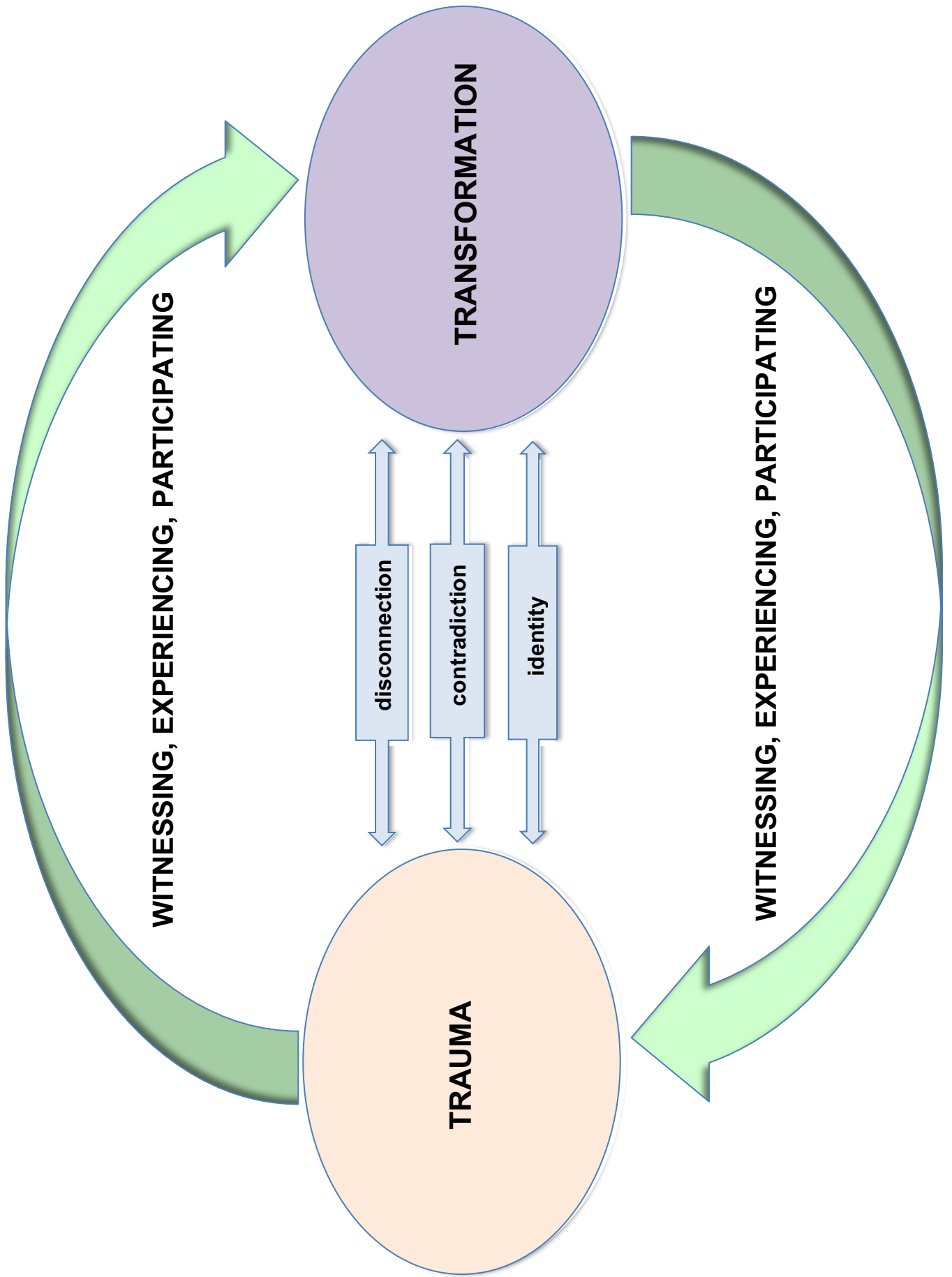


Figure 3. Data Map #3

For most of the men in the study, they simultaneously witnessed, experienced, and participated in violence/trauma. While these processes are often considered independent of one another (i.e., men are perpetrators only or have experienced violence as a child and not as an adult), it is crucial to consider how men make sense of this process in order to illustrate the binary that exists in peripheral considerations of violence and trauma. This has been the issue with dominant paradigms; they fail to explain and/or understand the non-dual nature of this process (Augusta-Scott, 2007; Eisikovits & Bailey, 2016; Jenkins, 2009). Subsequently, interventions fail because they do not acknowledge or adequately address the complexity that exists in men's lived experiences.

Returning to the criteria for Posttraumatic Stress Disorder (PTSD), it is identified that exposure to (including witnessing) significant threat, injury, or violence is considered a key aspect of the traumatic experience (APA, 2013). Throughout the study results, men's stories outlined that they are survivors of trauma and witnessed various events in their childhood/adulthood that have a long-term impact. Multiple examples of witnessing various types of trauma were provided by participants, and their stories highlighted various individuals (e.g., parents, grandparents, siblings, and their surrounding communities) who played a role in these particular events. Witnessing took place directly and indirectly. For example, some men reported watching their parents argue/fight, while others heard the violence that occurred between parents. Similarly

substance use was directly witnessed (e.g., in the home) and indirectly witnessed (e.g., as part of the neighbourhood/community activity/lifestyle). Many men reported substance use and violence as part of their everyday experience. Witnessing these events normalized certain behaviours and ways of coping.

Experiencing is a second key aspect involved in the diagnosis of PTSD (i.e., experiences the threat, injury, violence as well as experiences intrusion symptoms/avoidance of stimuli associated with the event/negative changes in cognition or mood) (APA, 2013). Participants' stories also highlighted experiences of various events as children and as adults. Men in the study shared stories that spoke to their inner experiences of events that were traumatic, emphasizing the underlying tone or lesson inherent within their stories. The experiences men shared in the context of their stories correspond to early learnings about substance use, relationships, and violence. Experiences of trauma and violence seemed to cement what was witnessed in a profound way and impacts men's ability to function in their most intimate relationships (i.e., with self and others) (Bell & Orcutt, 2009; Clark et al., 2013; Crane et al., 2013; Dykstra et al., 2015; Herman, 1997; Levine, 1997; Stover et al., 2013; van der Kolk, 2014; Watt & Scrandis, 2013).

