

***“The dice are loaded”: Men’s experiences of help-seeking for female-perpetrated domestic abuse’***

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I dedicate this research to the men out there who are suffering in silence.  
Please know that you are not alone.

And, for M.  
No more shame.

“You never really understand a person until you consider things from his point of view.  
Until you climb inside of his skin and walk around in it.”

Harper Lee - ‘To Kill a Mockingbird’

## ABSTRACT

A paucity of research investigating men as a group has been observed in the psychological literature, and researchers have further highlighted the need for psychologists to better understand and attend to men's mental health needs. This study explored the help-seeking experiences of male victims of female-perpetrated domestic abuse. Patterns observed in the literature on men's help-seeking behaviour have uncovered consistent under-utilisation of mental health resources, as well as the presence of gender role and masculinity-related issues in how mental health issues are perceived and responded to. Various internal and external barriers to help-seeking in male victims of female-perpetrated domestic abuse have also been observed. Review of the relevant theory and literature produced a rationale for exploring male domestic abuse victims using an in-depth, qualitative approach. This UK-based study investigated the help-seeking experiences of eight research participants via semi-structured interviews. The resultant data were analysed using Interpretative Phenomenological Analysis (IPA), and produced five super-ordinate themes: 'Blind spots'; 'Reasons for pause'; 'Vulnerability'; 'Invalidation'; and 'Finding help'. Findings were considered in the context of psychological theory and the current literature, with a focus on aspects of invisibility, masculinity and female privilege. The findings suggest that gender role-related tensions may be a salient issue in help-seeking for men abused by women, that representation of abused men in domestic abuse discourse needs to be increased, and that aspects of female privilege may be used against male victims by female abusers, which can have a detrimental impact on victims' ability to access help. Clinical implications are discussed, which include the need to challenge stereotypes about domestic abuse, develop gender-informed interventions and harnessing positive aspects of masculinity in designing mental health interventions.

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## **CHAPTER 1 - INTRODUCTION**

### **1.1 Forward**

This thesis will explore the help-seeking experiences described by self-identified male victims of female-perpetrated domestic abuse. The thesis consists of five chapters. In this chapter I describe the reasons for my interest in this area of research and my reflections on my own positioning in relation to the people I am investigating. I also briefly outline the overarching patterns I have observed in the psychological research literature and postulate how these may have contributed to gaps in our knowledge about men as a group. I then offer a critique of how gender is investigated as a variable in psychology research and consider how this may be influenced by political activism, and how this may have contributed to a paucity of research into male psychology. I also reflect on the role of Psychologists in shaping research practices, and, by extension, service provision and wider cultural perspectives. Finally, I introduce and describe the subject of domestic abuse, its impact on health and well-being, and the reasoning behind my decision to investigate men abused by female partners. The second chapter reviews the research literature that is relevant to the area of investigation, identifies gaps in our current knowledge and the aim of the present research. The third chapter outlines the epistemological and ontological frameworks that informed the methodological approach employed in answering the research question, and describes the process of carrying out the research. The fourth chapter presents the results from the data analysis. The fifth and final chapter discusses the findings in the context of the present literature and considers the implications for future research and clinical practice. It concludes with a methodological critique and a consideration of how this research contributes to the literature.

### **1.2 A feminist's journey: From indignation to curiosity**

Some years ago, as part of an internship with Haringay Council, I undertook an investigative literature review project regarding diet-based health behaviour to help shed light on the lack of male engagement with the health initiatives set up by the Council. In my investigation I found recurring themes associated with masculinity, with men's dietary choices heavily influenced by how well they aligned with traditional



masculine ideals (e.g. Forth, 2009; Mróz et al., 2010). For example, the literature suggested that many men view dieting as a 'feminine' activity and harbour gendered perceptions of certain foods (e.g. meat as masculine, salad as feminine) (e.g. De Souza & Ciclitira, 2005; Gough, 2007; Kelly & Ciclitira, 2011; Mallyon et al., 2010; Nath, 2011; Vartanian et al., 2007). These gendered perceptions appeared to negatively impact on men's engagement and help-seeking in this particular area of health management. My curiosity was piqued, but so were my feminist sensibilities – 'how laughably fragile masculinity is! How sexist!' I scoffed righteously.

Years later, however, I found myself reflecting on and questioning how I think as a woman, and how this thinking impacts on my life. For example, being wary and fearful of men is something that permeates many daily aspects of my behaviour - how I present myself, how I communicate, the decisions I make, and how all of this has become second nature to me<sup>1</sup>. I also observed that this wariness was shared by what seemed to be the majority of other women. In light of this I began pondering the possible particularities of existing as a man – are men aware that women are afraid of them? What aspects of the male experience am I, as a female, unaware of? What are *men* afraid of? Reflecting on my findings in my work with Haringay Council, it seemed that many men were afraid of appearing feminine – why was this so threatening to them, to the extent that they were concerned about eating salad?

In my reflections I also began to consider the topic of privilege. As a feminist I have sought to help challenge social inequalities, and with the 'check your privilege' movement I earnestly reflected on my privileges as a white, educated, middle-class, able-bodied, able-minded, heterosexual person. It has been suggested that privilege is invisible to those who have it, and visible to those who do not (Pease, 2010). To illustrate this, feminist scholars postulated a concept known as 'standpoint theory', which asserts that the world and our knowledge of it is structured according to the standpoint (i.e. perspective) of powerful, dominant groups, and non-dominant (i.e. marginalized) groups are compelled to adapt to the dominant group's standpoint whilst maintaining their own standpoint (Hartsock, 2004). It further postulates that groups

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<sup>1</sup> For further illustration, see Appendix A for an in-depth account of these reflections.

that hold power have a limited, “perverse” knowledge of the world (i.e. standpoint) and marginalized groups have a broader, more complete knowledge because they are operating within more than one standpoint (Haraway, 1988). This theory thus suggests that power, and its associated biases, is difficult to see by those who possess it. Feminist proponents tend to situate women as a non-dominant, marginalized group and men as a dominant group (Hartsock, 2004), and, indeed, I am keenly aware of the privileges I do not have as a woman. However, it occurred to me that there may be privileges associated with being a woman that are invisible to me, such as freedom of emotional expression. Once I began considering this, things I had never before taken notice of took on new layers of meaning – films and music I had long enjoyed featured men struggling with grief and fear and shame, and expressing this anguish through typically ‘masculine’ behaviours of rage, family abandonment, addiction and self-annihilation. Instead of continuing to dismiss these men as violent and toxic, I began to perceive their great sorrow and vulnerability; thus, my perceptions of men shifted from ‘insufferable’ to ‘suffering’.

With this increasing awareness of my own privilege and the intriguing peek into the psychologies of men, I was nonplussed to learn that the British Psychological Society (BPS) has operated a ‘Psychology of Women’ section since 1988 but had no equivalent section for male psychology<sup>2</sup>. Further investigation revealed a curious invisibility of men as a group in the psychology literature. Specifically, I noticed a general pattern of in-depth investigations of the psychology of women and other groups considered oppressed or ‘othered’, but little in-depth investigation of the psychology of men. Additionally, I noted that ‘gender’ and gendered experience seems to be investigated as a complex, multifaceted concept only in the context of women and LGBT groups, whereas in men it is generally investigated in the basic context of sex differences; a simple keyword search brings up rather telling results. Similarly, the mental health consequences of gender inequalities have been thoroughly investigated in regard to women but not men, and has largely focused on ‘inequality’ in the context of ‘difference’, e.g. differences in roles, lifestyle factors and physiological differences (Williams et al.,

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<sup>2</sup> Since this study commenced, a ‘Psychology of Men’ section of the BPS was finally established in 2018 after years of tireless campaigning, and I was pleased to contribute my member vote towards making this happen.

2014). This paucity of in-depth investigation into male populations may be partially accounted for by feminist assumptions that women are more vulnerable to developing mental health problems as a result of oppression by patriarchal hierarchies favouring men, and thus have a greater need for targeted attention in the literature (Connell, 1987). Indeed, research on sex differences in depression indicates that unipolar depression is more common in women than men at the rate of approximately 2:1 after accounting for other variables such as cross-cultural differences (Kessler, 2000; Kessler et al., 2005; Möller-Leimkuehler, 2003; Nazroo et al., 1998). However, statistics have charted significant sex differences in suicidality, with current investigations indicating that men commit suicide at a significantly higher rate than women (Crosby et al., 2011; Office for National Statistics, 2017; Seager & Barry, 2016). There also appears to be a notable range of adverse issues that disproportionately affect the male population (Affleck et al., 2018). For example, men are more likely than women to experience substance abuse issues, as well as a greater likelihood of being homeless, sectioned or incarcerated (Affleck et al., 2018; Branney & White, 2008; Reeve, 2011; Evans & Wallace, 2008; Kilmartin, 2005; Minton & Zeng, 2016; White, 2006; Wilkins, 2010). On average, men also die younger than women and fall victim to more stress-related illnesses (Evans & Wallace, 2008). It has also been observed that men engage more with high risk health-related behaviours (e.g. drug use and lack of engagement with preventive care) and hold unhelpful health beliefs such as perceptions of invulnerability (Affleck et al., 2018; Courtenay et al., 2002).

### **1.3 Men: An invisible minority in psychological research?**

Despite the evidence that men are significantly impacted by numerous problems, they remain largely under-investigated as a group in psychological research, with very few studies that are *explicitly* about male psychology (Addis, 2008; Holloway et al., 2018; Morgan, 1992; Seager et al., 2014; Barry et al., 2016b). This raises a question – why are psychologists not researching men, *as men*? Historically, feminist researchers have rightly challenged androcentric academic practices that position men as the ‘normal’ standard of human psychology and erroneously generalize research findings with male samples to women and other marginalized groups (Clark & Braun, 2009). With this in mind one might speculate that it is ‘anti-feminist’ and counterproductive to research men as a group. However, I would argue that although feminist researchers have rightly

increased representation of 'othered' groups, neglecting in-depth study of gendered experience in the context of male populations ironically perpetuates the implicit assumption that men are the 'default' setting as a population standard, and the consequent positioning of other groups as novel or problematic. It also neglects the needs of a large swathe of the population and perpetuates a lack of understanding of their psychology.

Additionally, given the evidence of problems disproportionately affecting men as a group, it is not unreasonable to infer that gender may be as important a factor as cultural background, ethnicity, and class (among others) to consider in psychological research (Seager & Barry, 2019a; Williams et al., 2014). Indeed, it has been argued that 'gender' goes beyond mere sex differences and should be regarded as a complex, multi-faceted variable when researching mental health issues, with many aspects of gendered experience incorporating the accumulated influence of social, economic, personal, interpersonal, cultural and historical processes (Addis & Cohane, 2005; Falmagne, 2000; McVicker Clinchy & Norem, 1998; Smiler, 2004). Afifi (2007), for example, argues that men and women experience and respond to distress in different ways. It has also been proposed that a large proportion of mental health problems in men are 'hidden' because behaviours typically associated with maleness (such as violence, aggression, substance abuse and fear of intimacy) are actually unrecognized expressions of distress (Cochran & Rabinowitz, 2000; Comer, 1992; Connell, 2005; Krumm et al., 2017; Pollack, 1998; Real, 1997). Men's utilization of mental health resources is also consistently low, despite evidence of their significant mental health needs (Kung et al., 2003; Seager et al., 2014).

The pervasive lack of attention to men in the psychology literature has been dubbed 'male gender blindness' (Seager, 2016). It has been suggested that there may be a political aspect to this blindness, in that feminist-leaning scholars tacitly assume that being male brings no hardships or disadvantages because men have historically held more power and privilege in society (Addis, 2008; Russ et al., 2015; Seager, 2016; Seager et al., 2014). It is further posited that feminist narratives have come to dominate the cultural and academic landscape, which has had the impact of erasing men's needs and promoting the erroneous assumption that only women, children and minorities can

be vulnerable (Seager, 2016; Seager & Barry, 2019a). Seager also postulates the presence of a collective cultural collusion where women prioritize women's issues, and men avoid addressing men's issues because to do so brings attention to their vulnerabilities, which undermines their masculinity (Seager, 2016). This collective collusion of ignoring male issues makes it harder to identify, understand and address difficulties that men face (Barry et al., 2017; Seager & Barry, 2019a). I would further add that this collusion, if it indeed exists, has the added impact of perpetuating gender stereotypes that are harmful to both men and women. Indeed, it has been argued that rigid gendered systems can oppress men as much as they oppress women (Hooks, 1984; Williams et al., 2014), with many vulnerable men being placed under immense pressure to appear strong, stoical and invulnerable at great personal cost (Gilmore, 1990; Levant & Richmond, 2007; Mahalik et al., 2003). Given that psychology is currently a female-dominated field (Bullen & Hacker Hughes, 2016; Joubert, 2016), it is also possible that there is the presence of what is referred to in social psychology as 'ingroup favouritism', which describes a pattern of those in 'dominant' groups showing preference for those in their own group over those in other groups, or 'out-groups' (Aronson et al., 2010).

It has also been suggested that men and women have effectively been separated into polarized groups in the collective consciousness, with a resultant 'halo effect' in stereotypical perceptions of women as warm and nurturing while men are stereotyped as violent and destructive; this cognitive bias has been dubbed the 'women are wonderful effect' (Eagly & Mladinic, 1989) and may be implicated in wider trends of domestic abuse being collectively conceptualized as exclusively male-perpetrated (Carney et al., 2007; Dutton & Corvo, 2006)<sup>3</sup>. Others have proposed the presence of cognitive distortions in our perceptions of gender differences, referencing two categories of distortion known as *magnification* and *minimisation* (Yurica & DiTomasso, 2005). Magnification refers to a tendency to exaggerate the significance or importance of something (e.g. an event or a personal trait), and in the context of gender differences is known as the *alpha bias*; minimisation, referred to as the *beta bias*, refers to a tendency to discount or downplay the significance or importance of gender differences

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<sup>3</sup> These trends will be discussed in more detail subsequently.

(Hare-Mustin & Marecek, 1988). Seager and Barry (2019b) expanded on this concept by identifying a third cognitive bias called the *gamma bias*. The gamma bias refers to patterns of cognitive distortions of magnification and minimisation that are rooted in perceptions of gender differences, specifically in the contexts of 'doing' and 'receiving' either 'good' or 'harmful' things. They argue that perceptions of gender differences are magnified or minimised depending on the gender of the 'doer' or 'receiver', positing that the gamma bias results in distortions in perception where women are seen to be more helpful whereas men are seen to be more harmful, and men are privileged whereas women are disadvantaged. This gamma bias, they argue, leads to a warped narrative about gender differences within cultural attitudes, which in turn impacts on how gender is approached in policy and public discourse (Seager & Barry, 2019b).

A psychotherapeutic perspective might conceptualize these gendered biases and distortions as 'splitting', which refers to a psychic defence of dividing objects into purely 'good' or 'bad' entities in order to protect the self against confusion, fear and uncertainty (Fairbairn, 1954). This collective cognitive bias, or 'cultural splitting' of the sexes, combined with the aforementioned 'blindness' to male issues and expectations associated with male gender roles, may contribute to a greater tolerance of male suffering, which may be an additional factor in the neglect of men's needs in research, service provision and social policy (Seager, 2016; Williams et al., 2014).

Feminist researchers and activists have been instrumental in addressing the needs of women and other marginalized groups, and this work should continue in earnest. Feminist activism and research has also helped men in some contexts, for example raising awareness and support for male victims of sexual violence (Lew, 2004), but more can be done to bring men into the fold. I would therefore posit that although men, broadly speaking, are not considered a marginalized group, it could be argued that they are marginalized in psychological research and their representation needs to be increased. Indeed, it has been argued that promoting equality of the sexes must go both ways, and that men can also be oppressed by gendered systems (Evans & Wallace, 2008; White, 2006; Williams, 2009). Promoting understanding of men's issues does not in of itself undermine concern for women's issues (Seager, 2016), and true equality means making space for and validating the experiences of both 'sides'.

Additionally, as scientists investigating the human condition, Psychologists should be leading the charge in illuminating and challenging bias and stereotypes in order to shed light on the full spectrum of human experience (Seager & Wilkins, 2014; Barry et al., 2016b). Indeed, the BPS Code of Ethics expects its members to follow a “standard of general respect. Psychologists should: (i) Respect individual ... *differences*, including (but not exclusively) those involving age, disability, education, ethnicity, *gender*, language, national origin, race, religion, sexual orientation, marital or family status and socio-economic status.” (British Psychological Society, 2009, Section IV, page 10, emphasis mine). This makes clear the imperative to extend respect and empathy to all individuals, as well as to honour our differences. Furthermore, the Humanistic values and principles at the core of Counselling Psychology call upon us as scientist-practitioners to demonstrate leadership in promoting empathy, diversity and inclusivity (Cooper, 2009; Kasket, 2012; Strawbridge & Woolfe, 2010), and this should include challenging discrimination both in our clinical practice and our wider discourses within academic and public spheres (Goodman et al., 2004). In this research I will therefore endeavour to uphold my values as a Counselling Psychologist by challenging the ‘othering’ of men in psychological research. It is my hope that this research will contribute to a shift towards fostering more open-mindedness and empathy towards men so that we may all strive to acknowledge, understand and honour their needs and experiences. To that end, I feel that an important step in the process is acknowledging and understanding the contexts where men may be marginalized. I believe that one of these contexts is in the area of domestic abuse, specifically in the case of female-on-male abuse.

#### **1.4 Definition of domestic abuse**

Domestic abuse (DA) refers to patterns of coercive control and maltreatment that are perpetrated by an intimate partner against the other partner<sup>4</sup> (Hines & Douglas, 2010b; Johnson, 2006), and is defined by the World Health Organisation (WHO) as any behaviour within an intimate relationship that causes physical or psychological harm to

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<sup>4</sup> Definitions of DA usually encompass other intimate relationships such as those with children and other family members, but for the purposes of this study DA will be considered exclusively in the context of romantic partners.

those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours (World Health Organisation, 2005). This may include physical or sexual violence, threats of violence, stalking, psychological aggression and coercive tactics, attempts to control the reproductive/sexual health of the victim (including rape, sexual assault, forced penetration or refusing to use a condom), punching, slapping, pushing/shoving, beating, burning, throttling, harassment, using threatening tactics causing fear for or safety concerns in the victim, name calling, insulting or humiliating, and behaviours intended to control, monitor or threaten the victim (Black et al., 2011; Brogden & Nijhar, 2004).

### **1.5 Impact of domestic abuse on health and well-being**

DA is known to have a wide range of negative consequences for the victim's well-being including physical injury and death (Black et al., 2011; Campbell, 2002; Coker et al., 2000; Lawrence et al., 2012; Van Wormer & Roberts, 2009), increased prevalence of chronic and somatic health problems (Campbell, 2002; Drossmann et al., 1995; Howard et al., 2010; Lown & Vega, 2001; McNutt et al., 2002; Nicolaidis & Liebschutz, 2009; Nicolaidis et al., 2004), substance misuse (Caetano et al., 2010; Humphreys et al., 2005; Jejeebhoy et al., 2010), and increased financial hardship and instability (Braaf & Meyering, 2011; Tolman & Rosen, 2001). DA is often experienced as traumatic, and this can increase the risk of a range of severe mental health consequences for the victim (Cook, 2009). A systematic review highlighted DA victimhood as a significant factor for increased risk of suicidality, psychological distress, substance abuse and hopelessness (McLaughlin et al., 2012). Other research has implicated DA in mental health outcomes that include depression, low self-esteem, anxiety and Post-traumatic Stress Disorder (PTSD) (e.g. Bensley et al., 2003; Heru, 2007; Ishida et al., 2010; Nicolaidis et al., 2004; Pico-Alfonso et al., 2008; Straus, 2011; Warshaw et al., 2009; Woods et al., 2008), with even 'mild' forms of physical violence, such as pushing or shoving, associated with depression (Stein & Kennedy, 2001). The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013) states that symptoms of PTSD may be particularly severe and longer-lasting when the traumatic stressor is interpersonal and intentional. It is notable, however, that this research has focused overwhelmingly on female victims, which may not be generalizable to the male population because they are arguably a different group. Although these are undoubtedly



serious consequences for women that should continue to be addressed in research and social policy, male victims of DA can and do suffer serious physical and mental consequences of DA (Archer, 2000; Busch & Rosenberg, 2004). Indeed, research that includes male victim populations suggests similar mental health consequences between male and female victims (Caetano et al., 2005; Coker et al., 2002; Coker et al., 2005; Fergusson et al., 2005; Hines & Malley-Morrison, 2001; Hines et al., 2007; Prospero, 2007), whilst research on exclusively male victims has reported trauma, depression, anxiety, stress, psychosomatic symptoms, low self-esteem, shame, fear, anger, increased substance abuse and PTSD (e.g. Cascardi et al., 1992; Follingstad et al., 1991; Hines & Douglas, 2010a; Hines & Douglas, 2012; Morse, 1995; Simonelli & Ingram, 1998; Stets & Straus, 1989; Vivian & Langhinrichsen-Rohling, 1994). In addition, distress suffered as a result of DA may contribute to the development of physical health problems such as cardiovascular disease and cancer (Cohen et al., 2007).

### **1.6 Domestic abuse in non-heterosexual contexts**

There is evidence that DA is a significant health problem among gay and bisexual men (Elliot, 1996; Greenwood et al., 2002; Houston & McKirnan, 2007; Island & Letellier, 1991; Letellier, 1994; Relf, 2001; Renzetti & Wiley, 1996; Rohrbaugh, 2006; Seelau et al., 2003; Vickers 1996). Although there are similarities that exist between heterosexual and LGBT populations in regard to the problem of DA (Kulkin et al., 2007; McClennen, 2005), there may be certain barriers to help-seeking particular to the LGBT population that are influenced by wider realities of cultural, societal and structural barriers (Harvey et al., 2014; McClennen, 2005). For example, there is evidence that DA is largely unacknowledged in the LGBT community (Island & Letellier, 1991), and it has been suggested that this lack of acknowledgment may be connected with a collective investment in the idea that the LGBT community are more progressive as a population (Harvey et al., 2014). It is argued that this may inhibit victims from seeking help because they fear being ostracized by or 'betraying' the LGBT community (Chan, 2005; Coleman, 1996; Duke & Davidson, 2009; Hardesty, 2011; Harvey et al., 2014; Island & Letellier, 1991; Jackson, 1998). Some victims may also try and compensate for the stigma of homosexuality by pretending that their relationship is healthy, and thus hide the abuse from others (Renzetti, 1998). Unresolved guilt, self-hatred and internalised homophobia may also leave LGBT victims feeling that they do not deserve help or

support (Roch et al., 2010). Help-seeking may be especially inhibited in areas where same-sex marriage is illegal or not legally recognised and protected, resulting in a lack of legal recourse and child custody rights for victims (Astor, 1996; Rohrbaugh, 2006; Vickers 1996).

Abusers may also weaponise heterocentric or homophobic cultural environments by threatening to expose the victim's sexual orientation or gender identity to others if they attempt to leave the relationship or report the abuse (Astor, 1996; Duke & Davidson, 2009; Harvey et al., 2014; Rohrbaugh, 2006; Vickers 1996). This can further isolate the victim and keep them in the abusive relationship (Ard & Makadon, 2011; Duke & Davidson, 2009; Kuehnle & Sullivan, 2003; Kulkin et al., 2007). Similarly, victims who are uncomfortable or ashamed of their LGBT identity may feel reluctant to seek help because doing so may force them to 'out' themselves (Ard & Makadon, 2011; Bernstein et al., 2008; Eliason & Schope, 2001; Harvey et al., 2014).

There is also evidence to suggest that the majority of DA services and information are primarily designed for female victims and heterosexual relationships (Bornstein et al., 2006; Donovan & Hester, 2011; Harvey et al., 2014), with a paucity of services that are appropriate to the needs of LGBT populations (Harvey et al., 2014; Pattavina et al., 2007; Rohrbaugh, 2006). Previous experience of discrimination, social rejection, bullying, violence or stigma on account of their sexual identity may inhibit LGBT victims from seeking help from 'mainstream' services because they anticipate similar treatment from service providers (Ard & Makadon, 2011; Finneran & Stephenson, 2013; Harvey et al., 2014). LGBT victims perceive the criminal justice system as biased and unreceptive to their needs (Aulivola, 2004; Finneran & Stephenson, 2013; Fray-Witzer, 1999; Renzetti, 1996, 1998), with many anticipating that they will not be believed or protected (Hardesty, 2011; Harvey et al., 2014; Rohrbaugh, 2006). LGBT victims may risk re-victimization by services that are hostile, biased to or not appropriately equipped to accommodate them, which may make them less likely to seek help and more likely to stay in the abusive relationship (Clermont, 2003; Kirby, 1994; Harvey et al., 2014; Letellier, 1994, Reed, 1989; Robin et al., 2002; Rumney, 2009; Todahl et al., 2009).

As the above literature demonstrates, non-heterosexual male DA victims may have unique help-seeking barriers to contend with (McClennen, 2005). Despite this, there appears to be a paucity of research on male-to-male DA that is comparable to the paucity of research on female-to-male DA (Donovan & Hester, 2010), which indicates another gap in the literature. That said, Seager and Barry posited that distortions of perception are present in *how* men's issues are investigated, in that we fail to see the bigger 'picture' of men as a collective group by investigating them only when they are members of historically marginalised groups such as sexual or ethnic minorities (Seager & Barry, 2019b). This, they argued, results in men's needs as a wider group being overlooked and universal themes of male gender being missed. They further suggest that the variable of gender may contain more value (in terms of insight) in practical and clinical contexts even than intersectionality variables because there are broader patterns that extend to all male demographics. With this argument in mind, and in consideration of the themes discussed in this chapter regarding the possibly distorted ways that men and women are collectively viewed (e.g. the 'gamma' and 'women are wonderful' biases), I focused the current investigation on victims of female-to-male DA. The intention behind this decision was to contribute to providing a counterbalance to these distortions and increasing the visibility of broader patterns in male psychology.

DA is an extensively researched and controversial topic, with much of the literature conceptualizing men as perpetrators and women as victims (Thureau et al., 2015). However, emerging research acknowledges the existence of abuse perpetrated by women against their male partners, which has provoked further controversy and polarization within academic circles (Dutton, 2006). The controversies appear to have led avidly polemic arguments about the causes of abuse, who perpetrates it, and how often (Winstok & Eisikovits, 2011). In the next chapter I will discuss and critically evaluate these political controversies that appear to have taken precedence in the literature and consider how they may have been shaped by common perceptions of DA. I will also consider how these perceptions may have developed, and how they have impacted on service provision for DA victims. I will then explore this in the context of low help-seeking behaviour patterns in men, possible factors involved in men's low help-seeking, and how this may be pertinent to the help-seeking experiences of men

who are abused by their female partners. Finally, I will present an argument for why the help-seeking experiences of abused men need to be investigated in more depth.

In keeping with the personal and professional impetus underlying my interest in this topic, my endeavour in this research is to contribute to a better understanding of male psychology by moving beyond the arguments regarding perpetration rates and focusing on investigating men as an explicit research group in their own right, in an area that I believe their needs are underrepresented in the literature. This research is also intended as an exercise in empathy, in that I have designed the research in such a way that challenges me to metaphorically step into the shoes<sup>5</sup> of my research participants in order to try and see things from their point of view. In doing so I hope to show leadership as a mental health practitioner in further developing my open-mindedness, understanding and compassion towards men and their struggles, and to encourage others to do so as well.

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<sup>5</sup> Or, as articulated by Ms. Harper Lee, ‘climb inside and walk around in their skin’.

## **CHAPTER 2 – LITERATURE REVIEW**

### **2.1 Introduction**

In this chapter I will review observed patterns in the literature regarding the subject of DA and reflecting on the possible reasons that these patterns exist. This will include a brief discussion and critique of dominant perceptions and theories of DA. I will then present the observed patterns in the literature regarding men's help-seeking behaviour and consider the potential implications for help-seeking in the context of DA. Areas considered will include the impact of cultural norms concerning gender differences, attitudes about mental health issues, and patterns in service provision. I will conclude the chapter by identifying gaps in the research literature and how the present research will address them, then presenting the research question. It has been said that gender and gendered experience is not limited to sex differences and is located within a tapestry of numerous historical, political, interpersonal, intrapersonal, and economic contexts (Addis & Cohane, 2005; Falmagne, 2000; Smiler, 2004). My strategy in presenting the literature is designed to reflect this concept. More specifically, I am making the assumption that the factors potentially relevant to the research question may be internal (i.e. located within men) as well as external (i.e. the wider social, environmental and cultural contexts within which men operate). In order to present the literature coherently and in a way that reflects the assumed multifaceted nature of the phenomenon, this chapter is broadly structured into sections that consider the 'internal' and 'external' factors that impact on men's help-seeking. 'Internal' refers to processes that happen 'within' men's psychologies, such as inhibitions, attitudes and perspectives. 'External' refers to factors located 'outside' of men that may impact on their personal choices and experiences, such as societal attitudes and expectations, resources and helper responses. Before discussing these internal/external factors, I will first establish the context for discussion by considering how the issue of DA is perceived, the broader patterns in men's help-seeking, and how this may be relevant to help-seeking behaviour in abused men.

### **2.2 Setting the scene: Hegemonic perceptions of domestic abuse**

Despite the non-gendered definition of DA and a growing body of research that acknowledges male victims (Barber, 2008; Cheung et al., 2009; Straus, 2005), there is a

paucity of research that focuses exclusively on male victims (Hines & Malley-Morrison, 2001). Additionally, there is evidence of persistently narrow, widely-held perceptions of DA as being something that men do to women (Hamel, 2007, 2009; Hine, 2017). This perception of DA is reflected in the research literature, where the majority of DA research contextualises the issue with women as victims and men as perpetrators (Thureau et al., 2015). These narrow, hegemonic perceptions of DA may be rooted in political paradigms and theories. For example, many feminist researchers contextualise DA as an expression of patriarchal hierarchies, postulating that DA is used by men as a tool to maintain power and dominance over women (Addis & Cohane, 2005; Brannon, 2011; Eiskavits & Bailey, 2011; Hammer, 2003). This is referred to as the 'gender paradigm' of DA (Dobash & Dobash, 1979; Dutton, 2010) and has been influential in how DA is conceptualised despite there being many theories about the causes of DA that include individualist, familial/systemic, and constructivist perspectives (Azam Ali & Naylor, 2013). Theories such as the gender paradigm fall under the umbrella of structuralist theories that locate the causal factors of DA in the concrete world and its structures (e.g. social, political, ideological, cultural), thus seeking explanations that go beyond the individual. These theories argue that major social and cultural changes are needed to challenge and end DA (Azam Ali & Naylor, 2013). The gender paradigm has dominated the shaping of social and legal policy in presenting the assumption that the majority of DA victims are women and therefore there is a greater need for funding of research that addresses their needs (Dutton, 2006). This is likely because feminist campaigners were at the forefront of raising awareness of the problem of DA against women in the 1970's in order to protect female victims and punish/reform male perpetrators (Straus, 2009). This has been instrumental in bringing violence against women into the public consciousness, which has led to vital, positive changes in how DA is viewed and galvanised efforts to protect vulnerable women (Johnson & Sigler, 2000; Straus et al., 1997). However, this may also have led to DA becoming synonymous with violence against women, which may partially explain why the majority of the available research contextualises DA in heterosexual contexts as male-on-female despite the growing evidence of female-on-male abuse (Thureau et al., 2015).