Finally, the study findings outline the ways in which men participate in trauma, both as children and as adults. The final aspect of the process is also aligned with the criteria for PTSD. The DSM notes that individuals exposed to significant and/or ongoing traumatic experiences may experience changes in their arousal and reactivity, which often leads to distress or impairment in various areas of functioning (APA, 2013). The notion of participating was reported regularly by the men in the study. This is not

surprising given the amount of trauma participants' reported witnessing/experiencing in their early childhood. Interestingly, the reasons behind men's participation in trauma across various stages of life are the similar; men in the study outlined experiences of perceived threats/harm in their relationships, difficulties with trust, engaging in substance use to cope, and repetition of behaviours they witnessed in their youth. Furthermore, participation in violence took a number of forms including protection/defense, provision, and coping. With substance use, participating involves attempts at connection, coping, provision, and impacts relationships with important others and self. Both forms of participating ultimately perpetuated further trauma and/or harm, regardless of the underlying intention.

Although the process of witnessing, experiencing, and participating shows up in men's stories of trauma, this same process can be applied to the idea of transformation as well. This is important because it suggests the aspects that influence trauma experiences also have the ability to influence experiences of transformation. Interestingly, men's stories revealed more events of experiencing (than witnessing) with transformation, but these seem to be situated primarily in adult life. Although participants offered a number of reflections on their experiences that contributed to the process of change, experiences of substance use and violence were also noted as important catalysts for transformation. Not every participant's story highlights this, however there are some who identified doing well and were able to share stories that demonstrated examples of experiencing transformation in both their use violence and substances. In particular, there seems to be a significant difference between substance use and intimate partner violence with regard to experiencing support. Although shame

and guilt are overwhelmingly reported for both issues, men identified in the context of their stories that their experience of support in the substance use realm was more helpful (than support received for intimate partner violence) and assisted them in negotiating these challenging emotions.

Stories about participating in transformative behaviour were varied. For some men, engaging in the study was identified as a form of participating in transforming their behaviour. For those who were further along in their process, they were able to articulate additional steps they actively took that supported them in moving towards their preferred identities. One particular aspect of participating that was not overtly discussed by participants is the idea of resilience. The stories men shared indirectly alluded to how resourceful they have been in attempting to make change, and resilience seems to take the form of persistence (i.e., not giving up), reaching out for/accepting help, and willingness to admit/accept fallibility.

Overall, the analysis highlights the impact of childhood and adult trauma on men's experiences, particularly in relation to the ideas of disconnection, contradiction, and identity. Men's stories about concurrent substance use and intimate partner violence contain numerous examples of trauma that have shaped and informed their lived experiences; their experiences lend insight into the specific ways that trauma impacts their sense of self as well as their relationships with others. Participants' stories also offer increased awareness regarding particular circumstances that need to be addressed in men's efforts to make change and how supports can be tailored to suit men's reported needs. Developing an appreciation for the ways in which trauma has

been experienced by men is important. Understanding the process and outcomes of trauma assists with determining appropriate and meaningful interventions that have the capacity to support men in moving towards their preferred identities and transforming their lived experiences.

Chapter Nine: Conclusion

This study examined men's experiences and perceptions of concurrent substance use and intimate partner violence. Interviews with 12 participants were analyzed using Thematic Narrative Analysis situated within social constructionist and postmodern frameworks in order to understand the stories men tell about their experiences, and to determine the broader narrative of concurrent substance use and intimate partner violence from their own perspectives.

This study contributes to the literature on concurrent substance use and intimate partner violence, specifically in relation to men's reported experiences of these concerns. The overall findings of the study highlight the notion that men's narrative of these issues differs considerably from the narrative that has been shaped by the dominant discourse. More specifically, men's narrative of concurrent substance use and intimate partner violence highlights the significance of trauma as a common thread in their experience of these concerns, including its impact on their ability to move towards their preferred identities. This particular narrative stands in stark contrast to the ones proposed by the medical model and dominant feminism, which suggest these issues are matters rooted in biology and gender.

Furthermore, this study explores the nature of violence and abuse, as well as the outcomes that emerge from trauma men experience relative to these concerns including disconnection, contradiction, and perceptions of identity. These outcomes become an

important consideration in transformation, creating facilitators or barriers in men's efforts to move towards the lives they desire. Findings from the interviews are summarized and discussed under three main sections: 1) Childhood Trauma; 2) Adult Trauma; and 3) Transformation.

Implications of the Study

This particular study has a number of implications for addressing concurrent substance use and intimate partner violence for men who struggle with these concerns. The following will outline various implications for individuals, service providers and practitioners, as well as social work education and policymakers. Future areas of research will also be discussed to highlight several important avenues that warrant additional investigation.

Personal Implications

From a personal standpoint, this study has taught me that men's stories are sites of resistance. I do not consider the notion of resistance in the traditional sense (i.e., denial and minimization). Instead, I have come to understand men's stories as sites of resistance that highlight problems inherent within the dominant paradigms attempting to address their concerns. These stories are narrated in ways that offer clues about the parallels that exist between substance use and intimate partner violence; they also offer plural understandings and showcase discrepancies that contest hegemonic masculinity.

Participants in this study shared stories that facilitate alternative understandings of masculine experiences by examining men's socially located positions in relation to substance use and violence. Examining their stories allowed me to appreciate the depth of their experiences and develop new insights about how they live in the world. It also

supported me in understanding the powerful role of 'evidence' and the impact it has on men. The dominant discourse often prevents us from hearing alternative stories about men; it shows up as labels and externally crafted identifiers that create men's stories and maintain them. Snapshot assessments and reports capturing events that bring men into service are standard examples of evidence that contribute to resistance and highlight power. In an era of time-limited care, it is challenging to excavate men's complex histories in relation to specific events that bring them into treatment. For example, when I worked in the PAR program, I was required to complete a standardized intake form collecting various pieces of information from individuals who were mandated to see me. This form was brief and focused primarily on the incident/behaviours that brought them into treatment; it did not explicitly encourage the practitioner to investigate the intersection of history, class, race, etc., in relation to the incident. My experience in the substance use realm was similar; the focus was on the events that prompted engagement with the treatment program, but little consideration was given to other factors that contributed to the development of the person's substance use concerns. In my work, men have resisted the practice of focusing solely on the incident and report unease that what is recorded about them is not an accurate reflection of who they truly are. How can it be? It is based on others' perceptions of what occurred and additional context is not considered. And yet men are regularly criticized and/or punished if they resist agreeing with these assumptions that attempt to capture the entirety of their circumstances.

Resistance is generally considered negative in the context of concurrent substance use and intimate partner violence. In my work, I have witnessed resistance being labeled as denial, minimization, and non-compliance, and I often reflect on how this notion is taken up. I suspect that many of my colleagues use the label of resistance as a legitimate means to negate men's experiences of powerlessness and disconnection. However, the way the notion of resistance is taken up impacts how it is understood and addressed. Do social workers consider resistance as an attempt to deny responsibility for behaviour, or it is used to understand what men are telling us about their suffering? Participants in this study shared a number of experiences highlighting the impact and relationship of trauma to their use of substances and violence; their stories illustrate the difficulties they experienced in negotiating a variety of events throughout their childhood and adulthood which impacted their relationships with themselves and others. It is important to appreciate the way in which social workers choose to understand resistance determines how we move forward with engaging men, as well as how we appreciate their experiences. In my own work, I have come to appreciate the notion of resistance as a sign that I may not have heard a man's full story of who he is, including how he understands his actions.