The neglect of male victims in the research literature may be a possible factor in their needs remaining largely unmet in DA service provision (Graham-Kevan, 2007a, 2007b;

WHO, 2005); indeed, the conceptualisation of DA as something that men do to women is reflected in how it is handled in service provision (Dutton & Corvo, 2006). For example, many psychological programs and service models for DA are heavily informed by the Duluth Model of DA (Pence & Paymar, 1983), which is an exemplar of the gender paradigm theory and one of the most commonly used intervention programs for DA (Dutton, 2006). As a result of this, the majority of resources available for DA victims are often designed primarily for female victims of male-perpetuated DA (Cook, 2009; Hines et al., 2007). It has been suggested that the gender paradigm of DA has led to failures in protecting victims and identifying perpetrators of both genders by erroneously dismissing the notion of female violence, trivialising harm to male victims and oversimplifying what is actually a complex, multifaceted issue (Garner & Maxwell, 2000; Iyengar, 2009; Powney & Graham-Kevan, 2019). Additionally, it has been argued that this paradigm is unhelpful because it reinforces inaccurate stereotypes of men (Dutton, 2012), with research indicating that only a small percentage of men are abusers or think that abusing women is acceptable (Laroche, 2005; Simon et al., 2001). The gender paradigm has also been criticised by various authors and researchers for being reductive, theoretically inaccurate and outdated, with evidence pointing to gender-free explanations of DA that place emphasis on individual differences and interpersonal problems (e.g. Azam Ali & Naylor, 2013; Berkowitz, 1993; Dutton, 1994, 1995; George, 1994; Johnson, 1995; McNeely et al., 2001; Powney & Graham-Kevan, 2019). For example, it has been suggested that abusive behaviour by women in intimate relationships has less to do with self-defence against men's violence (as posited by the gender paradigm) and more to do with patterns of behaviour that are evident throughout these women's lives and relationships, much like abusive behaviour by male abusers (Gavin & Porter, 2015; Moffitt et al., 2001; Serbin et al., 2004). Others suggest that DA is a consequence of psychological issues (e.g. personality disorders and maladaptive attachment styles) rather than political or gender-related factors (Babcock et al., 2000; Ehrensaft et al., 2004; Ehrensaft et al., 2006; Henning & Feder, 2004). Indeed, research investigating the use of abuse as a way of maintaining control within intimate relationships found no gender differences in perpetration (Felson & Outlaw, 2007; Stets & Hammond, 2002). Furthermore, some research suggests that women may physically assault their male partners even more frequently than men assault their female partners (Archer, 2002; Whitaker et al., 2007).

It could be argued that the predominant focus on male-on-female DA in research and service provision may be accounted for by assertions that women suffer disproportionately higher incidences of DA (Caldwell et al., 2012). Indeed, service provision is often allocated based on evidence of need, thus it is not unexpected that a prominent focus in DA research appears to be establishing prevalence rates of perpetration between men and women, which in this context is referred to as *gender symmetry* (Winstok & Eisikovits, 2011). It has been suggested, however, that the focus on female victims in the literature may not accurately reflect the population of DA victims, with a comprehensive literature review by Dutton (2007) proposing that female-perpetrated DA may be as frequent as male-perpetrated DA but is less recognized and documented. Other research suggests perpetration rates are equal (Felson, 2002; Fiebert, 2010; Kar & O’Leary, 2010), which contradicts feminist assumptions that DA is principally used by men as a way of maintaining patriarchal dominance, as per the gender paradigm. The controversy deepens when methodological issues are critiqued; it has been argued, for example, that gender symmetry is likely to be significantly impacted by the criteria used for defining DA and whether or not physical and psychological consequences are taken into account (Straus, 2011). It has also been argued that gender asymmetry in prevalence rates is a result of researchers biased in favour of the gender paradigm obstructing, downplaying and distorting data that is inconsistent with feminist beliefs (Dutton & Nicholls, 2005; Straus, 2007). Although establishing perpetration/victimisation prevalence rates is potentially useful for indicating where there is a need for service provision, it does little to enrich our understanding of the needs of male victims. Additionally, researchers suggest that the available prevalence rates of male victims are vastly underestimated, with low help-seeking and under-reporting implicated as a factor (Ansara & Hindin, 2010; Leonard, 2003; Prospero & Fawson, 2009; Randle & Graham, 2011; Tjaden & Thoennes, 2000).

### **2.3 Flying under the radar: The impact of low help-seeking in men**

Help-seeking is an important area of research in mental health because understanding why and how people seek help is essential for addressing their needs (Bebbington et al., 2000; Meltzer et al., 2000). Specifically, investigating the mechanisms underlying help-seeking behaviour – for example, attitudes and beliefs about seeking help, views about



different sources of help, and sociodemographic factors - can illuminate issues that may be of pertinence to the development of effective strategies in improving access for hard to reach groups (Andersen, 1995; Keeler et al., 1988; Manning et al., 1989; Mechanic, 1966; Rosenstock, 1966). Although statistics on the extent that DA victims (in both sexes) seek help vary, there is evidence to suggest that many people who experience DA do not disclose or seek help and thus the true extent of the problem is unknown (Black et al., 2008; Howard et al., 2010; Randle & Graham, 2011; Silber Ashley & Foshee, 2005). There may be many possible reasons that DA victims may under-use services, such as fear of stigma, shame, problem identification issues, lack of confidence, access issues, systemic barriers, financial limitations, cultural expectations, involvement of children, loyalty to the abuser, and being under the coercive control of the abuser (Hamby & Gray-Little, 2000; Howard et al., 2010; Hines & Douglas, 2009; Wolf et al., 2003).

That said, there is strong evidence of significant gender differences in help-seeking behaviour, with a growing body of research indicating that men are significantly less likely than women to seek help – both from formal and informal sources - for physical and mental health-related issues (Cochrane & Rabinowitz, 2000; Farrell et al., 2006; Hammer et al., 2012; Hunter, 2011; Luoma et al., 2002; Mackenzie et al., 2006; Moller-Leimkuhler, 2002; Nam et al., 2010). Patterns of delayed help-seeking have also been documented, with men typically seeking help when they are in the more critical stages of disease as opposed to engaging in preventative behaviour such as screening (Bertakis et al., 2000), and disclosing incidents of childhood sexual abuse an average of ten years later than women (O’Leary & Barber, 2008; O’Leary & Gould, 2009). One may infer from these patterns of low help-seeking that men may be less vulnerable to developing health-related issues. As discussed in Chapter 1, however, suicide rates in men are significantly higher than in women (Joe & Marcus, 2003; ONS, 2017) and men have higher rates of other issues such as substance abuse, violence and incarceration (Branney & White, 2008; Kilmartin, 2005). This may suggest that men’s under-utilisation of mental health services is not due to a lack of need.

Low help-seeking in men remains one of the most consistently replicated sex differences observed in the literature and may thus be considered an area of research that needs further exploration (Addis & Mahalik, 2003). Given the evidence of men’s

patterns of low help-seeking in all other health-related areas, one could reasonably anticipate that their help-seeking may be significantly lower than women's help-seeking in DA contexts. There is evidence that avoidance of help-seeking can have a negative impact on well-being, with reduced help-seeking behaviour being implicated as a significant factor associated with the gender differences in suicide rates (Houle et al., 2008). Low help-seeking rates may be preventing many vulnerable men from accessing the full array of support, information and resources available to them, which may likely have a detrimental impact on their well-being. More research in this area may also help to develop effective strategies for enhancing men's use of mental health resources. With this in mind, it is important for Psychologists to help shed light on the underlying processes involved in men's help-seeking attitudes, choices and behaviours so that we can develop interventions that help increase their service uptake (Barry et al., 2016a). In consideration of this, the mechanisms underlying men's low help-seeking needs further exploration.

## **2.4 Internal factors and influences on male help-seeking**

### **2.4.1 Negative attitudes towards help-seeking**

Men's low help-seeking rates may be associated with a variety of complex and multifaceted factors, with intrapersonal, interpersonal, and service aspects impacting on help-seeking behaviour (Makenzie et al., 2006). Although women's help-seeking processes are also likely to be complex, a literature review investigating men's help-seeking concluded that there may be inhibitory factors that are specific to men (Galdas et al., 2005). There is evidence to suggest, for example, that many men hold negative attitudes towards seeking psychological help and that this may impact on their help-seeking behaviour (Addis & Mahalik, 2003). Indeed, quantitative investigation of the interactions between age, gender, help-seeking attitudes and behaviour suggests that men are less open to seeking help from mental health services and acknowledging and discussing mental health issues (Makenzie et al., 2006). The authors concluded that these attitudes may be a major contributor to men's low uptake of mental health services. Although quantitative research has helped to uncover patterns of resource under-utilization in male populations and identify negative attitudes towards help-

seeking that may be a factor behind this, they do little to further our understanding of the reasons why men are less open to seeking help and discussing mental health issues.

#### **2.4.2 Masculinity and gender roles**

Scholars suggest that the concepts of masculinity, male gender roles, and men's position in society are fundamental frames of reference in understanding and interpreting male psychology, behaviour and experience (Addis & Cohane, 2003; Ashfield, 2011; Ashfield & Gouws, 2019) and, indeed, has been posited as an important factor in men's apparent reticence towards seeking help for their problems (Courtenay, 2000). It has been argued that masculinity is not a fixed, static entity within an individual but is situated within social and cultural contexts and constantly evolving (Addis & Cohane, 2005; Brannon, 2011; Gutmann, 1996; Higate, 2003; Ishii-Kuntz, 2003; Oliffe & Phillips, 2008). Indeed, different iterations of masculinity have been observed in various contextual factors, such as ethnicity, age, occupation, culture, and social class (Hooks, 2003; Viveros Vigoya, 2001). Others have pointed out that masculinity seems to be treated in research as a singular construct of a 'macho man' identity, ignoring the different levels of complexity contained within various gendered constructs (Connell & Messerschmidt, 2005).

The term 'gender roles' refers to patterns of behaviour that are regarded by society as stereotypically 'masculine' or 'feminine', and these are embodied and performed by individuals in ways that are deemed appropriate to their gender (O'Neil, 1990). There are those who suggest that masculine and feminine gender roles are largely socialised (i.e. learned) and heavily influence the ways that people view themselves and the world, and how they behave (Essed et al., 2009). It is further suggested that gender roles are changeable and therefore exist in many iterations that are shaped by factors such as culture, class, age and ethnicity (Addis & Cohane, 2005; Brannon, 2011; Gutmann, 1996; Higate, 2003; Hooks, 2003; Ishii-Kuntz, 2003; Oliffe & Phillips, 2008; Viveros Vigoya, 2001).

Although there are visible cultural variations in gender roles, there are recurrent cross-cultural similarities associated with 'masculinity' and 'femininity' that have been observed (Essed et al., 2009). Seager (2019) argues that these cross-cultural similarities

exist because gender (and gendered behaviour) is fundamentally connected with biological and evolutionary factors that are universal, instinctive and innate. With this in mind, he suggests that masculine and feminine gender roles are better conceptualised as 'archetypal' rather than 'stereotypical', as the latter assumes that these roles are learned (Seager, 2019). While accepting that gender norms and gendered behaviour can be influenced by cultural and social differences, he and his colleagues posit that there are universally archetypal 'male gender scripts' that exist in three elements, which are identified as 'fighting and winning', 'providing and protecting', and 'maintaining mastery and self-control' (Seager, 2019; Seager et al., 2014).

Seager argues that men may avoid seeking help because characteristics associated with the archetypal scripts (such as emotional self-control) have been useful, vital survival strategies in situations where other strategies would be less effective (Seager, 2019). He further reasons that seeking help effectively violates these male archetypal scripts, which may make men less likely to seek help and support in a wide range of problems because doing so may increase feelings of shame and failure (Seager, 2019). He also suggests that the archetype of 'providing and protecting' drives men to protect others, which may make them less likely to seek help and protection for themselves. Additionally, men may feel less entitled to receive help and protection from others because they expect – and are expected – to be the providers of help and protection (Seager, 2019). Indeed, it has been suggested that groups who are culturally viewed as dependant or vulnerable may be more likely to seek help because doing so does not conflict with the norms of their social group, thus avoiding 'identity damage' (Goffman, 1990; Inckle, 2014). Similarly, Vogel and colleagues (2011) suggest that conformity to masculine norms and scripts is an important factor in men's help-seeking attitudes, concluding that theoretical and clinical attention should be paid to the link between conformity to masculine norms, self-stigma and negative attitudes to help-seeking (Vogel et al., 2011). Indeed, there is evidence to suggest that a salient factor in men's underutilization of mental health services is negative attitudes towards help-seeking that are associated with masculine norms (Athanasiadis, 2017; Galdas, 2009; Good et al., 2006; Jeffries & Grogan, 2012; MacLean et al., 2010; Mahalik et al., 2007; O'Brien et al., 2005; Oliver et al., 2005; Rochlen et al., 2009), with stronger adherence to masculine

norms being associated with negative perceptions of help-seeking (Berger et al., 2005; O'Neil, 2008). Gendered social norms that expect men to be invulnerable, independent and in little need of support may dissuade men from disclosing difficulties or seeking help because doing so may signify a loss of status and autonomy as well as imply incompetence, which may result in damage to their male identity (Davies et al., 2000; Inckle, 2014; Möller-Leimkühler, 2002; Spendelow, 2015).

### **2.4.3 Masculine coping strategies**

Some studies suggest that masculine gender norms are involved in how men cope with distress, which may impact on low help-seeking (Iwamoto et al., 2010; Johnson et al., 2012; Krumm et al., 2017; Oliffe & Phillips, 2008). It has been suggested that men and women often respond to distressing situations with patterns of behaviour associated with gender roles (Eisenberg et al., 1998; Fischer, 2000), and that men are more likely to attempt to self-manage problems rather than seek help (Sierra Hernandez et al., 2014). This may be connected with how men conceptualise their problems. Research investigating depression in men, for example, suggests that depressive symptoms (such as feelings of powerlessness) are viewed as incompatible with masculine ideals of strength, independence and emotional control, which may lead to efforts to conceal their symptoms and increased reluctance to seek support (Browhill et al., 2005; Chuick et al., 2009; Emslie et al., 2006; Krumm et al., 2017; Oliffe et al., 2010; Robertson, 2001). Masculine gender roles also appear to be a strong factor in dissuading men from disclosing or seeking help for sexual abuse, with victims often coping by ignoring or repressing their traumatic experiences (Gartner, 2010). Other research indicates that men may be expected to stoically endure their distress and simply 'get on with things' (Sierra Hernandez et al., 2014), and that fears of losing control may act as a barrier to seeking help (Rice et al., 2015).