Although attempts are made to obtain important aspects of men's experiences for the purpose of support, service providers/practitioners collect fragments of men's stories and then fail to piece these together into a coherent narrative that can assist them supporting men in a meaningful way. This is detrimental and neglects the potential to form counter discourse by producing new knowledges and highlighting new truths about men's experiences of violence against women and substance use (Mann &

Huffman, 2005). I propose then, that stories are not resistance in the traditional sense (i.e., lacking accountability). Instead, I consider stories as sites of understanding *through* resistance. Men's stories are acts of resistance against hegemonic discourse about what it means to be a man. If shared in safe spaces, men's stories have the capacity to illustrate the organizing principles of concurrent substance use and violence, and highlight shifting notions of masculinity.

Individual Implications

For individuals, this study highlights the challenges men encounter in sharing painful aspects of their experiences. Men *know* how hurtful their behaviours can be. Participants who bravely shared their stories in the context of this study demonstrated this. Instead of assuming men are always purposeful in their actions and have little understanding about the harm they cause, it seems important to recognize that men may feel dually stigmatized by their use of substances and for exercising violence in their intimate partnerships. Most men with whom I have worked identify that substance use supports them in coping with fluctuating emotional states, day-to-day stressors, and consequences of various life traumas. They also report challenges in negotiating the complexities of intimate partnerships, communicating their thoughts and feelings effectively, and recognizing triggers that contribute to states of distress. Participant stories support these ideas.

Over the course of my practice, I've encountered very few men who are unable recognize the harm their behaviour has caused. The key is whether or not they feel safe enough to admit it and not be judged for their honesty (or their perceived inability to adhere to traditional masculine norms). Participant accounts highlight the need to have

safe and non-judgmental others in their lives who are willing to check inaccurate assumptions in order to truly hear their stories and understand their experiences in new ways. Shifts in perceptions (and an unwillingness to rely on constructions put forth by the dominant discourses) offer the real potential to shift men's experiences in the world, and subsequently support them in understanding their behaviours in a way that moves them towards meaningful and transformative change. This ultimately and directly impacts the way younger generations will experience substance use and intimate partner violence, hopefully for the better.

Social Service Providers and Social Work Practitioner Implications

The study also offers information relevant to service providers and practitioners to assist them in effectively supporting men struggling with both issues. Many social work practitioners will encounter men struggling with these concerns in the child welfare system, legal and justice systems, as well as the medical system. Therefore, it seems important that practitioners are better equipped to support men and their families in addressing the complexity of these concerns. This requires a more comprehensive understanding and reframing of men's experiences, including the way in which trauma informs their lives.

Capturing men's understanding of their experiences makes space for support and theory to emerge, which ultimately has the capacity to address the complex and tenuous nature of these issues (e.g., physiological impact of substance abuse, withdrawal, the stress of addressing violence, etc.). Legitimizing their diverse

experiences can assist with recognizing new ways to engage men more meaningfully. It has the potential to emphasize choice, responsibility, and agency without negating experiences of powerlessness and disconnection.

For social service providers and social work practitioners, men's lived experiences need to be considered with greater depth in order to understand how contemporary theoretical underpinnings inform treatment programming and practitioner perceptions. I have witnessed many stories be completely negated because they do not fit the conceptualizations outlined in the dominant discourses. I consider this act a form of gatekeeping and I believe this causes additional harm to the men we serve. The power we have as service providers and practitioners can be easily abused. Our power determines what stories are told, how they are told, when they are told, and by whom. To me, this process parallels the abuse we accuse men of in their intimate partnerships.

Traditionally, practitioners in both domains have failed to recognize the complexity of men's experiences. This is concerning, given the position they occupy within the therapeutic relationship. Assumptions we hold about masculinity, substance use, and violence against women often contradict what men share in their personal narratives (Albertin et al., 2011; Alexander, 2008; Augusta-Scott, 2007; Basile et al., 2013; Bergschmidt, 2004; Coston & Kimmel, 2012; Etherington, 2006; Hambley et al., 2010; Hearn, 2004; Hunnicutt, 2009; Karoll, 2010; MacKinnon, 2013; McKenzie-Mohr & LaFrance, 2013; Orme et al., 2000; Seidler, 2007; Shaffer & Robbins, 1991; Suissa, 2003; Veenstra, 2013; White, 1997; White & Peretz, 2010; Williams & Arrigo, 2007; Young, 2011). Participants' stories highlight this important consideration. We assume that all men feel they have power and abuse that power within the context of their

intimate partnerships. But not all men feel powerful despite what dominant feminism indicates. Men encounter a number of challenges that influence experiences of power in their partnerships. Although not an exhaustive list, most men I have worked with possess stories that reveal multiple sites of powerlessness including unspeakable histories of physical abuse, sexual abuse, and bullying, limited education/opportunity for education, oppressive experiences of racism, poverty, mental illness, and institutionalization, as well as betrayal, loss, and profound grief. The diversity of stories from the participants in the study reflects a variety of these circumstances that often contribute to feelings of powerlessness, contrary to conventional understandings.

Critical reflection on men's stories contributes to improved therapeutic relationships and supports men in finding meaningful ways to share their experiences, while also deconstructing the dominant discourses responsible for prescribing gendered roles and expectations with relation to substance use and violence against women. Men's stories are valuable tools that can support practitioners in understanding their experiences more comprehensively. The stories that participants shared in the context of this study illustrate that stories are not static entities. They offer rich details, insights, and emotional undertones as long as we are prepared to appreciate these complexities. This is particularly important with the issues of substance use, violence against women, and masculinity. Practitioners can access multiple meanings within men's stories and recognize how men understand their own behaviours in the context of their relationships. Stories highlight the ways individuals experience the world as well as how they make sense of it.

This study highlights the need for social work practitioners to shift their assumptions so that they engage men differently and help them construct alternative counterstories regarding their use of substances, use of violence, and histories of trauma (Augusta-Scott, 2007; Bondi, 1990; Brown, 2013; Czarniawska, 2002; Holstein & Gubrium, 2011; Jenkins, 2003; Seidler, 2007). Listening to their stories supports practitioners in reflecting on the diversity of men's experiences while resisting the pull to collude with flattened understandings of concurrent substance use and partner violence. Men's stories offer possibilities for greater connectedness and meaning. Practitioners can move beyond what they know about men struggling with concurrent substance use and partner violence by attending to story. Labeling and categorization interfere with understanding men's behaviours, and ultimately negate the humanity of the men service providers are tasked with supporting. As participants in the study demonstrated, stories can provide practitioners with doorways through which we can enter into authentic conversations with men. We can move towards bridging the gap between 'us' and 'them' through attending to story and by understanding the diversity of men's experiences.

The study also illustrates the importance of addressing concurrent substance use and intimate partner violence specific to men within a trauma-informed/centered framework. Recognizing the significance of trauma in men's lived experiences not only supports social work practitioners in being more willing to hear their stories, but it also assists practitioners in resisting the urge to pathologize various coping mechanisms that have assisted men in surviving their circumstances. Participants in the study shared a number of trauma outcomes that emerged as a result of their varied experiences,

however these nuances within men's stories are easily missed within the constraints of the dominant discourses. A trauma-informed lens has the capacity to shift the way in which we understand men's experiences and subsequently support them.

Understanding the nature, outcomes, and process of trauma can assist with determining appropriate and meaningful interventions that are sensitive to the impact of trauma on men's lived experiences of concurrent substance use and intimate partner violence.

Contribution of the Study to Social Work Education and Academic Knowledge

The scope of concurrent substance use and intimate partner violence is significant, and this study contributes to academic knowledge in the social work field. Men's experience of concurrent substance use and intimate partner violence is an under-theorized area, particularly in the arena of social work. Throughout my exploration of this topic, I found minimal research that has explored men's perceptions and experiences of substance use, intimate partner violence, or the concurrence of these issues. Most of what exists in the scholarship comes from the fields of healthcare, criminology, women's studies, and psychology. This study demonstrates the need for social work educators to examine men's stories for evidence of the dominant discourse in order to better understand how substance use and intimate partner violence are symptoms of deeply rooted social, economic, historical, and political concerns. The dominant paradigms are problem-oriented and treat substance use and intimate partner violence as unconnected. This study illustrates the importance of attending to men's stories as an opportunity to recognize strengths and resilience, as well as support new ways of understanding complexities that exist in the relationship between substance use and intimate partner violence.

Contribution to Future Social Work Research and Social Work Policy

This study highlights the importance of social work research that investigates prevention and the need for recognition of the connectedness of events; consequences of harmful behaviour wound the man and his partner. A number of participants shared stories that highlighted the multiple ways that harm infiltrated their relationships with others and themselves. Therefore, it seems pertinent to continue examining the role and impact of trauma on men's experiences to develop trauma-informed interventions that have the capacity to support them more effectively.

Future social work research and subsequent policy needs to be rooted in exploring men's experiences and perceptions in more depth, in order to increase preventative measures for substance use and intimate partner violence concerns, as well as provide meaningful and ongoing support that men require. One area to investigate further is resilience. Although participants in the study indirectly highlighted the notion of resilience in the context of their stories, understanding what men consider as resilience in their own experiences might offer insight into support that has the capacity to be relevant and meaningful. Participants alluded to their resourcefulness in attempting to make change, how persistent they have been with regards to not giving up, reaching out for and accepting help, as well as their willingness to admit fallibility. Investigating factors that influence men's resilience is an important area to examine further to highlight strengths that can be employed in supporting them more effectively.

In addition to resilience, participant stories also emphasized the need for early and positive mentors, having someone they can look to for guidance, and safe spaces where they can connect and share their experiences in order to develop greater

understanding and insight. As such, understanding the role of peer support and mentoring in relation to concurrent substance use and intimate partner violence is another important focus for ongoing research. Participants shared the positive impact that peer support had on their efforts to make change with their substance use concerns but indicated challenges with accessing the same type of assistance in the intimate partner violence realm. It would be helpful to examine men's needs regarding mentorship and peer support to determine what is required in order for them to feel more connected and fully supported as they move towards their preferred identities.

Limitations of the Study

There are a number of limitations inherent within the study that require examination. What follows outlines several shortcomings that exist in the research design and methodology.

First, it is important to note that qualitative analysis is interpretive. Although efforts that attended to trustworthiness were identified, it is possible that another researcher with the same data may come to different conclusions. My own perspectives and orientations no doubt influenced the way in which I addressed the analysis as well as which aspects of the data became important.

A second limitation has to do with the size and diversity of the sample. As outlined in Chapter 3 of the study, recruitment of participants was one of the most challenging aspects of the research; this subsequently impacted the sample. I had to revise my recruitment strategy several times throughout the course of the study and it took two years to obtain the 12 men who agreed to participate; all but two of the participants presented as Caucasian. The men who graciously participated in the study

shared a great deal about their personal lives and revealed stories about behaviours of which they were deeply ashamed. It was brave for these men to come forward to share such intimate and personal stories about their experiences. It was challenging however, to find men who were willing to walk this road and trust me enough to speak their truth. Furthermore, this study focused on men who were/have been engaged in heterosexual relationships, and as such, focused on intimate partner violence with women.

A third limitation involves the length of the scheduled interviews and the type of analysis that was employed. Participants were asked to engage in 1-hour interviews for this study. Although interview times with participants varied, longer interviews (1.5 – 2 hours in length) would have been ideal to allow the men the opportunity to discuss their experiences in more depth, thereby providing more context and detail for the analysis. Additionally, I chose to complete a thematic narrative analysis given the number of participants who were interviewed. In reflecting on the decision to interview a group of participants, I could have considered interviewing one participant over a period of time to explore a single case study in more depth and to complete a structural narrative analysis which would have attended more effectively to the nuances of language, thereby revealing additional insights. In saying this however, had I only interviewed one participant, I might not have been able to develop an understanding of the broader narrative of concurrent substance use and partner violence that was informed by men's experiences in this study.

The fourth limitation inherent within this study has to do with language. Although this is a qualitative study, quantitative language has been used throughout the thesis. Throughout the course of the study, I gathered a significant amount of data and wanted

to ensure it was presented in a way that did not dismiss the diversity of the men's stories. Although well intentioned and slightly clumsy in presenting the research quantitatively at times, I do believe this study is qualitative at heart and created a space that honoured men's voices and stories. This is evidenced by my efforts with reflexivity and thick description, as well as the powerful quotes that were shared throughout that illustrate the men's experiences.

A fifth limitation of the study involves a discrepancy in its design. In Chapter 7, participants identified a number of factors that supported them in transforming their circumstances and moving towards their preferred identities. Several of the men identified wanting to participate in the study as a way to use their experiences to help others. Although the results of the research were disseminated in a public forum at the study's conclusion, no other opportunities were built in to its design so that participants could engage with the completed research in a meaningful way. Given the men's reports that sharing and engaging were important forms of connection, I should have reflected on how I could have brought the research back to participants as a transformative tool in order to more fully mobilize the knowledge that emerged. In neglecting this consideration, I prevented the participants from connecting with the research in an ongoing way.