### **2.4.4 Masculinity and mental health stigma**

'Stigma' refers to perceptions of being unacceptable or flawed because of a personal characteristic that is viewed as socially unacceptable (Blaine, 2000). There are two broad types of stigma: self-stigma and public stigma. The latter is a view shared by a group or society that an individual is unacceptable, which often results in negative perceptions and behaviour towards said individual, whereas self-stigma is the

reduction in self-esteem as the result of the individual labelling himself as unacceptable (Vogel et al., 2006). Public stigma has been linked with mental health problems and receiving help from psychological services (Corrigan, 2004), so it is reasonable to postulate that this may be a factor in male victims not seeking mental health support (Corrigan & Matthews, 2003; Vogel et al., 2005). Indeed, stigma is one of the most commonly implicated factors in avoiding seeking mental health treatment (Corrigan, 2004; Corrigan & Penn, 1999). Public stigma attached to mental health issues is also likely to negatively impact on an individual's self-concept, self-esteem and self-efficacy, thus increasing their self-stigma (Corrigan, 2004). It has been argued that seeking help for mental health-related issues may be experienced as a threat to an individual's self-esteem because it may signify to the individual that they are inadequate or flawed (Fisher et al., 1982). This may lead to reticence in seeking help because of concern that it may be an acknowledgement of failure or weakness, which may be experienced as worse than the current distress (Fisher et al., 1982, 1983; Nadler & Fisher, 1986). A study investigating help-seeking attitudes found that an important predictor of willingness to engage with services is the individual's perception of the help-seeking behaviour (in this case, seeking counselling), and that this in turn is strongly influenced by the degree of self-stigma and public stigma experienced by the individual (Vogel et al., 2007). Given the evidence that many men are concerned about adhering to masculine norms of strength and personal autonomy, it may be reasonable to assume that they may experience multiple levels of stigma in regard to engaging with mental health services. Feeling unable to independently solve one's problems may violate masculine archetypal scripts of self-mastery (Seager, 2019), which may be a factor involved in men's negative attitudes towards help-seeking (Levant et al., 2013) and contribute to self-blame and self-stigma (Lee & James, 2012; Lisak, 2005; Seager, 2019; Vogel et al., 2006, 2007). Indeed, it has been observed that self-stigma mediates the relationship between help-seeking attitudes and conformity to masculine norms (Vogel et al., 2011), and there is evidence that self-stigma experienced while seeking help from psychological services is proportional to the extent that masculine norms have been internalized (Levant et al., 2013).

#### **2.4.5 Gender role conflict**

Pressure to conform to masculine norms can be so great that many men will ‘perform’ in line with masculine norms even when it is in direct conflict with their experiences, beliefs and emotions (Evans & Wallace, 2008; Schwartz Moravec, 2013). Rigid adherence to gender roles can result in negative intrapersonal conflict and negative psychological states, which is known as *gender role conflict* (O’Neil et al., 1986, 1995), and the resulting discord between men’s inner selves and outer appearances can contribute to increased stress, isolation, and emotional vulnerability (Evans & Wallace, 2008; White, 2006). Indeed, qualitative studies in depressed men have uncovered themes suggesting that the pressures of conforming to masculine standards can further contribute to distress (Emslie et al., 2006). Research on the extent that gender role conflict impacts on men’s help-seeking behaviour is somewhat contradictory, with some studies finding positive correlations between negative help-seeking attitudes and gender role conflict (Good et al., 1989; Pederson & Vogel, 2007), while others find negative correlations (Mansfield et al., 2003; Schwartz Moravec, 2013). That said, there are several studies that suggest a link between gender role conflict and negative help-seeking attitudes (Levant & Richmond, 2007; Mansfield et al., 2003). Quantitative research investigating the interactions between dimensions of men’s gender role identity, gender role conflict and help-seeking attitudes related to mental health has found correlations between gender role conflict and negative attitudes towards help-seeking (Berger et al., 2005; Blazina & Marks, 2001; Blazina & Watkins, 1996; Good & Wood, 1995; Simonsen et al., 2000). Similarly, research looking at men’s perceptions of advertisements for different psychological treatments and therapists have also found gender role conflict to be associated with more negative perceptions to different treatment options (Blazina & Marks, 2001). It has been further suggested that men in need of mental health support may face a “double jeopardy”, in that those experiencing distress caused by both their mental health issues and gender role conflict may be even less likely to seek support because to do so would be incongruent with the masculine norms that they are already struggling to uphold (Good & Wood, 1995). This may indicate a need for the development of interventions that take gender role conflict and rigid adherence to gender roles and behaviours into account in their design and delivery (Schwartz Moravec, 2013).

#### **2.4.6 Shame and embarrassment**

Given the presence of hegemonic assumptions about DA being male-to-female and the numerous barriers associated with adhering to masculine norms, it is unsurprising that many male victims of DA have reported feeling shame and embarrassment in regard to their situation, which may make them more likely to deal with difficult issues alone rather than seek help and support (Brogden & Nijhar, 2004; Tsui, 2014; Williams, 2009). Pervasive perceptions of women as victims and men as perpetrators may make it difficult for men to position themselves as victims because they find it difficult to reconcile their victimisation with their being positioned exclusively as abusers (Lew, 2004; Zverina et al., 2011). This can result in them downplaying the abuse or not conceptualising the abuse as a crime, with subsequent lower reporting (Dutton & Nicholls 2005; Shum-Pearce, 2016).

Discourse-based studies have also implicated anticipation of social rejection as a factor in abused men's low confidence in regard to seeking help (Migliaccio, 2001). A USA-based mixed methods survey of the help-seeking attitudes of male DA victims found evidence of low utilisation of formal help sources, with the brief qualitative assessment components of the survey uncovering themes of fear of stigmatization in addition to shame and embarrassment (Tsui et al., 2010). Another mixed methods study of male DA victims' help-seeking behaviour by Tsui (2014) found themes of shame and embarrassment in reaction to the process of help-seeking itself, which was mediated by approaching trusted friends and family for help and support. In response to their feelings of shame, respondents preferred to seek help from these 'informal' sources (as opposed to 'formal' sources such as healthcare and DA services), which is congruent with other observed patterns in men's help-seeking (Lane & Addis, 2005). From this the author postulated that these men may perceive informal help sources as less threatening to their masculine self-image. This may be a factor in why male victims appear to seek help less often than female victims; not only do men feel reticent to seek help, but additionally their utilization of informal help sources is likely to be undocumented.



#### **2.4.7 Non-normative problems: Avoiding masculine identity damage**

It has been further suggested that an individual's responses to health problems (e.g. interpretation, evaluation and attribution of symptoms) are influenced by his interactions with others, in that a person's expectations about the problem may be further compounded by the expectations of those around him (Wyke et al., 2013). Cialdini (2001) discusses social psychological frameworks where collective perceptions of normative behaviours, referred to as *descriptive norms*, act as a guide for behaviour by signifying what 'normal' behaviours are in social environments. These descriptive norms inhibit certain behaviours by indicating which behaviours are 'deviant', or 'non-normative'. There is evidence to suggest that men may face additional barriers to seeking help if their problem is perceived as non-normative for men (Douglas & Hines, 2011), and thus it has been suggested that they may not seek help for problems that are viewed by society as non-normative (Addis & Mahalik, 2003). Indeed, there are indications that experiences of specific problems are shaped by one's perception of the problem, and this can impact on the sufferer's willingness to seek help (Williams & Mickelson, 2008). Considering this in the context of gender role conflict, O'Neil posits that a fear of being considered feminine (or unmasculine) by others underpins the main psychological domains in which this conflict occurs (O'Neil, 2008). In this context, appearing 'feminine' implies weakness, which may increase the risk of possible marginalization and exploitation by women and other men (Addis & Mahalik, 2003). Studies exploring the interactions between gender roles and mental health have indicated that certain problems are often conceptualised in 'gendered' ways, with particular symptoms considered 'feminine', or the problem itself being perceived as largely the preserve of women (McCusker & Galupo, 2011). This has been linked with inhibition and lack of confidence in regard to seeking help in male sufferers (O'Brien et al., 2007). For example, Inckle's (2014) study in males who self-harm found inhibited help-seeking connected with perceptions of self-harming as a problem typically affecting adolescent girls. Similarly, studies in men with eating disorders suggest that help-seeking is inhibited by pervasive beliefs that eating disorders are a 'female' problem (Button et al., 2008; Copperman, 2000; Crosscope-Happel et al., 2000; Greenberg & Schoen, 2008; Räisänen & Hunt, 2014; Støving et al., 2011). Researchers investigating sexual violence also suggest that viewing it as a problem only affecting women may have the effect of isolating and silencing male victims (Davis, 2002).

It may be inferred from the available literature that DA victimisation is broadly stereotyped as a 'female' issue; with this in mind, it could be postulated that abused men may feel reticent in seeking help and support (Addis & Mahalik, 2003). Indeed, research into help-seeking rates for DA suggests that male victims are less likely to disclose or seek help than their female counterparts (Buzawa & Hotaling, 2006; Jackson et al., 2000; Jeffries & Grogan, 2012; Silber Ashley & Foshee, 2005; Tjaden & Thoennes, 2000). Victimization at the hands of others may also conflict with masculine norms of being strong, dominant and able to protect oneself (Dorahi & Clearwater, 2012; Harris, 1995; Lee & James, 2012; Lisak, 2005; Messner, 1997), and consequently male victims may deny that they are being victimised in order to avoid emasculation (Hines et al., 2007; Lew, 2004; Migliaccio, 2001; Steinmetz, 1977). This may result in male victims actively concealing the abuse from others (Brogden & Nijhar, 2004). Indeed, a substantial national study of the help-seeking behaviours and experiences of male victims of DA in the USA found that 40% of participants did not disclose the abuse even when their injuries were queried by clinicians (Douglas & Hines, 2011).

#### **2.4.8 Non-normative problems: Problem identification**

Another potentially inhibiting aspect associated with non-normative problems is difficulties with identifying the problem itself. There is evidence to suggest, for example, that a mismatch between one's expectations and experiences can lead to problems going undetected, which may inhibit help-seeking (Dutton & Nicholls, 2005; Shum-Pearce, 2016). This may be especially pertinent with expectations associated with gender, in that problems may be less likely to be noticed by the sufferer when the problem is inconsistent with their gender identity (Inckle, 2014; Räisänen & Hunt, 2014; Støving et al., 2011). With this in mind, it may be that abused men's expectations of DA may influence how they view their situation (Durfee, 2011). This issue may be conceptualized using the psychological concept of *schema*, which are cognitive 'shortcuts', known as heuristics, that help us to operate efficiently in our day-to-day lives (Myers, 2010). This concept posits that throughout our lives we assimilate knowledge – through observation and experience – about how the world operates, including understanding of our roles in society, how relationships function, and how to behave. From this we build mental representations (schema) of how things are

'supposed' to play out, which in turn helps us to predict, differentiate and make sense of our experiences (Myers, 2010). Schema can be developed collectively as well as individually, and are heavily informed by cultural discourses and patterns in socialising (Hine, 2017). It has been suggested that a prominent subject of our schema development is gender (Bem, 1981). Considering the evidence that some problems are viewed in gendered terms, it could be speculated that the established schema for these problems is also gendered, and therefore the presence of these problems may be overlooked or unseen in certain circumstances. Indeed, research into self-harming in men observed that the problem may be less perceivable to both the sufferer and those around him because it does not match with gendered social norms and expectations of the problem (Copperman, 2000; Inckle, 2014; Støving et al., 2011). This, it is argued, causes delays in identification of the problem, which limits help-seeking. This has also been found in men experiencing eating disorders, with sufferers delaying seeking help even when they understand that their behavior is unhealthy (Räisänen & Hunt, 2014). It has been argued that the cultural schema we have collectively developed for DA, and the resultant narrow, gendered conceptualizations of it, are harmful because they may make it harder for abused men (and those around them) to recognize their situation as DA (Hine, 2017). Further research may increase understanding of how men communicate these 'non-normative' problems to others, how the problems might manifest, and the underlying processes and barriers they may experience when seeking help for them (Seager & Wilkins, 2014). Additionally, increasing representation of male victims in service provision and design may help to incorporate the concept of 'male victim' into wider DA schema, which may help male victims (and those around them) to identify abuse and get the appropriate help and support.

The available research seems to indicate that factors connected with gender roles and norms may potentially be a salient issue for help-seeking in male victims of female-perpetuated DA, in that they potentially face multiple internal barriers to help-seeking that relate to expectations surrounding masculinity (Addis & Mahalik, 2003). Internal stigma, coping patterns and limited schema about particular problems may also have a negative impact on help-seeking. Abused men may also have many *external* factors to contend with when seeking help (Hines & Douglas, 2009). External factors refer to influences located outside of individuals, such as societal norms and infrastructure.

## **2.5 External factors and influences on male help-seeking**

### **2.5.1 Male representation in service provision**

The need for understanding of male DA victims' help-seeking experiences becomes ever more pertinent when considering the evidence that male victims may have difficulty accessing appropriate support when they do decide to seek help (McCarrick et al., 2016; Tsui et al., 2010). As previously discussed, the majority of research papers conceptualize DA as male-on-female abuse, leaving male victims largely invisible in the academic discourse (Seelau & Seelau, 2005; Shum-Pearce, 2016). There appears to be a similar pattern in service provision, in that the majority of DA services available in the UK are designed for female victims (Perryman & Appleton, 2016). The relative lack of male victim representation in DA services may impact on men's engagement and uptake. Research suggests, for example, that perceptions of DA services impact on user uptake and engagement, whereby if services appear to be intended for a specific group (thereby implicitly excluding other groups), those in the 'excluded' groups are less likely to use those services (Love & Richards, 2013). Conversely, if people think that services are intended for them, they will be more likely to use them (Cook, 2009; St. Pierre & Senn, 2010).

In addition, it appears that male victims have concerns that they will not be appropriately supported by healthcare services (Brogden & Nijhar, 2004; Du Plat-Jones, 2006). Indeed, it has been observed that abused men may experience more difficulty in getting support due to a lack of appropriate DA resources that cater to their needs (Cheung et al., 2009; Hines & Douglas, 2011). It has also been suggested that social service and criminal justice systems do not respond appropriately to the needs of male victims, leaving them to navigate a system that is designed primarily for female victims (Hines et al., 2007; Hines & Douglas, 2009). Attempts to engage with services that are not designed for them may also elicit shame, embarrassment, denial and anxiety (Tsui et al., 2010). This may present challenges that are unique to abused men's help-seeking experiences. Further research is needed to increase awareness of factors and influences that may be particular to men in this situation in order to design more inclusive, gender-sensitive interventions (Magovcevic & Addis; 2005; Reeves & Orpinas, 2012).

### **2.5.2 Gender-informed services**

It has been further suggested that developing gender-informed services that accommodate male norms and identity may help to promote male help-seeking and better address men's needs (Affleck et al., 2018; Ashfield & Gouws, 2019; Athanasiadis, 2017; Barker et al., 2007; Barry, 2017; Cheung et al., 2009; Evans & Wallace, 2008; Kingerlee et al., 2014; Lowe & Balfour, 2015; Mental Health Foundation, 2006; Seager & Barry, 2019a; White, 2006; Wilkins & Kemple, 2011). For example, mental health services may be more appealing to men if they are presented in ways that align with masculine ideals and scripts (Robertson & Fitzgerald, 1992; Seager & Barry, 2019a), such as using the terms 'mental health consultant' instead of 'therapist', and 'strategy for attacking' instead of 'therapy' (Hammer & Vogel, 2010). Research in male depression has found that reconstructing masculine identity by incorporating masculine norms into the recovery narrative is an important part of treatment (Emslie et al., 2006). This can be achieved by reframing 'feminising' experiences as masculine, for example framing help-seeking as strong and courageous (Oliffe et al., 2011) or maintaining personal control and autonomy (Rice et al., 2015). Other studies in male depression (Sierra Hernandez et al., 2014) and male victims of sexual abuse (Kia-Keating et al., 2010; O'Leary & Gould, 2009; O'Leary & Gould, 2010) have also observed that men's willingness to seek help increases when doing so means that they can help others with similar problems.

It could be argued that mental health services may be currently unresponsive to men's needs and a better understanding of these needs is required to develop gender-appropriate services (Affleck et al., 2018; Liddon et al., 2019). Some researchers have argued, for example, that the conventions of psychotherapy are better suited to 'feminine' norms such as emotionality, expressiveness and vulnerability – essentially, talking about one's feelings – and are thus not well-suited to men, particularly those who adhere more closely to masculine norms (Ashfield & Gouws, 2019; Brooks & Silverstein, 2003; Liddon et al., 2019; Morison et al., 2014; Rochlen et al., 2005). Other research assessing gender-appropriate psychological service design has identified challenges experienced by men including admitting there is a problem, identifying and processing emotions, and fear of intimacy (Levant, 1990). Focus group research investigating depression and masculinity has also observed that symptoms in men may

be expressed or experienced differently to what is usually observed and expected, which may make it less identifiable both to them and their healthcare providers (Rochlen et al., 2009).

### **2.5.3 Women and children first: Intolerance of male vulnerability**

The relative lack of male victim DA resources and male gender-informed services may partly be associated with a collective indifference to male distress and injury, which has been referred to as the 'male gender empathy gap' (Farrell et al., 2016). It has been argued that it may be considered 'normal' for people to feel more care or concern for women than for men in similar situations (Barry, 2016; Rudman & Goodwin, 2004), which may have roots in traditional male roles that position men as risk-takers, protectors and stoics (Connell, 2005). Viewing men as protectors of others (as opposed to those being protected) may result in cultural biases where men receive less sympathy, acknowledgement of their problems, and higher tolerance of harm against them (Seager, 2019; Seager & Barry, 2019a; Seager et al, 2014). This cultural bias toward protecting women and not men may be associated with male archetypes that are rooted in evolutionary biology and culturally reinforced, wherein society invests in men's invulnerability and willingness to sacrifice themselves to protect women, who are biologically more valuable (Seager, 2019). Consequently, men seeking help and protection may be met with resistance or hostility.

This cultural intolerance of male vulnerability may be present in how we view and respond to male DA victims. Historically, men abused and dominated by their wives were publicly ridiculed and treated with contempt by society (George, 1994), and although cultural tolerance towards men abusing women has gone down, tolerance for women abusing men has remained constant over the same time period (Straus et al., 1997). In current contexts, there is evidence to suggest that male victims are viewed in a more negative light than female victims (Arnocky & Vaillancourt, 2014; Macchietto, 1992). For example, male victims may be more likely than female victims to be subjected to victim-blaming or being held responsible for their victimisation (Harris & Cook, 1994; Hine & Arrindell, 2015; Stewart & Maddren, 1997).

#### **2.5.4 Non-prototypical DA contexts**

It is also possible that male DA victims may not be treated and viewed the same as female victims because their experiences are not consistent with cultural stereotypes (Kimberg, 2008; Seelau et al., 2003; Seelau & Seelau, 2005). Indeed, there is evidence to suggest that DA contexts that do not fit within wider stereotypes may be met with unhelpful and even negative responses. For example, early research with lesbian DA victim populations found respondents reporting that helpers were less willing to conceptualize the situation as DA because it did not fit into prototypical heteronormative stereotypes of male-to-female abuse (Renzetti, 1989). Although it would be erroneous to generalize findings from lesbian relationships to heterosexual relationships, it is notable that in this study the perception of the relationships as non-prototypical appeared to play a significant role in negative helper reactions. Considered together with previously discussed literature that implicates non-normativity as an inhibiting factor for help-seeking in men, it could be argued that female-on-male DA, although falling into the wider normative heterosexual sphere, may be considered non-prototypical and may therefore have negative implications for victims' help-seeking experiences. Indeed, there is evidence to suggest that men often have negative help-seeking experiences related to the perceived non-prototypical nature of their situation (Douglas & Hines, 2011). For example, research in male victims of sexual abuse report that fear of being on the receiving end of ridicule, blame or accusation can inhibit help-seeking (Dorahi & Clearwater, 2012; Lee & James, 2012; Lisak, 2005). Similarly, studies in male DA victims found that many men do not seek help because of worry that others will think they are the perpetrator (Lewis & Sarantakos, 2001, Tsui, 2014). In cases where there is doubt regarding who is the perpetrator and who is the victim, research by Cook (2009) suggests that the burden of proof often falls on the male victim because the situation contradicts gender-based stereotypes, which is supported by other research (Hines et al., 2007; McCarrick et al., 2016). Cook adds that this may make it more difficult for victims to leave the abusive relationship (Cook, 2009).

#### **2.5.5 Trivialisation of female-on-male abuse**

The aforementioned proposed gamma bias (Seager & Barry, 2019b) seems apparent in the differences in how abusers and the abused are collectively viewed, with female-on-male abuse appearing to be treated as less serious (i.e. minimised) than male-on-female

abuse. Female-perpetrated abuse may be judged less harshly and its male victims taken less seriously, with studies suggesting that evaluation of the severity of abuse, interventions used, responsibility attribution, trauma and punishment are all significantly influenced by the gender of the victim and perpetrator (Poorman et al., 2003; Seelau et al., 2003; Seelau & Seelau, 2005; Sorenson & Taylor, 2005). In a study by Cormier (2006), participants were presented with hypothetical DA vignettes where the gender of the perpetrator and victim were switched around to represent all gender combinations (i.e. female-to-male, male-to-male, female-to-female, male-to-female). Participants were then asked to rate each vignette to measure their perceptions of the severity of the abuse. It was found that female perpetrators were viewed as less capable of inflicting harm than male perpetrators (Cormier, 2006). These findings are similar to other studies using hypothetical vignettes, with indications that male aggressors are likely to be more harshly judged than female aggressors and female-on-male abuse is viewed as more acceptable than male-on-female abuse (Bowen et al., 2013; Feather, 1996; Reeves & Orpinas, 2012; Semonsky & Rosenfeld, 1994). There is also evidence that both men and women attribute less blame and responsibility to female perpetrators, particularly if the perpetrator was provoked (Rhatigan et al., 2011). Apropos with the gender paradigm of DA, there are also pervasive assumptions that female aggression occurs only in response to violence from a male partner and that women are incapable of harm (Mildorf, 2007; Shum-Pearce, 2016). It has also been observed that abuse is seen as having more serious consequences and in more need of intervention when perpetrated by men against women, whereas abuse perpetrated by women against men viewed as less serious, trivial or even humourous (Hertzog & Rowley, 2014; Hine & Arrindell, 2015; Seelau et al., 2003; Sorenson & Taylor, 2005). Hamby & Jackson (2010) suggest that people's views of female-to-male abuse as trivial may be in part due to the average physical differences between men and women, with the assumption being that that women are likely to do less damage and are less capable of controlling their victim. This is despite the evidence that female abusers may be more likely to attack more frequently, throw objects or use weapons in cases where the male partner is physically stronger (Archer, 2000; Hines & Malley-Morrison, 2001). With this in mind, it is not surprising that it has been found that male victims' beliefs about how the abusive situation might be perceived by others can act as a major constraining factor in their willingness to seek help (Tsui et al., 2010).



### **2.5.6 Hostile and invalidating responses**

Studies investigating male victims' beliefs have also uncovered pertinent concerns that others will blame them for the abuse (Lawrence, 2003), that they will not be taken seriously, or that police will be biased and not acknowledge them as victims (Brogden & Nijhar, 2004; Stitt & Macklin, 1995). Others have found male victims not reporting the abuse due to beliefs that the police will not protect them (Drijber et al., 2013). These concerns may not be unfounded, with studies presenting accounts of police being unresponsive when contacted by male victims during violent incidents (Hines et al., 2007; McCarrick et al., 2016), and even ridiculing the victim and arresting him even when there was no evidence that he was the aggressor and despite him having been the one who contacted them (McCarrick et al., 2016). Indeed, many male victims report experiencing ridicule, stigma and disbelief when they do seek help (Lewis & Sarantakos, 2001; McCarrick et al., 2016; Stitt & Macklin, 1995). These findings are echoed in other research in male DA victims which found that respondents faced discrimination, victim-blaming, disbelief of their accounts and threats of arrest when they tried to report the abuse (Lawrence, 2003; Tsui, 2014). Respondent accounts further described (so-called) helpers' outright denial of their existence as victims, which led to an increased reluctance to seek help (Lawrence, 2003). Interviews with male victims who sought support from DA hotlines have uncovered experiences of ridicule, disbelief, being turned away on account of their gender, accusations that they were the actual perpetrator and referral to batterers' programs (Hines & Douglas, 2010b).

It has been argued that female-on-male DA cases may also not receive unbiased, equitable treatment in the legal system because they are inconsistent with gender role stereotypes (Seelau et al., 2003), and other studies have reported many male victims feeling unable to trust that they will be acknowledged as victims (Brogden & Nijhar, 2004). Others have found instances of men losing custody of their children as the result of the abuser making false allegations, despite strong evidence that the woman was the abusive partner (Cook, 2009; Hines & Douglas, 2009). Other studies found evidence of men staying in abusive relationships because they felt that child custody would be automatically granted to the abuser if they were to leave, with victims anticipating that the abuser would block access to their children as a continuation of the abuse (McNeely et al., 2001). Indeed, other research has presented accounts of female abusers

manipulating the social service and legal systems to file false allegations and block access to children (Hines et al., 2007).

Even more concerning is the attitudes of healthcare professionals, with evidence to suggest that female-on-male abuse is viewed as less severe than male-on-female abuse by healthcare practitioners (Stitt & Macklin, 1995). Indeed, it has been found that both medical and mental healthcare professionals view psychological abuse differently depending on the gender of the perpetrator and victim. Some studies have found behaviours to be more definitively rated as abusive, severe and problematic if the perpetrator is a man and the victim is a woman, with gender being the only variable that accounted for these differences (Follingstad et al., 2004). Qualitative research into attitudes towards male victims held by GPs found that they perceived their accounts of abuse as amusing, novel and trivial, whereas their perceptions of abuse against women was that of concern (Mildorf, 2007). Others have documented accounts of GPs responding by simply treating the physical injuries and prescribing psychopharmaceutical medication to help them cope with the mental health consequences of the abuse (Stitt & Macklin, 1995).

### **2.5.7 Impact of negative experiences**

There is evidence to suggest that negative help-seeking experiences can further compound distress and increase reluctance to seek help. It has been argued, for example, that male victims of sexual violence are at risk of becoming more deeply traumatised and isolated as a result of experiences of being blamed and disbelieved by others (Gartner, 2010; Lowe & Balfour, 2015). Similarly, Douglas and Hines' (2011) quantitative investigations of help-seeking in male DA victims found that cumulative negative help-seeking experiences were associated with higher levels of alcohol abuse and PTSD symptoms, suggesting that help-seeking experiences may have significant mental health outcomes for male victims. Indeed, it has been suggested that being met with disbelief and ridicule can further victimise men who are already vulnerable (Lewis & Sarantakos, 2001). Negative help-seeking experiences can also increase the negative outcomes of DA (Douglas & Hines, 2011), such as reducing the chances that the victim will leave the abusive relationship (Koepsell et al., 2006). Conversely, getting appropriate support can help to mitigate the negative impact of DA for victims and

reduce the chances of continued victimisation (Douglas & Hines, 2011; Liang et al., 2005).

Given the evidence of abused men's inconsistent and frequently negative help-seeking experiences, as well as the evidence that negative help-seeking experiences can compound distress and decrease the chances of victims leaving their abusive relationship, it is imperative to increase research in this area (Cook, 2009). Counselling Psychologists are at the forefront of professional resources available for those seeking help, support and information, and thus it is imperative that we are aware of how men think, feel and behave when they try to find help and support (Williams, 2009).

Refusal to acknowledge female aggression and male vulnerability also reinforces hegemonic narratives of DA, which is damaging because the established, narrative remains narrow, reductive and inaccurate. Additionally, these pervasive, dismissive societal assumptions about male victims and female aggression may be a contributing factor in male victims' inhibited help-seeking. It has been suggested that female-on-male abuse is a cultural taboo because it contradicts widely held beliefs that men cannot be abused by women and that women cannot be abusers (George, 2007; Lewis & Sarantakos, 2001). The uncomfortable and controversial topic of female-to-male DA needs to be acknowledged in order to begin moving away from narratives that render vulnerable men invisible and isolated (White, 2016). Considering this together with the gender-related imbalances in how the problem of DA is viewed, the evidence that female-perpetrated DA is often trivialised and unacknowledged, and the gendered biases in how we view men and women, men abused by their female partners may face unique challenges when seeking help and support. Increasing research in this particular population of abused men may help to increase our understanding of their needs and contribute towards counteracting biased perceptions of DA. Further to the issues discussed in Chapter 1, this study also aims to contribute towards normalising in-depth research into men 'as men', as opposed to groups of men who are considered a minority or 'othered'. For these reasons, this study will focus exclusively on the experiences of abused men in heterosexual DA contexts.

## 2.6 The need for qualitative research

Hine (2017) suggests that a key area of improvement needed to tackle unhelpful stereotypes about DA is challenging the dominant societal narratives that undermine, diminish and exclude the needs and experiences of male victims. Indeed, as noted previously, the predominance of ‘women as victims, men as perpetrators’ narratives in popular discourse and research renders abused men largely invisible, which may make it more difficult for them to access help and support. It is further suggested that this lack of representation may play into abused men’s already-present assumptions about the non-normative or non-prototypical nature their problem, which may lead to inhibitions in seeking help (Addis & Mahalik, 2003). Increasing representation of abused men in the literature may be crucial to changing assumptions of normality, and consequently increase men’s help-seeking. There is a notable paucity of research that focuses exclusively on investigating the experiences of abused men (Hines & Malley-Morrison, 2001), which is largely consistent with the observed patterns of neglect in investigating men as an explicit group, as discussed in Chapter 1; effectively, the voices of abused men are missing in the literature. It is important for men’s voices to be represented in order to contribute to promoting more inclusivity in service provision and public opinion, which may be more achievable if their individual *human* experiences are brought into the discourse. For this reason, I would argue that there is a need for more qualitative research in this particular area. Indeed, there appears to be a paucity of qualitative research that builds a nuanced, contextualised picture of abused men’s help-seeking experiences, with the majority of the existing literature using positivistic, nomothetic quantitative methods to investigate the issue (Randle & Graham, 2011). For example, research by Hines & Douglas (2010a) investigated male victims’ experiences of abuse and help-seeking using a quantitative approach which statistically evaluated the type, frequency and severity of the abuse using self-report measures completed by participants. These measures included an “other, specify” prompt in the event that their experiences were not adequately captured by the standard answer options available. The qualitative data gleaned from these prompts was coded to produce numerical data, which were presented alongside the quantitative findings. Although this research did produce some insightful information about some of the internal and external barriers that male victims face when considering getting help and/or leaving their abusive relationship, it appeared to prioritise the numerical aspects of the qualitative data

instead of the human experiences behind them. Similarly, mixed-method studies in abused men's help-seeking experiences by Tsui (2014) and colleagues (2010) asked participants to comment briefly on the reasoning behind their help-seeking preferences, but the brevity of the qualitative prompts did not give participants the opportunity to fully elaborate on their answers, resulting in a lack of richness in the data.

In addition, much of the existing research investigating female-perpetrated DA focuses on the in-depth experiences of the *female perpetrators* (Fiebert & Gonzalez, 1997; Thureau et al., 2015), resulting in a lack of in-depth understanding of the experiences of male victims. Research that *has* engaged in in-depth exploration of men's experiences has not done so exclusively with men; the most in-depth piece of research to date appears to be a thematic analysis of the perceptions and experiences of being abused and seeking help in young (between the ages of 16-25) men in New Zealand by Shum-Pearce (2016). Although this research provided nuanced, context-focused data, it also included non-abused young men and women in the sample. No studies appear to have explored the lived experiences of seeking help in DA to build a detailed, experiential account using exclusively male samples.