Finally, I would be remiss if I did not highlight the way in which some of my final conclusions were established. When I first began to pull together the data in an effort to make sense of what it was telling me, I realized that men were describing a particular process – a process of witnessing, experiencing, and participating. When I considered this process further, I realized it was very much aligned with the DSM criteria for PTSD

(see Appendix C for DSM criteria for PTSD). Although I discussed this process in Chapter 8, it was not until afterwards that I realized certain connections that emerged were problematic given the stance I have taken throughout the study around how the DSM frames and situates concerns as individual problems. In reflecting on this further, I have come to two conclusions about this specific limitation. First, it stands as a clear reminder of how the powerful the dominant discourse is at informing our understanding. It clearly influenced my thinking and perceptions about the overall process that the participants reported in the context of their stories. I am uncertain if this influence preexisted the discovery of the process (witnessing, experiencing, participating), or if these connections to the PTSD criteria came afterwards. Either way, it seems evident that the dominant discourse permeates how we understand concerns. Second, I am curious if linking this process to the DSM is a way to legitimize men's trauma. In spite of its many shortcomings, the DSM does legitimize experiences of distress and suffering (McKenzie-Mohr & Lafrance, 2013). In doing so, I wonder if it has the capacity to make men's experiences more accessible and/or palatable to those who struggle with understanding the complexity of their lives. Although this study has identified the dominant discourse is unable to fully address individuals' experiences in a holistic manner, perhaps it is an entry point through which we can appreciate men's experiences of substance use and intimate partner violence until we have the capacity to understand these concerns in a more nuanced way.

Summary

Context matters. This crucial aspect of men's experiences has not been offered or considered in the scant social work literature that exists on men's concurrent substance use and intimate partner violence. Without context, circumstances and outcomes have no meaning or meaning becomes misinterpreted. Men's stories provide the foundation of context. They offer information and insights about who men are, how they understand their circumstances, and what we need to know in order to support them more effectively. Engaging in deeper conversations leads us to the stories men tell about themselves, and subsequently, allow us to examine what stories or parts of their stories become privileged over others, and why this might happen. At present, men's stories become insulated by others' assumptions, fears, etc. When this occurs, it is impossible to appreciate the context required in order to understand men's experiences in a more nuanced manner. Likewise, the dominant discourses segregate aspects of men's stories and seem to struggle with integrating and/or understanding contradictory pieces of story.

This qualitative study examining 12 men's experiences of concurrent substance use and intimate partner violence highlights how the broader narrative has become shaped and subsequently addressed. This small study contributes to the growing social work literature examining concurrent substance use and intimate partner violence relative to men who struggle with these concerns. Men revealed a diversity of

experiences and outcomes related to substance use and intimate partner violence. In particular, the study found that all participants experienced some form of trauma in their childhood/adolescence, which ultimately impacted their behaviours and identities as they matured.

Through the stories they shared, men highlighted the ways in which trauma impacted their ability to live in alignment with their values and subsequently engage in efforts to transform to their preferred identities. Men also noted the absence of early mentors/teaching and the impact this had on their ability to cope. They further noted the importance of connection and support in their efforts to make change. This study illustrates the significance of attending to story and how stories reveal the impact of the dominant discourses' influence on shaping men's experiences. The overall implications of this study challenge the dominant discourses' understanding of men's concurrent substance use and intimate partner violence, highlighting the necessity to attend to aspects of men's stories that offer insight into their experiences that have the capacity to further growth and influence future generations.

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Appendix A. DSM-IV-TR Definitions of Substance Dependence and Substance Abuse

According to the DSM-IV-TR, Substance Dependence is defined as a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- (1) tolerance
- (2) withdrawal
- (3) the substance is often taken in larger amounts or over a longer period than was intended
- (4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- (5) a great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
- (6) important social, occupational, or recreational activities are given up or reduced because of substance use
- (7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. (APA, 2000, pp. 197)

According to the DSM-IV-TR, Substance Abuse is defined as:

A. A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring at any time in the same 12-month period:

- (1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
- (2) recurrent substance use in situations in which it is physically hazardous
- (3) recurrent substance-related legal problems
- (4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

B. The symptoms have never met the criteria for Substance Dependence for this class of substance. (APA, 2000, pp. 199)

Appendix B. DSM 5 Definition of Substance Use Disorder

According to the DSM 5, Substance Use Disorder is defined as a problematic pattern of (substance) use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Substance (e.g., alcohol, cannabis, cocaine) is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control the substance use.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
4. Craving, or a strong desire or urge to use the substance.
5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
7. Important social, occupational, or recreational activities are given up or reduced because of substance use.
8. Recurrent substance use in situations in which it is physically hazardous.
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of substance to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of substance.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for the substance.
 - b. The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Mild: Presence of 2-3 symptoms, Moderate: Presence 4-5 symptoms, Severe: Presence of 6 or more symptoms. (APA, 2013, pp. 490)

Appendix C. DSM 5 Criteria for Posttraumatic Stress Disorder (PTSD)

According to the DSM 5, the following criteria apply to adults, adolescents, and children older than 6 years for PTSD.

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
 - (1) Directly experiencing the traumatic event(s).
 - (2) Witnessing, in person, the event(s) as it occurred to others.
 - (3) Learning that the traumatic event(s) occurred to a close family member or close friend.
 - (4) Experiencing repeated or extreme exposure to aversive details of the traumatic event(s).

- B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
 - (1) Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
 - (2) Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
 - (3) Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
 - (4) Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
 - (5) Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

- C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
 - (1) Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
 - (2) Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situation) that arouse distressing memories, thoughts, or feeling about or closely associated with the traumatic event(s).

- D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
 - (1) Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
 - (2) Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world.

- (3) Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
 - (4) Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
 - (5) Markedly diminished interest or participation in significant activities.
 - (6) Feelings of detachment or estrangement from others.
 - (7) Persistent inability to experience positive emotions.
- E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
- (1) Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
 - (2) Reckless or self-destructive behaviour.
 - (3) Hypervigilance.
 - (4) Exaggerated startle response.
 - (5) Problems with concentration.
 - (6) Sleep disturbance.
- F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.
- G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition. (American Psychiatric Association, 2013, pp. 271)

Appendix D. Recruitment Email to Service Providers

Good morning,

My name is Stephanie and I am a PhD candidate at Wilfrid Laurier University. I am writing to request your assistance with locating participants for my research. The purpose of my study is to gain insight into the experiences and perceptions of men who struggle with issues related to concurrent substance use and intimate partner violence.