## **2.7 Research aim**

In the midst of heated political contention surrounding prevalence rates of DA, the voices of male victims have been pushed to the side-lines, their experiences largely unheard and underrepresented. The present study does not seek to contribute to theory development or prevalence statistics; rather, it seeks to provide a platform for those in this population to speak on their own behalf by providing an in-depth account of their experiences so that their needs can be acknowledged, understood and accommodated. As well as increasing representation of men's voices in psychological research, there is a need to develop a richer understanding of the processes that abused men go through in seeking help because, as the literature suggests, seeking help for DA may be a particularly complex issue for men (Good & Brooks, 2005; Wilkins, 2010). The multi-layered, multi-faceted complexity of this issue calls for more nuanced investigation in order to better grasp the contexts of abused men's experiences in seeking help. Furthering our knowledge of the complexities involved in these processes may help to

improve access to support and consistency in their help-seeking experiences. The present study will therefore seek to answer the following research question:

*What are the lived experiences of seeking and getting help for male victims of female-perpetrated domestic abuse?*

## CHAPTER 3 – METHODOLOGY

### 3.1 Introduction

This chapter describes the philosophical and epistemological frameworks that informed this research and how this shaped the rationale for the chosen methodology. The chapter then outlines the participant recruitment strategies, data collection, method of analysis, and briefly introduces the participants. Finally, ethical considerations within the research process are discussed, and my reflexivity and validity as a researcher is reflected on.

### 3.2 Epistemology

Ponterotto (2005) suggests that one's philosophical position on the nature of reality, and how knowledge about reality can be accessed, should inform the design and process of research. In this research I align myself with the post-positivist epistemological paradigm known as phenomenology. Originally developed by Husserl (1971), phenomenology is a philosophical position rooted in transcendental concepts of seeking out and understanding the essential qualities of existence, or experience. Husserl suggested that the goal of phenomenological enquiry is to seek out the essential, intrinsic core of a phenomenon, and postulated that this can be accomplished by transcending one's own assumptions in order to consider the phenomenon with a 'natural', unbiased attitude (Larkin & Thompson, 2012). Husserl's ideas were further developed by Heidegger (Heidegger, 1962), who moved towards a more existential, hermeneutic position by arguing that it is not possible to transcend one's own assumptions when investigating phenomenon. More specifically, he asserted that all experience is irrevocably subjective and unique, and therefore knowledge cannot be accessed without some form of interpretation (Smith et al., 2009). In taking this epistemological position I am therefore making the assumption that one's experience of reality is mediated by contextual factors, and thus I acknowledge the existence of multiple, idiosyncratic ways of experiencing reality (Guba & Lincoln, 1994). This requires me as a researcher to acknowledge the involvement of my own reality in the research process (Willig, 2013). I have taken this position because, in consideration of the reflections discussed in Chapter 1, I feel it is important to acknowledge and incorporate my own subjective worldview into this research because my worldview is

highly contextualized and different from my research participants; just as it is impossible for them to understand what it is like to experience the world as a woman, it is also impossible for me to understand what it is like to experience the world as a man.

### **3.2.1 Influence of Counselling Psychology values and practice**

My epistemological positioning is also influenced by my clinical work as a Trainee Counselling Psychologist. Counselling Psychology as it exists today is rooted in Humanistic core values that emphasise the relationship between therapist and client, which involves acknowledging and valuing the client's realities (Geldard & Geldard, 2003; Joseph, 2010; Tolan, 2003). As well as valuing and prioritising the client's realities, therapeutic practice involves the therapist interpreting the client's realities that are brought into the therapeutic space. This is accomplished in part by using a reflexive approach where the therapist maintains awareness of her own realities and how these may shape interpretation (Wertz, 2005). Indeed, a distinguishing characteristic of Counselling Psychology is a willingness to embrace the ambiguousness of interaction between the subjective and intersubjective in the search for meaning (Morrow, 2007). For this reason, post-positivist paradigms comfortably align with Counselling Psychology practice because they engage with individual phenomenological experience. As a scientist-practitioner I aim to design and undertake research that reflects both my clinical practice and the Humanistic guiding principles and values of my profession, and to this end my research is designed to gain insight into rich individual experience and meaning-making within my chosen research topic (Woolfe et al., 2010). I also aim to encourage a sense of agency for my participants through a participatory, qualitative research design, which reflects the social justice and Humanistic values of Counselling Psychology (Goodley & Smailes, 2011).

### **3.3 Method**

My epistemological assumptions locate the research within a critical-realist ontological position. Ontology refers to the assumptions that one makes about the nature of reality (Howitt, 2016). With this position I make the assumption that there is an objective, observable reality that is independent of individual constructions and perspectives (i.e. realist), but that this reality is experienced in myriad ways as a consequence of individual, unique perspectives (i.e. critical) (Willig, 2013). In essence, I assume that the



phenomenon I am investigating exists independently of my perceptions of it, however, my understanding of the phenomenon will be inevitably impacted by my perceptions of it. This position calls for an inductive methodological approach that centralises the worldview of the participant whilst acknowledging and reflecting on the role of the researcher's own worldview in shaping the research process and outcome (Howitt, 2016). Additionally, the exploratory nature of the research question necessitates a qualitative analysis method (Willig, 2013). Qualitative methods enable in-depth analysis of phenomena to elucidate meaning and meaning-making processes, as opposed to quantitative methods that deduce causal or correlational links between phenomena; qualitative methods look at the 'why' as opposed to the 'what' (McLeod, 2005). It is necessary to consider the differences and similarities between qualitative methods in designing and carrying out this piece of research, for the purposes of finding a method of analysis that best fit with my epistemological and ontological positioning (Howitt, 2016).

Of the numerous qualitative research methods available, there were four approaches that initially seemed suitable for investigating the research question and were thus considered when designing the study. Although the four approaches, Discourse Analysis, Foucauldian Discourse Analysis, Thematic Analysis, and Phenomenology, are broadly similar in many respects, there were key differences between them that led to the decision to use a phenomenological approach in the analysis (Starks & Trinidad, 2007; Willig, 2013). Discourse Analysis (DA) appeared to be relevant to the research subject, in that it considers how people use language to construct their worldview in the context of social realities, identities and experience (Gergen, 1985; Ponterotto, 2005). Foucauldian Discourse Analysis (FDA) considers how wider influences such as social roles and power dynamics can shape inner realities (Smith, 2015). Given the evidence in the literature which suggests that wider social expectations, politics and stigma can impact of help-seeking, these approaches were potentially relevant to the research question. However, I felt that there was tension between the constructionist underpinnings of these two approaches and my epistemological and ontological positioning (Biggerstaff & Thompson, 2008). I also felt that these approaches, in particular FDA, focused more on concepts of systemic power, which did not feel compatible with my research aim to explore participants' individual lived experience.

There were also significant differences in the assumptions being made about the role and function of language. Specifically, DA and FDA are rooted in a social constructionist framework which posits that people use language to construct and enact reality, whereas I was making the phenomenological assumption that language is used to communicate and describe one's inner reality and subjective meaning (Smith, 2015, Willig, 2015). For this reason, Thematic Analysis (TA) was considered because it is flexible in its application and can be adapted to various theoretical, ontological and epistemological positionings (Braun & Clarke, 2006). TA is method used to identify and analyse patterns of themes in data sets and lends itself well to qualitative investigation (Smith, 2015). However, I felt that TA was not interpretative to a level that was commensurate with my research aim in terms of understanding individual experience (Willig, 2013). For this reason, Interpretative Phenomenological Analysis (IPA) was considered (Smith & Osborn, 2003) because the process of IPA is interpretation-focused and emphasises individual experience (Smith et al., 2009). IPA considers similarities and differences in individual experience by focusing on the characteristics of each participant as well as the broader patterns of meaning shared by all participants, whereas TA focuses more exclusively on the latter (Smith et al., 2009). This is demonstrated in the analysis process, where in IPA the data from each individual participant is analysed before moving onto the next participant, then the dataset is analysed as a whole (Willig, 2013); this is in contrast with TA, where the data are analysed across the whole dataset in all stages of the analysis (Clarke & Braun, 2014). Additionally, given that I was a female attempting to access male experiences I felt that IPA's explicit acknowledgement of the role of the researcher's interpretation in shaping the analysis process was appropriate to the study design.

With this in mind, I chose IPA as my methodological approach (Harper, 2012). Developed by Smith and Osborn (2003) IPA is an idiographic approach, in that it explores phenomenon in richly subjective, dynamic and specific contextual detail (Smith, 2004). This is in contrast with nomothetic quantitative approaches, which involve analysing data in more generalizable, universal contexts (Willig, 2013). In effect, idiographic approaches 'point' inwards, whereas nomothetic approaches point outwards. Researchers using IPA attempt to access participants' realities via a process of interpretation, using a reflexive hermeneutic position (Palmer, 1969). This is done by

the researcher attempting to 'step into the other person's shoes' in order to make sense of how that person makes sense of the world, enabling a radical empathy of sorts known as *epoche* (Larkin et al., 2006). This process of analysis is highly individualistic and involves the researcher's active interpretation in exploring the phenomenon from the participant's perspective, and may thus be described as a simultaneous interpretation - the participant's interpretation and the researcher's interpretation of that interpretation - which is known as a 'double hermeneutic' (Smith & Osborn, 2003). This analysis method aims to capture subjective experience by encouraging descriptive narrative of participants' experiences and thoughts, with an intent on illuminating the internal world of the participant (Willig, 2013). It should be acknowledged at this point that there are two approaches within IPA, known as descriptive and interpretive, which have different approaches to this process. In descriptive IPA the researcher attempts to 'bracket off' her own assumptions in order to encounter the data with 'unadulterated' vision, whereas in interpretative IPA the researcher attempts to make use of her own interpretations to enhance her understanding of the phenomena being investigated. This means that the results of the analysis are, in part, an outcome of how the researcher has interacted with the data (Landridge, 2007). For this reason, an important component of carrying out research using interpretative IPA is an acknowledgement of the fact that there are no two identical personalities and therefore no two identical interpretations, which renders total accuracy in interpretation an impossibility. This concept must be reflected on throughout the process of analysis, and necessitates the researcher being cognizant of her own contribution to this process, which is referred to as reflexivity (McLeod, 2005; Nightengale & Cromby, 1999).

In this research I took an interpretative approach to IPA analysis. I consider this methodology suitable because it is rooted in phenomenological concepts of engaging with subjective lived experience in trying to understand human experience (Willig, 2013; Woolfe et al., 2010), which is congruent with my research aim of exploring the lived experiences of my participants. In addition, this approach is appropriate because it involves the data being co-constructed by both the participant and researcher through interpretation by both parties (Reid et al., 2005). This process puts the participants' meanings and interpretations at the forefront whilst acknowledging the involvement of the researcher's interpretations, and this is operationalised by the researcher taking a

reflexive position throughout the research process (Smith et al., 2009). The involvement of interpretation in the process of IPA is also compatible with the use of self that is characteristic of the work of Counselling Psychologists, in that a salient aspect of therapeutic work involves interpreting clients' meaning-making and experiences (Kasket, 2012).

### **3.3.1 Reflexivity**

Due to the subjective nature of qualitative research enquiry, it can be challenging to maintain validity and scientific rigour (Kasket, 2012). With this in mind there is an imperative need for transparency and ongoing reflection on how the researcher's subjective worldview may impact on the research process (Larkin et al., 2006). Doing so creates an "open" account of the analytical process, which can be evaluated by the reader in assessing the validity of the construction of the research design and analysis (Constas, 1992). IPA therefore requires researchers to be candid about their impact on the research by taking a reflexive position (Willig, 2013). This process involves the researcher 'owning their perspective' by acknowledging and critically reflecting on their own inherent biases and presuppositions connected with factors such as prior knowledge, values, socio-cultural position, beliefs, investments and identity (Elliott et al., 1999). This is especially pertinent because the process of IPA involves the researcher's own active interpretation of the participant's interpretation of the phenomena in question (Smith et al., 2009). I acknowledge that I am approaching this research from an 'outsider' perspective, in that I am a woman and a researcher, and also have no personal experience of DA. I attempted to uphold a reflexive position by maintaining awareness of my personal assumptions and perceptions in all aspects of the research process, including designing of the interview schedule and other materials, interviewing the participants and analysing the data. During the analysis process, I kept close to the original data by continually referring back to the transcripts to ensure a clear, logical connection between the raw data and emergent themes (Creswell, 2013). Where necessary, participants were consulted for clarification in the event of insurmountable ambiguousness. Finlay & Gough (2003) suggest that personal interests, or 'closeness', connecting the researcher to the research should be minimized/removed to better enable the researcher to maintain reflexivity. For this reason, I did not interview people with whom I had a personal connection with.

### **3.4 Design**

The data were gathered using semi-structured interviews, which is considered an appropriate method of data collection for IPA (Landridge, 2007). A semi-structured interview schedule<sup>6</sup> was created, which consisted of open-ended questions and prompts that enabled freedom of exploration as the interview progressed (Cresswell, 2003). Open-ended questions were designed to allow the participant to expand on their answers, encouraging detailed exploration that was appropriate to the exploratory nature of the research question (Smith & Osborn, 2003). Attention was also paid to phrasing in order to limit the possibility of leading participants in a particular direction (Cresswell, 2003). A pilot interview was conducted to uncover and address any issues with the interview schedule, such as ambiguous, superfluous or leading questions, and discussion with my supervisor further refined the questions to better investigate the research question (Smith, 2004). The interviews lasted a mean average of 94 minutes and were audio-recorded.

### **3.5 Participants**

#### **3.5.1 Recruitment**

Participant recruitment used opportunity and snowball sampling methods (Coolican, 2019), and organisations catering for male victims of DA were approached for permission to recruit participants using an advertisement<sup>7</sup>. Inclusion criteria for participation were:

- ✓ Identify as male
- ✓ 18+ years old
- ✓ Have experienced DA (such as physical, sexual, emotional, psychological, financial, or controlling) from a female intimate partner
- ✓ Are no longer in the abusive relationship
- ✓ Can communicate in English
- ✓ Can give informed consent

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<sup>6</sup> See Appendix B

<sup>7</sup> See Appendix B

In the interest of protecting the well-being of participants, I decided not to recruit those who were still in the early stages of recovery from their abusive relationship. For this reason, I did not interview anyone who had exited their abusive relationship within the last six months. Eight participants met the above inclusion criteria and are briefly described in *Figure 1*.

### **3.5.2 Sampling**

Given that IPA is idiographic methodology that explores phenomena in depth, research using this analysis method necessitates a small sample (Coolican, 2019). Sample size recommendations for IPA generally average between 5-12 participants – too few participants can result in insufficient data, and too many participants can diminish the complex, nuanced analysis that is expected in IPA (Willig, 2013). Sampling also needs to be purposive, in that while the participants need not be representative of wider populations, they need to have all experienced the phenomena being explored (Landridge, 2007). Other participant characteristics, such as age, ethnicity or occupation, may therefore be variable (Coolican, 2019).

When prospective participants expressed interest in taking part, which with the exception of Wayne was via email, I sent them a participation package<sup>8</sup> that explained the nature and purpose of the study. An interview was arranged with the participants after they had read the package and reiterated their interest and confirmed that they met the inclusion criteria. Participants were fully briefed before the interview commenced, during which time I explained the specifics of the study and the procedure of participation, addressed queries and concerns, and built rapport. Participants then signed a consent form, and were fully debriefed after the interview concluded<sup>9</sup>. Ten participants were interviewed individually at a time that was convenient to them, in a location that was private and where both participant and researcher felt safe and comfortable. The interviews took place in the University of East London Stratford campus, participants' homes, the researcher's home, the campus of another university, and via telephone and Skype.

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<sup>8</sup> See Appendix B

<sup>9</sup> See Appendix B

<b>Pseudonym</b>	<b>Age</b>	<b>Location</b>	<b>Type of abuse</b>	<b>Help sources approached</b>
Clark	52	Cheshire, England	Psychological, systemic bullying, emotional	GP, counselling (individual and couple), friends, DA services, online resources, colleagues, lawyer
Elliot	48	West Midlands, England	Physical, emotional, psychological, harassment, false allegations	Abuser's family, religious leaders, family, DA services, friends, online chat rooms, social media sites
Jed	47	Clwyd, Wales	Physical, coercive control, emotional, psychological, financial	None
Leonard	54	London, England	Emotional, physical, harassment, financial, false allegations, psychological	Police, friends, family, DA services, Samaritans
Howie	49	London, England	Coercive control, financial, physical, false allegations, psychological	Lawyer, DA services, police, GP, counsellor
Mason	42	West Midlands, England	Coercive control, psychological, emotional, false allegations	GP, counsellor, social services, DA services, NSPCC, couples counselling, friends
Owen	63	Worcestershire, England	Physical, sexual, psychological, coercive control, false allegations, emotional, financial, stalking	Police, GP, court system, DA services, health visitor, male victim support group, abuser's parents, counsellor
Wayne	36	London, England	Physical, coercive control, psychological, financial	GP, NHS counsellor, life coach

*Figure 1 – Descriptive table of participants*

A total of ten interviews were completed, two of which were not included in the analysis and remained untranscribed. One was not included because it was found that the participant did not appear to have experienced what would reasonably be considered DA, thus not fulfilling the inclusion criteria. The other was not included because the audio recording was unusable and a second interview with that participant could not be arranged.

### **3.6 Ethical Considerations**

#### **3.6.1 Ethical approval**

The research was approved by the Research Ethics Committee at the University of East London, London, UK<sup>10</sup>. This approval confirmed that the research design adhered to the guidelines set out by the BPS Code of Ethics and Conduct (2009), which outlines standards of respect, responsibility, competence and integrity as key principles to be upheld by researchers.

#### **3.6.2 Informed consent**

In order to uphold the principles outlined by the BPS (2009), participants were provided with an information package<sup>11</sup> that explained the nature and purpose of the research, including what their participation would involve, how their data will be used and stored, and how their identities will be protected throughout the process (Smith & Osborn, 2003). Participants were given ample opportunity to read this information before agreeing to participate, and the information package was provided and discussed a second time before each interview.

It was reiterated to participants that they were free to withdraw their consent to participate at any time without consequence to them (Creswell, 2003). Participants' consent to audio record the interviews and use the resultant data was obtained before commencing the interview, and they were given the opportunity to ask questions before

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<sup>10</sup> See Appendix B

<sup>11</sup> See Appendix B



signing a consent form<sup>12</sup>.

### **3.6.3 Potential distress**

As a Trainee Counselling Psychologist I am accustomed to being mindful of my clients' emotional welfare, particularly when discussing subjects that are potentially distressful. As a researcher it is equally important to maintain this sensitivity and awareness when interacting with research participants, including monitoring participants' emotional states in order to minimise distress (Creswell, 2003). In consideration of the sensitive nature of the interview subject, participants were briefed on the potentiality that they may become distressed during the interview process and that if this occurred, the interview would be paused or stopped completely if needed. Two participants, Elliot and Howie, became visibly emotional (tearful) during their interviews, but they both opted to continue with the interview without pause or termination. Care was taken to fully debrief participants after the interviews, where participants were given the opportunity to reflect on the experience and discuss anything they had not had the opportunity to during the interview. Participants were also provided with the contact details of support groups and other relevant resources<sup>13</sup>. During the debrief period I also encouraged participants to provide frank feedback on their experience of the research process to address any concerns or questions they may have had (Finlay, 2003).

### **3.6.4 Confidentiality**

Given the sensitive nature of the research subject, I felt it was especially important to be explicit about explaining confidentiality and anonymity procedures with the participants. To protect participant anonymity, all signed consent forms were stored in a locked steel cupboard, and all electronic data and materials pertaining to the research were stored on a password-protected laptop. All participants were assigned a random pseudonym and their transcripts and audio recordings were filed under said pseudonym. All other names, locations and any other possible identifying information was also redacted in the transcripts.

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<sup>12</sup> See Appendix B

<sup>13</sup> See Appendix B

### **3.6.5 Other considerations**

Another consideration was the possibility that participants may have been harbouring uncomfortable feelings such as shame, fear and embarrassment. With this in mind, extra care was taken in helping them feel comfortable throughout the process. Additionally, I considered that participants may potentially feel mistrust towards me given that I am the same sex as their abusers. In consideration of this, and following guidelines of professional conduct set by the BPS (2009), every care was taken to maintain sensitivity, empathy, patience, respect and consideration when interacting with participants.

### **3.7 Procedure**

I conducted the analysis process in two phases, and followed the guidelines recommended by Smith (2015). In the first phase, each interview was transcribed verbatim<sup>14</sup>, and the transcription for each participant was fully analysed before moving onto the next interview. The process of analysis began with reading through each interview transcript several times in order to familiarize myself with the material. Smith states that there are no specific rules regarding which parts of the transcript are to be commented on, and that this is contingent on the judgement of the researcher (Willig, 2013). With this in mind, I reviewed my research question and pinpointed parts of the transcript that were relevant to it. I then recorded preliminary notes in the margin to the left of the transcript<sup>15</sup>. This 'left-margin' commentary is typically literal and fragmented in style and may include initial observations and thoughts, paraphrasing, key phrases or words, descriptive statements, linking quotes with ideas or concepts, tentative interpretations, and anything that initially seems significant or of interest (Smith, 2015). I then reread the transcript and commentary and recorded individual themes in the margin to the right of the transcript<sup>16</sup>. These 'right-margin' themes summarized interpretative themes using brief, fully rounded phrases that were more abstract in nature than the left-margin commentary (Smith, 2015). When creating themes, it is recommended that there should be a clear, logical connection with what is said in the transcript and the left-margin commentary (Willig, 2013). This is because the

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<sup>14</sup> See Appendix C for the key to transcribing presentation.

<sup>15</sup> See Appendix D

<sup>16</sup> See Appendix D

process of IPA analysis involves the researcher's own active interpretation of the participant's interpretation of the phenomena in question, thus there is the risk that the essence of the participant's interpretation may be superseded by the researcher's interpretation (Smith & Osborn, 2003). To manage this, I continuously referred back to the left-margin commentary and original transcript to ensure that the interpretative right-margin themes were accurately contextualised. The themes in the right margin were then each assigned a number in the order that they appeared, arranged into chronological order, and then arranged into initial thematic clusters<sup>17</sup>. This entire process was then repeated for each individual participant.

In the second phase of analysis, the thematic clusters were analysed together as a group to produce clusters representative of the entire group of participants. The clusters were then organised into initial super-ordinate themes containing subsidiary sub-themes by finding similarities between themes and grouping them under an overarching (or super-ordinate) theme that encompassed their overall connection (Smith, 2015). As one may imagine, there are a multitude of different ways to organize the themes and often there are overlapping connections between themes. Thus, the researcher must decide the most effective way to organize the themes, which demonstrates another aspect of the idiographic nature of IPA analysis and how it involves the researcher's own perspective (Willig, 2013). Additionally, the researcher needs to decide which of the themes to prioritise in the interpretation because in IPA the prioritization of themes is not necessarily based on the frequency with which they occur within the data. The process of deciding which themes to focus on requires the researcher to identify themes which comprehensively capture the essence of the phenomenon being investigated (Smith, 2015). In achieving this, the themes went through several iterations before a final set of super-ordinate themes, each containing subsidiary sub-themes connected with the super-ordinate theme, was produced. Each sub-theme was then assigned with identifiers (page number and line number), which identifies the specific location of expressions of the theme within the individual transcripts<sup>18</sup>. See Appendix G for a summary of representation of the themes in each individual transcript.

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<sup>17</sup> See Appendix E

<sup>18</sup> See Appendix F

## CHAPTER 4 – ANALYSIS

### 4.1 Introduction

This chapter provides an in-depth, nuanced account of the participants’ experiences of help-seeking for DA. The considerable amount of data made it impossible to capture the full breadth of rich material uncovered during the analysis process, therefore the themes presented here provide a distilled representation of key aspects of the participants’ accounts that best answer the research question. The analysis produced five super-ordinate themes and eleven sub-themes, which are presented in *Figure 2*. To present the themes as coherently as possible, I took inspiration from Liang and colleagues’ (2005) conceptual framework for help-seeking by organising them in a way that roughly charts the journey from first identifying the abuse, the internal processes involved in seeking help, how seeking help was operationalised, how it was responded to, and finally how receiving help was experienced. This conceptual framework was considered and applied after the analysis had been fully completed.

### 4.2 The themes

Each super-ordinate theme represents a broad dimension of the participants’ accounts, and the sub-themes reflect specific aspects within the dimension. Each super-ordinate theme is introduced and discussed in the context of the participants as a group, then sub-themes are explored in finer detail with selected extracts from individual participants used to illustrate the more nuanced aspects of the participants’ experiences.

<b><i>Super-ordinate theme</i></b>	<b>Blind spots</b>	<b>Reasons for pause</b>	<b>Vulnerability</b>	<b>Invalidation</b>	<b>Finding help</b>
<b><i>Sub-theme</i></b>	Difficulty seeing the abuse	Between a rock and a hard place	Shame	Nobody on your side	Being overlooked
	Not the standard picture of abuse	Protecting and preserving	The tables being turned	A sense of injustice	The struggle to find help
		Coping like a man			

*Figure 2 – Summary of super-ordinate themes and sub-themes*

#### **4.2.1 Super-ordinate theme one: 'Blind spots'**

The first theme explores aspects of participants' perspectives that led to difficulties in identifying their situation as DA. Although the participants' perspectives were individually unique and varied, there was a common element of localised 'blind spots' in their worldview that seemed to impact on how they understood their situation, which often influenced their help-seeking choices and experiences. The first sub-theme, 'difficulty seeing the abuse', explores participants' lack of awareness that they were in an abusive relationship while it was happening. The second sub-theme, titled 'not the standard picture of abuse', looks at the participants' perspectives of DA and how these were shaped by their personal experiences as well as their environment.

##### **4.2.1.1 Sub-theme one: 'Difficulty seeing the abuse'**

Many participants recalled not realising they were experiencing abuse and did not become aware of this until after the relationship had ended or was explicitly identified by others. Some participants expressed bewilderment and embarrassment as to why they had not recognised it as abuse, and there were attempts to make sense of this; some postulated naivete and inexperience, whilst others experienced difficulty in identifying less overt forms of abuse and differentiating it from 'normal' interpersonal discord. Participants' lack of conceptualising it as abuse did not seem associated with a lack of awareness that they were in a harmful situation, in that they were aware they were being treated poorly but seemed to perceive this in mundane terms, as is evident in Wayne's account:

*"I always just thought she was crap as a girlfriend and she had lots of issues, probably still does. And, uh was very angry and thought that hitting me was fine." Wayne – 33, 1104*

In the above account Wayne appears to have downplayed the extent of the abuse at the time, which seems evident in the prosaic way that he described his perception of the situation as having "a crap girlfriend". Clark described his understanding of events as a cognitive process of viewing each incident of abuse as separate, singular events without merging them into a broader, reified pattern of abuse:

*"For me, it was 'this has happened now, and this has happened now, and this has happened now', I did not put them all together." Clark – 15, 487*

Clark's description of perceiving the situation as a series of isolated incidents brought to mind the expression 'not seeing the forest through the trees', in that he was not seeing the wider picture and instead appeared to focus on individual events. Similarly, Howie did not seem to perceive the wider pattern of abuse in his relationship and reflected on the challenge of finding the line between 'normal' and 'abusive' behaviour. He recounted how it took an extreme act of physical violence to make him realise that this went beyond 'normal' interpersonal discord:

*"After that sort of incident where she, I'd first called the police and she'd dug her, her nails into my, my face, I knew from that point that it wasn't normal and that it was abuse. But there were so many things that I hadn't connected with what was abusive and what was norm-, you know, normal." Howie - 26, 857*

Howie's struggle to differentiate between 'normal' and 'abusive', which was shared by some of the other participants, may indicate that he had preconceived ideas about abuse, and that what he was experiencing did not match with them. Interestingly, Wayne, a charity worker, was well versed in the signs of DA as it was an issue that often came up in his work. However, his knowledge of DA and the fact that men can be victims did not seem to penetrate his blinkered view of his own situation. This may suggest the presence of denial in how Wayne was making sense of his situation:

*"If one of my customers at work had said this, I would've said 'oh it's domestic violence'. I don't think it wasn't that I wasn't aware of the fact that men can have domestic violence, I just wasn't seeing it in my own situation." Wayne – 36, 1211*

There seemed to be other idiosyncrasies in how participants viewed DA as a concept and how they related it to their own situation, with some of them observing what was happening but not perceiving it through the lens of DA. Owen, for instance, contacted the police after a physical assault, but he did not view it in the context of it being DA:

*“Owen: I naively believed that, you know, a crime had been committed, they'd taken bloody pictures of my injuries, therefore, you know?”*

*Researcher: So you involved the police, thinking that-*

*O: Yes!*

*R: You would be treated as a survivor of domestic violence and-*

*O: Yeah. Well I didn't even think about it in those terms, really. I mean I said, I've learnt a lot about that since then, but at the time-“ Owen - 18, 583*

Owen's acknowledgement of the physical violence without viewing it as DA may again suggest the presence of preconceived ideas about DA, or how it presents itself.

#### **4.2.1.2 Sub-theme two: 'Not the standard picture of abuse'**

Common perceptions of DA appeared to be a prominent factor in how participants made sense of their experiences, which seemed implicated in their lack of recognition that they were in an abusive relationship. For example, a perception commonly held by the participants conceptualised DA as exclusively physical in nature, which seemed informed by collectively shared narratives. For Clark, this often made it difficult to see that he was being targeted by psychological abuse:

*“Everybody's heard of people getting, like, or let's say, women being beaten by their, but actually, the idea of psychological abuse had not really been on my agenda at all. Abuse in marriage in my head was physical.” Clark – 18, 579*

Another prominent aspect of participants' perception of DA (also hinted at in the excerpt above) was that it was something that men did to women. Owen described how his perceptions had been shaped by the way DA was commonly depicted:

*“To me, domestic abuse was what men did to women. And here am I, supposedly an educated bloke! You know? But my mental picture of domestic abuse was the standard picture poster that you see of the bruised woman. You know, and my understanding of it was that was what men did when they came back drunk from the pub.” Owen – 18, 607*

Owen seems to think it was ludicrous that he viewed DA in these terms, as evidenced' in his comment "here am I, supposedly an educated bloke!" In describing it as "the standard picture poster" of abuse, he seems to allude to widespread depictions of DA that feature "the bruised woman", which indicates an internalisation of well established, stereotypical ways that DA is presented. He also seems to express that the internalisation was so potent that he was unable to entertain the possibility that he was a victim. Similarly, other participants' perceptions seemed to have been impacted by common depictions of victims and perpetrators. Clark, for example, described a mismatch between his experiences and depictions of female-perpetrated abuse in popular culture:

*"The only role models I'd seen of women being abusers of men were probably on sitcoms on television where you had some really skinny little man and some big butch woman. Being, you know, quite rude and dismissive and putting down. [...] uh, that was my only experience. Nobody I know, no friends I know, um, or, or no, nobody else, nobody else I know, it, ever described **anything** like what I described." Clark – 18, 597*

In the above excerpt, Clark describes depictions of DA using exaggerated and cartoonish language, recalling the heavily contrasting physicality of the "big butch" female perpetrator and the "really skinny little" male victim. This seems to suggest that he did not personally identify with what was being presented, perhaps in part because his and his abuser's physicality did not match with it. It is possible that Clark experienced such exaggerated depictions as trite and 'black and white', which, given the more nuanced (or 'grey', if you will) nature of his own real-life experiences, may have felt unrelatable. Also notable is his use of the term "role models", which may suggest that how he made sense of his situation was being impacted by how DA was modelled by others. This lack of relatable modelling, combined with a lack of exposure to other accounts that were similar to his, seems to have contributed to his lack of awareness that he was in an abusive relationship. Clark further postulated that men believe they do not get abused, and suggested the possibility that male helpers may thus have a unique insight into the assumptions harboured by men, which may make them more aware of the need to directly challenge these assumptions:



*"I would like to think a male counsellor might have a bit more insight into the, ma-, I don't know, I just think there's a general perception out there, by men, that these things don't happen to men. Um, whereas a male counsellor might have actually said, 'but these things do happen to men.' Whereas the female counsellors didn't." Clark – 12, 396*

#### **4.2.2 Super-ordinate theme two: 'Reasons for pause'**

This theme describes some of the factors that made participants less likely to seek help or leave the relationship, and the tensions inherent in these. Participants often faced internal and external barriers and inhibitory factors throughout the process of seeking and getting help. The first sub-theme 'between a rock and a hard place' explores external barriers that involved being faced with seemingly impossible choices when seeking help and safety. The second sub-theme 'protecting and preserving' discusses participants' concerns about mitigating the negative impact of the situation on others and on their relationships. The third sub-theme 'coping like a man' explores the nuances of how the participants' coping strategies were often influenced by their identities as men, and how this impacted on their help-seeking.