As a professional who has work experience in both the addiction and domestic violence fields, I recognize the scope and complexity of these concerns for individuals, families, and the community as a whole. With my research, I intend to examine factors that contribute to men's experiences of concurrent substance use and violence against their intimate partners, as well as explore barriers that impact current treatment/service provision.

I have connected with you as a service provider that may have contact with men who are struggling with concurrent substance use and partner violence concerns. I am hoping for a positive response from various communities and agencies in order to develop a broad understanding of this issue.

I have attached a document outlining the study in more detail for your review. I would deeply appreciate the opportunity to speak with you further about my research and your willingness to inform service users of your organization about this study.

Thank you in advance for your consideration in discussing this study with me. I can be reached at 905-641-7691 or sbaker@wlu.ca at any time.

Respectfully,

Stephanie Baker, PhD(c), RSW
Faculty of Social Work
Wilfrid Laurier University

Appendix E. Recruitment Letter for Service Providers

**WILFRID LAURIER UNIVERSITY
LETTER OF INFORMATION – SERVICE PROVIDERS**

Project: Understanding the Complexity of Men’s Concurrent Substance Use and Intimate Partner Violence

Principal Investigator: Stephanie Baker

Purpose of the Study:

It is the purpose of this study to gain insight into the experiences and perceptions of men experiencing concerns related to concurrent substance use and intimate partner violence. I hope to examine factors that contribute to men’s experiences of concurrent substance use and violence against their intimate partners as well as explore barriers that impact current treatment/service provision.

Participation Requirements:

This study is aimed at adult men who have experienced concurrent substance use and intimate partner violence. As such, those participating in the study should be:

- *male*
- *age eighteen or older*
- *have current or previous issues with concurrent substance use and intimate partner violence*

Procedures Involved in the Research:

Should your clients choose to participate in this study, they will be invited to complete a private and confidential one-hour interview whereby their experiences and perceptions of substance and intimate partner violence will be explored.

Several questions will be asked to assist them with sharing their story in their own words. Questions will focus on exploring:

- Experiences and perceptions of concurrent substance use and intimate partner violence
- How masculinity has been influenced by experiences of substance use, intimate partner violence, and their concurrence
- Understanding what men feel is necessary to assist them in addressing these issues
- Understanding how service providers can engage men more effectively

Potential Harms, Risks or Discomforts:

It is unlikely that there will be any harms associated with completing this interview that your clients have not already encountered in the process of accessing services offering support for these concerns. Should they find aspects of the interview unsettling and wish to discuss any adverse effects they experience as a participant, please do not hesitate to contact me. My contact information is provided below.

Potential Benefits:

Although participants may experience no benefit in contributing to this research, I am hopeful that it will provide men with an opportunity to voice their perceptions and experiences related to substance use, intimate partner violence, and the treatment services that offer support to address these concerns.

Any information participants choose to provide will be confidential and private. The only individual who will have access to identifying information is the researcher. Any identifying information will be removed from the transcript of the interview before it is used for the purposes of constructing the thesis requirement. At no point during analysis of responses will participants be identified.

All data will be in an electronic format. It is possible that this data will be used in future research. Data collected from this study will be maintained on a password-protected computer which is only accessible to the investigator. Once the study is complete, an archive of the data, without identifying information, will be maintained for the duration of my research on this topic.

Participation and Withdrawal:

Participation in this study is voluntary; participants may decline to participate without penalty. If a client decides to participate, he may withdraw from the study at any time without penalty and without loss of benefits to which he is otherwise entitled. If he withdraws from the study, his data will be removed and destroyed. Study participants have the right to omit any question(s)/procedure(s) they choose.

Solicitation Methods:

I am hopeful for a large amount of responses, from various communities and agencies across several regions, in order to develop a broad understanding of this issue. You may have been contacted because your agency is a known provider of services to men who have experienced substance use and/or intimate partner violence concerns. Should you have any questions about how your contact information was obtained, please don't hesitate to connect with the researcher.

Information about the Study Results:

I expect to have this study completed by December 2015, and intend to arrange a public forum to disseminate the results.

Questions about the Study:

If you have questions at any time about the study or the procedures, you may contact the researcher, Stephanie Baker, at sbaker@wlu.ca or 905-641-7691, or her supervisor, Dr. Ginette Lafreniere, at glafreniere@wlu.ca or 519-884-1970 ext #5237. This project has been reviewed and approved by the University Research Ethics Board (#4037). If you have any additional questions or concerns about this study, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, 519-884-1970, ext #4994 or rbasso@wlu.ca

Appendix F. Recruitment Letter for Participants

WILFRID LAURIER UNIVERSITY | LETTER OF INFORMATION**Understanding the Complexity of Men's Concurrent Substance Use and Intimate Partner Violence**

Dear Sir:

My name is Stephanie Baker and I am a PhD candidate in the Faculty of Social Work at Wilfrid Laurier University. I am conducting research on understanding men's experiences and perceptions of substance use and intimate partner violence, and am interested in men who currently or previously have experienced concerns in these areas.

As a professional who has previous work experience in both the addiction and domestic violence fields, I am hoping you will agree to being interviewed by me about your experiences. The purpose of the research is to explore your experiences and understanding of these issues. There will be approximately twelve to fifteen men interviewed for this study and the interview itself will consist of several open-ended questions about your experiences. It will take approximately 1 hour to complete, and you will be given a \$20 Tim Horton's gift card for your participation.

This research has been approved by the Wilfrid Laurier University Research Ethics Board (tracking number #4037). If you have questions at any time about the study you may contact me at sbaker@wlu.ca or 905-641-7691, or you may also contact my supervisor, Dr. Ginette Lafreniere, at glafreniere@wlu.ca or 519-884-1970 ext #5237. With your permission, feedback on the results of the research will be mailed to you at the conclusion of the study in the form of a brief executive summary. I will arrange to meet with you to provide a verbal review of the results where required.

If you would like to participate in this research, please contact me by phone: 905-641-7691 or email: sbaker@wlu.ca

I sincerely hope you will be part of this research and thank you in advance for your help, your time, and your expertise.

Respectfully,

Stephanie Baker
PhD Candidate
Faculty of Social Work
Wilfrid Laurier University

Share Your Story

Men's stories are the key to understanding

- *Are you male and over 18 years of age?*
- *Have you ever worried about or been told you have a problem with drugs or alcohol?*
- *Have you ever worried about or been told your behavior towards your spouse/significant other is hurtful or abusive?*

If you answered YES to the above questions, I'm interested in hearing your story...



What is this about?

I am conducting a study to better understand men's experiences of substance use and intimate partner violence. My goal is to hear men's stories and understand the connections between these two issues in order to support men and their families more effectively.

What will I be asked to do?

If interested, you will be asked to participate in a private and confidential interview (1 hour), and receive a \$20 gift card for your time.

How can I participate?

If you would like to take part, please call or email Stephanie Baker (PhD Candidate) Wilfrid Laurier University
Phone: 905-641-7691
Email: sbaker@wlu.ca

This study has been approved by the Wilfrid Laurier University Research Ethics Board (REB #4037)

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Share Your Story

Men's stories are the key to understanding

What? A study looking at the connection between substance use and intimate partner violence

Why? To better understand these concerns and provide more helpful support to men and their families

Who? Men 18 years and older with current or previous substance use and partner violence concerns



1 hour confidential interview

\$20 gift card for participating

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Research Study - Concurrent Substance Use and Intimate Partner Violence
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Facebook Web Address	Enter a Facebook web address
Start Date	Enter your start date
Short Description	A research study aimed at understanding men's experiences of substance use and intimate partner violence
Impressum	Input Impressum for your Page
Long Description	<p>I am conducting a study that aims to understand men's experiences of substance use and intimate partner violence. My goal is to hear men's stories and understand the connections between these two issues in order to support men and their families more effectively.</p> <p>I am looking for men 18 years and older with current or previous substance use and partner violence concerns. If you meet these criteria and are interested in participating, you will be asked to participate in a private and confidential interview (1 hour), and receive a \$20 gift card for your time.</p> <p>If you want to learn more, please send me a private message or email me at sbaker@wlu.ca and I would be glad to connect with you. This study has been approved by the Wilfrid Laurier University Research Ethics Board (REB #4037).</p> <p>Thank you in advance for your interest,</p> <p>Stephanie</p>

Appendix I. Participant Demographic Form

PARTICIPANT DEMOGRAPHIC FORM

Participant Number Assigned: _____

Contact Information (if agreeable to follow-up/member checking)

Phone Number: _____

Email Address: _____

Address:
_____**Background Information**

Age: _____

Occupation: _____

Education Level Achieved: _____

Cultural Background/Ethnicity: _____

Current Marital Status: _____

Number of Children: _____

Intimate Partner Violence***Have you ever received a domestic violence charge?*** Yes | No

If so, when _____

How many charges have you incurred? _____

Have you ever attended treatment for domestic violence concerns? Yes | No

If yes, when _____

Where/program: _____

How many times? _____

Substance Use

Have you ever been diagnosed with a substance use concern? Yes | No

If so, what have you been diagnosed with? _____

When did you receive this diagnosis? _____

Have you ever attended treatment for substance use concerns? Yes | No

If yes, when _____

Where/program: _____

How many times? _____

Appendix J. Informed Consent for Participants

**WILFRID LAURIER UNIVERSITY
INFORMED CONSENT STATEMENT**

Project: Understanding the Complexity of Men's Concurrent Substance Use and Intimate Partner Violence

Principal Investigator: Stephanie Baker

Purpose of the Study:

You are invited to participate in a study designed to examine men's experiences and perceptions of concurrent substance use and intimate partner violence. I would like to examine factors that contribute to men's experiences of concurrent substance use and violence against their intimate partners as well as explore barriers that impact current treatment/service provision.

This study is designed to explore the following research questions:

- 1) What are men's experiences and perceptions of concurrent substance use and intimate partner violence?
- 2) How is masculinity influenced by men's experience of substance use, intimate partner violence, and their concurrence?
- 3) What do men believe is necessary to assist them in addressing these issues?
- 4) How can service providers engage men more effectively?

The objectives of this study are:

- (1) To obtain an understanding of men's experiences and perceptions of these issues
- (2) Determine what is required to support men in addressing these concerns
- (3) Determine how service providers can engage men more effectively

Your willingness to discuss your experiences and perceptions will assist in achieving the above outcomes.

Information About the Study:

You are invited to participate in a one-hour interview whereby your experiences and perceptions of substance use and intimate partner violence will be explored.

Several questions will be asked to assist you with sharing your story in your own words. Questions will focus on exploring:

- your relationships with family members and friends as a child/youth
- your experiences of violence and substance use as a child/youth
- your experiences of substance use as an adult
- your experiences of violence/abuse as an adult
- what you feel is helpful when you decide to make changes in your life

The interview will be completely private and confidential. It will be conducted by myself and will be audio recorded. I will transcribe the interviews and any identifying information will be removed from the transcripts before they are submitted as my thesis. Quotations from the interview may be used in my thesis. You can however, agree to take part in the interview but decline having your quotations used in the thesis.

I may decide to follow-up with you once the interview has been completed in order to check the accuracy of the information that was obtained, however you can choose to decline further follow-up.

Potential Harms, Risks, or Discomforts:

I do not anticipate any harms associated with your participation in this study. However, should you find aspects of the interview unsettling and wish to discuss any adverse effects you experience as a participant, please do not hesitate to contact me or the following resources:

Brantford

- Withdrawal Management Treatment Services: 1-519-753-6222
- Integrated Mental Health Crisis Service (24 hour crisis line): 1-866-811-7188
- Drug and Alcohol Helpline: 1-800-565-8603
- Mental Health Helpline: 1-866-531-2600

Niagara Region

- Distress Centre: 905-688-3711
- Coast (Crisis Outreach Support Team): 1-866-550-5205
- PERT (Psychiatric Emergency Response Team): 905-378-4647
- Withdrawal Management (Detox): 905-682-7211

St. Mary's/London

- Stratford General Hospital Special Services Unit: 1-888-829-7484
- St. Mary's Withdrawal Management (Choices for Change): 1-877-218-0077
- Drug and Alcohol Helpline: 1-800-565-8603
- Mental Health Helpline: 1-866-531-2600

Potential Benefits:

I hope this research will have multiple benefits. First, for the research community, this project is being conducted to assist in clarifying current practices with men who struggle with concurrent substance use and violence against women in order to determine gaps/areas requiring further investigation to improve service provision as a whole.

Second, I am hopeful that it will provide you with an opportunity to voice your perceptions and experiences related to substance use, intimate partner violence, and the treatment services you have encountered.

Finally, this study will assist me with fulfilling the requirements of my doctoral thesis. I am deeply appreciative of your willingness to participate in this process and share your story.

Confidentiality:

It is important for you to know that any information you choose to provide will remain confidential and private. There are however, some exceptions to this that you need to be aware of prior to your participation:

I understand that the information I provide is confidential, and will never be revealed to anyone except under the following circumstances: if I disclose information about plans to harm myself or others, information concerning any unknown emotional, physical or sexual abuse of children, or information about any other criminal activities not already known to authorities, the researcher is required to report this information to the appropriate authorities.

The only individual who will have access to identifying information is me (the researcher). I am the only person who will have access to your data, and any identifying information will be removed from the transcript of the interview before it is used for the purposes of constructing the thesis requirement. At no point during analysis of responses will you be identified.

All data will be in an electronic format. It is possible that this data will be used in future research. By signing this consent form, you acknowledge permission for your responses to be analyzed by the researcher and included in any publication or research presentation. When quotes or references are used in any publication of the study's findings, they will be identified as Participant 1, Participant 2, etc.

The data collected from this study will be stored on my computer which is password protected. I am the only person who has access to this computer and its password. Once this study is completed, data from the interviews will be transferred from my computer, without identifying information, and stored on an encrypted flash drive for a period of 7 years.

Participation and Withdrawal:

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study, your data will be removed from the study and destroyed. You have the right to omit any question(s)/procedure(s) you choose.

Information About Study Results - Feedback and Publication:

Upon completion of this study (and with your permission), an executive summary regarding its outcomes will be provided to you. In addition to this, I intend to arrange a public forum to disseminate the results to community members.

The results of this study will be presented in my thesis and/or be used for presentation purposes as part of my course requirements. I may also publish the results of this research in future scholarship, however all identifying information will be removed before it is used for such purposes.

Contact:

If you have questions at any time about the study or the procedures, or you experience adverse effects as a result of participating in this study, you may contact the researcher, Stephanie Baker, at sbaker@wlu.ca or 905-641-7691 or her supervisor, Dr. Ginette Lafreniere, at glafreniere@wlu.ca or 519-884-1970 ext #5237. This project has been reviewed and approved by the University Research Ethics Board (#4037). If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, 519-884-1970 ext #4994 or rbasso@wlu.ca

CONSENT

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

INTERVIEW RECORDING

Please initial one of the following choices:

_____ The researcher has my permission to record the interview.

_____ I wish to participate in an interview, but do not give my permission for it to be recorded.

USE OF QUOTATIONS

Please initial one of the following choices:

_____ The researcher may quote me as long as the quote will not identify me.

_____ I wish to participate in an interview, but please do not quote any of my words.

FOLLOW-UP (CHECKING)

Please initial one of the following choices:

_____ The researcher may check with me re: accuracy of information at some point in future once the interview has concluded.

_____ I wish to participate in an interview, but please do not follow-up with me once the interview has concluded.

Appendix K. Interview Guide

INTERVIEW GUIDE

Introductory Questions

- I'd like to ask what brought you to this interview. What made you decide to be involved?
- I am wondering if you can tell me what happened (i.e., how did you end up here with/in treatment for DV/SA)? I would like to hear from you about what led you here.

Question #1: *I would like to start by getting to know a bit more about what it was like for you growing up.*

I am wondering if you can tell me what your relationships with your family were like?

I would also like to understand more about your experiences of substance use and violence/abuse growing up.

Probes:

- What was it like growing up in your family?
- Did you learn anything about relationships/partnerships? If so, what did you learn and who did you learn from?
- Did you learn about what was expected of men and how they are supposed to be in relationships with their partners? If so, what did you learn?
- Did you learn about dealing with stress and conflict? If so, where did you learn this?
- Did you learn about abuse and violence? If so, what does this look like? Did it affect you? If so, how?
- I am wondering if you would be willing to tell me if you have been the victim of abuse/violence as a child/teenager? If so, what did this look like? Would you be willing to tell me about one experience that stands out most for you?
- Did you learn anything about using substances as a child/teenager? If so, where did you learn this from? Did it affect you? If so, how?

- What did you learn about being “a man”? Who did you learn this from? Do you think these lessons have influenced the choices you have made in your life?

Question #2: *Now I'd like to move on to your experiences as an adult. I'm wondering if you would be willing to tell me about your experiences of substance use?*

Probes:

- Can you tell me what substances have you used throughout the course of your life? What is your substance of choice (i.e. what do you use most often/like the best)?
- Has anyone ever told you they worry about your use of alcohol/drugs? If so, what have they said? What was your reaction to this?
- Do you think using alcohol/drugs is helpful? If so, what are the benefits for you?
- Do you think using alcohol/drugs is hurtful? If so, what harm does it cause?
- Have there been times where you could have used alcohol/drugs but chose not to? What did you do to make this happen?
- What would you like to be able to do instead of using alcohol or drugs? What gets in the way of this?
- Does your partner use substances? What do you think of this?
- Do you think alcohol/drugs has had an impact on your relationship with your partner?
- Do you think your relationship with your partner be different if alcohol/drugs were not involved?

Question #3: *I am still interested in learning more about your adult experience. I am wondering if you would be willing to tell me about your experiences of violence/abuse. What does “violence” mean to you?*

Probes:

- As an adult, have you been the victim of abuse/violence? If so, what types of abuse/violence have you experienced or witnessed and by whom?
- As an adult, have you acted abusively or violently? If so, what did this look like?

- I am wondering about your relationship with your partner/ex-partner. What types of abusive/violent behaviour have you displayed? Can tell me about the experience that stands out most for you?
- Have there been times where you could have used abuse/violence against your partner but chose not to? What did you do to make this happen?
- Have you ever been under the influence of alcohol or drugs when using abuse/violence against your partner? If so, what happened?
- Have you ever been sober and used abuse/violence against your partner? If so, what happened?
- Can being abusive/violent be helpful? If so, what does it do?
- Can being abusive/violent be hurtful? If so, what does it do?
- Instead of being violent/abusive, what would you prefer your behaviour to be like? What gets in the way of this?
- What do you value in your relationships with partners? What things are most important to you?
- What kind of relationship would you like to have with a partner? What gets in the way of this? What do you think needs to happen for you to have the kind of relationship you want?
- Are you the kind of man you want to be in your relationship? If yes, what does this look like? If not, what do you think needs to happen in order for you to be the man you want to be?

Question #4: *Finally, I'd like to ask about what you think is necessary when making change. I'm wondering if you would tell me what is helpful to you when you want to make change. What do you need and from whom?*

Probes:

- Who in your life worries about you? Who in your life thinks you should make some changes re: substances and/or abuse/violence? What do they say to you about what they would like to see different? What do you think about this?
- What do you believe you need in order to have the life you want?
- Are there specific things that people in your life could do or say that would help?

- What has your experience been in using services for domestic violence? What has been most helpful? What has been least helpful?
- What has your experience been in using services for substance use? What has been most helpful? What has been least helpful?
- What do you think would improve services? Do you think there are ways for you to feel more open or comfortable in accessing these supports?
- Are there specific things professionals you work with/have worked with could do or say? What would you like them to know about you? What do you think they should be doing to help?
- Do you think that men who struggle with substance use and abuse/violence in their partnerships all need the same kinds of support or do you think each person needs something different? What would this look like?