##### **4.2.2.1 Sub-theme one: 'Between a rock and a hard place'**

Some participants refused help when it was offered because they anticipated that it would escalate the abuse, and others were concerned that seeking help would result in divorce or losing their material possessions. A prominent concern seemed associated with the loss of personal safety and security, with participants feeling they had nowhere to go to if they fled the abusive relationship. This seemed to result in a situation where they felt unsafe at home, but the challenge of meeting their basic need for shelter felt too overwhelming to leave. Mason recounted fleeing to his car on many occasions and recalled habitually scanning the surrounding neighbourhood for safe-looking places to sleep. Indeed, it was often assumed by some participants that their only option was to become homeless. Due to a series of distressing life events combined with the effects of financial abuse, Leonard found himself facing homelessness if he left, which he felt was too much to cope with given the amount of distress he was already in, so he remained under the same roof as his abuser:

*“That was just too much and I’m like, I don’t want to be homeless right now. Yeah, I’d prefer to stay in the other room, and pay the rent. That was the easiest thing for me to do. ‘Cause I’d already lost my flat by then.” Leonard – 45, 1516*

In the above account, one gets a sense of Leonard feeling overwhelmed and exhausted, which is evident in his statement of “it was just too much”, and he seems to be making a conscious decision to endure the lesser of two evils in order to keep his head above water. There is also a sense of there being a lack of a buffer available, which also seemed echoed in other accounts:

*“You’re sort of stuck in this relationship, and you got nowhere to go. But they’d say like, you know, you could separate. You know. Where do I go, where do I live?” Elliot - 35, 1165*

*“You’ve got nowhere to go, you’ve got no escape routes, you’ve got this woman that’s threatening you, with, if you stay, you’re threatened, if you go, if you go to go, you’re threatened with the police. So, it’s not easy. It’s not easy to do something about it.” Mason - 27, 1276*

There is a sense of helplessness that permeates the above accounts, with the participants appearing to feel as though there was nowhere safe for them. Elliot’s account evokes feelings of being trapped and unable to extricate himself. Mason’s account seemed to echo the theme of being trapped, expressed in his statement of having “no escape routes”, and his repeated use of the word “threatened” evokes a sense of feeling cornered from all sides. It is also notable in Mason’s account that a source of perceived threat was the police, which is striking considering that they could be a potential source of help.

#### **4.2.2.2 Sub-theme two: ‘Protecting and preserving’**

Another potent inhibitory factor was a concern with maintaining relational connections, with many participants willing to prioritise this over their own well-being. For example, some participants seemed to anticipate that leaving the abuser would result in a loss of access to their children. Mason alluded to a certain inequity between mothers and fathers, with mothers appearing to take precedent in terms of custody:

*“My big fear was, and not just a perception but I really think it’s true, that, if I’d have taken those children, they would have been taken back off me, whatever the circumstances, because, ‘ohh the man’s taking his children’ away from the mother.” Mason - 9, 407*

In the above excerpt, Mason imagines how his actions would be interpreted from the standpoint of others. His description of “the man” taking the children away from “the mother” seems to imply feelings of alienation as a parent. Specifically, using the term “the man” instead of mirroring his use of “the mother” by saying “the father” seems to imply an underlying assumption that men are viewed as ‘secondary’ parents or even interlopers in the family unit. Indeed, he seemed to further express this later on in the interview:

*“I think men need to feel that they’ve got just as much right to look after their children as the female.” Mason - 34, 1647*

Participants often sought to safeguard the unity and harmony of their relational connections, even at the expense of their own need for protection. For example, protecting the family unit seemed to be a priority for Jed, who described the moment he reassured his knife-wielding abuser that he would maintain his silence:

*“She said something about ‘I could stab you with this’, dur, dur, dur. And I actually said, I remember saying clearly, ‘I wouldn’t have reported it.’ I said, because I think at that point, we had, we certainly had my eldest. I said I wouldn’t report it, uhhh, I wouldn’t have pressed charges, umm, because of [child].” Jed - 7, 203*

In the above excerpt it appears that Jed was trying to reassure someone who was actively threatening him, which seems strikingly counterintuitive given that a guarantee of his silence could potentially increase the likelihood of the threats being acted upon. It seems that, even during this moment of visceral threat, Jed prioritised safeguarding the unity of his family over his own personal safety. Elliot also appeared to prioritise family unity, describing how he kept the abuse hidden from his relatives in order to maintain family cohesion:

*"They never know a word because I don't want them to think bad of [first wife]. And look at [first wife] and say 'look she's beating my brother up. And being violent towards my brother'. So I didn't want that 'cause I thought it would've just created a bit of a bad situation." Elliot - 34, 1127*

Similar to Mason imagining other people's responses to him fleeing with his children, in the above excerpt Elliot imagines others' responses to the revelation that he was being abused. Interestingly, he seems to anticipate that his family would be concerned for his well-being, however, he prioritised protecting his abuser from their scorn instead of embracing their support. Indeed, protecting others seemed to be a recurring element in participants' accounts as a source of inhibition in regard to seeking help. Wayne, for example, explained that he felt protective of his abuser because she had had a traumatic childhood, which often led to him tolerating the abuse and defending her against criticism from others. Indeed, participants often showed a steadfast devotion to others and tried to find help and support for their children and abusers instead of themselves. In an attempt to shield his abuser from potential distress, Howie intervened when she faced arrest after he had fled their home in fear of his safety:

*"Even though they'd tried to arrest her three or four times previously and I dropped the charges. Because she was very claustrophobic and she, you know, the thought of her being locked up, and it used to bring me to tears, you know, when uh, 'please don't arrest her' kind of thing." Howie - 24, 799*

Owen had misgivings about seeking help because he was concerned that it might negatively impact on how she was perceived by others:

*"I didn't want to get her labelled as being basically, somebody who went off into violent rages." Owen - 30, 1008*

In the above excerpt, there is a sense of Owen taking responsibility for the potential outcome, as demonstrated in him saying that he "didn't want to get her labelled". In doing this, there almost seems to be an implicit assumption of being in control of the situation.

#### 4.2.2.3 Sub-theme three: 'Coping like a man'

A common approach used by participants was to refrain from telling others about the abuse, instead opting to silently cope with the situation on their own. Wayne, for example, recalled how he used to “bottle up” his problems instead of discussing them. He postulated that this approach was typical of men, contrasting men’s patterns in disclosure with women’s:

*“I think there are more men who bottle up than women do, I think. Yeah, I love the relationship that women have with each other where they can really be more open and bear themselves a little bit more.” Wayne – 32, 1081*

In the above excerpt, Wayne seems to suggest that men are less likely to talk about their problems and are also less likely to talk to *each other*. In the comment “I love the relationship that women have with each other”, he seems to implicitly position himself as an outsider observing authenticity in relationships between women whilst not being able to take part because he is a man. In his comment that women “can really be more open and bear themselves”, Wayne seems to postulate women’s ability to be vulnerable in front of others that men lack. This evokes the sense of an outsider observing - and perhaps coveting - a level of interpersonal intimacy unavailable to him. Those who were more open in their disclosure of the abuse also brought in gender as a theme of discussion, but instead of comparing themselves with women, they compared themselves with other men. Specifically, those who had felt comfortable disclosing the abuse seemed to describe themselves in a contrasting position to other men, in that they considered themselves atypical for being open about their problems. This is demonstrated in the below excerpts from Clark’s account:

*“I’m not your sort of typical, um, let’s say, your typical man’s man, uhh, who just talks about football and, and beer and whatever. I actually probably get on better with women, than men. Um, it’s, I’m not averse to going to the doctor at all or, sharing my feelings at all.” Clark – 10, 329*

*"I would suggest that most of my friends, and the guys that I know, uh are not as open as me, uh in terms of touchy-feely and, and, uh and I think more, you know, uh they're not macho but they're more macho than me." Clark - 12, 377*

In these excerpts, Clark seems to be distancing himself from masculine ideals by describing himself as "not a man's man" and less "macho", and appears to link this with his own willingness to discuss his feelings. In essence, he seems to view his emotional openness as incompatible with masculinity. There appear to be multiple aspects to this, with the concept of talking itself, talking to other men, and talking about personal, in-depth matters adding additional, potentially prohibitive layers. This was further described by Leonard:

*"Men keep in these feelings, men do things, men don't show their emotions, men do a lot of things. I always show my emotions, I break down and cry. A lot of men do cry, but they cry where no one can see them. [...] That's why I don't, I'm a man, yeah. But, I would say, people look and say, 'he ain't a man. He ain't manning up', he ain't, that's how they look at it." Leonard - 52, 1743*

In the above excerpt, Leonard appears to describe expectations of being a man and uses language and sentence structure that feels absolutist in nature, as evidenced by his use of repetition, e.g. "men do/don't...". This seems to suggest that he views these expectations as hegemonic and perhaps prohibitive. He also seems to position these expectations outside of himself in a contrarian manner that was typical of his discourse, which is evidenced by his switching back to using "I" statements after presenting the absolutist statements in a third person context. In doing so, he almost seems to be expressing resistance to outside expectations, which seems further evident in his postulations that others would dismiss his lack of emotional inhibition as unmanly. Indeed, the participants seemed particularly cognizant of male identity when discussing how they coped with the abuse and how this impacted on their help-seeking choices, with many of them describing expectations associated with being a man that required them to avoid seeking help:

*"I think, you know, as a man, it was like, this whole thing of, you don't seek help. You know, as, you just get on with it. You, you know. Um, and that's, that's, that's all there is to it." Jed - 8, 235*

In the above excerpt Jed seems to be alluding to standards of maleness that are bigger than himself, as evidenced by his switching to using the third person context as well as his reference to "this whole thing". He also seems to have experienced this "whole thing" as emphatic and unequivocal with no room for divergence, as evident in his follow-up statement "that's all there is to it." This evokes a sense of having had these standards foisted upon him. Elliot described similarly hegemonic standards, and also switched to using the third person context when discussing them:

*"It's like 'cause I'm always, you're a man, you can take it and then you would hear from other men go 'oh my wife does it all the time or my girlfriend does it all the time.'" Elliot - 20, 669*

Elliot's above account seems to hint at a comparison of himself with other men, in that perhaps he was interpreting implicit cues from other men that he should breezily endure the abuse like they were. Participants' patterns of comparing themselves to other men brings us to the next super-ordinate theme, which discusses some of the consequences of this in its opening sub-theme.

#### **4.2.3 Super-ordinate theme three: 'Vulnerability'**

This theme explores the feelings of vulnerability the participants seemed to experience, which I will discuss in two main contexts. By 'vulnerability' I refer to being in a situation that feels unsafe, with no way of predicting or controlling the outcome (Brown, 2015). The first context is the vulnerability participants seemed to feel in regard to disclosing the abuse, and is explored in the first sub-theme, titled 'shame'. The second context of vulnerability is the participants' experiences of being threatened with false allegations of DA by their abuser that positioned them (the participant) as the perpetrator. This is explored in the second sub-theme, 'the tables are turned'. There was a strong presence of helplessness that permeated this particular sub-theme.

#### 4.2.3.1 Sub-theme one: 'Shame'

As explored in the second super-ordinate theme, some participants seemed to express the view that speaking freely about their problems made them, as men, unusual and less masculine. Other participants were more circumspect in their disclosure, with some not disclosing the abuse, and others only partially disclosing or taking a long time to do so. It seemed that this reticence to discuss the abuse was often associated with feelings of shame and embarrassment about their situation, as expressed by Elliot:

*"Just the shame of it. That is it is shameful that someone, 'yeah I'm married, yeah, and she beats me up, by the way' [laughs ruefully] She just really batters me." Elliot - 21, 681*

In the above excerpt, Elliot seems to envisage a hypothetical scenario of telling somebody about the abuse in a manner that depicts how ridiculous the situation might appear to others; with his offhand inclusion of "by the way", Elliot seems to imagine a flippant reveal of a shocking truth, which may hint that he felt it would sound absurd. Mason also recounted feelings of shame, which he connected with beliefs about being a man:

*"Because you, as a man you're supposed to be, again, it's not supposed to happen. You shouldn't let somebody control you. Um. And this might sound sexist but I'm just telling you the truth. [...] You don't let a woman control you. [...] I personally don't think it should be either way, but, you know, I think many people, many men do believe that." Mason - 20, 957*

In the above excerpt, Mason uses the phrasing "not supposed to" and "you shouldn't let" in describing expectations of men, which implies a level of prescriptiveness that he failed to live up to. Like Elliot and Jed, he also switched to the third person context when discussing expectations of 'being a man', which may indicate that the expectations were external and possibly imposed. Indeed, he states that he "personally doesn't think it should be either way", which seems to confirm this, but it is also possible that he was trying to distance himself from his own expectations that, whether he consciously agreed with them or not, he had internalised. Mason expressed concern about appearing "sexist" when explaining these thought processes, so it is plausible that he



was attempting to distance himself from what he felt were politically incorrect views. Also notable is his statement of beliefs, held by “many men”, that involve not allowing oneself to be controlled, which may indicate expectations of maintaining a sense of mastery, particularly in situations involving women. With this in mind, it is perhaps not surprising that some participants seemed particularly concerned that other men would judge or ridicule them if they disclosed the abuse, which was often associated with their feelings of shame. Mason, for example, anticipated that other men’s expectations of being able to manage and avoid problems would influence how they viewed his situation:

*“If I speak to a man, whether he's a professional or not, he might be thinking, you know, 'how did you get yourself into that situation, I wouldn't have done that. I wouldn't have said that, I would've got out'. Or I, you know. That's probably a silly thought process, but, I think, back of the mind, that's still going on.” Mason - 34, 1621*

Mason appears to harbour phantasies about other men viewing his situation in a disparaging way even in contexts where their role is to be professionally impartial; this may be indicative of the depth of his shame. He also describes these phantasies as constantly present in the background of his consciousness despite him thinking they are “silly”, which suggests that they were compelling and ubiquitous. This makes sense given that the phantasies even applied to those he interacted with in ‘neutral’ contexts. There also appears to be an implicit assumption of being in control of or responsible for the situation in the phrasing “how did you get yourself into that situation”, though it is not clear whether these assumptions come from himself or others. Caught between his need to disclose and fear of judgement, Mason sought out those he thought would be less likely to judge him, which he anticipated would be other men who had experienced DA:

*“It's trying to find those men that have gone through it. And then you can speak about it, but you have to know fir-, as a man, I think you have to know first before you sort of, open your mouth and speak that you can. [...] It's almost like you need somebody to wave a flag and say, 'look I'm here'.” Mason - 18, 835*

In the above excerpt, Mason recalls a pertinent need to confirm it was safe *before* taking the risk of disclosing. He describes looking for confirmation of safety by way of a conspicuous, unambiguous signal in his comment “it's almost like you need somebody to wave a flag”. This suggests that he felt quite vulnerable and in need of reassurance. He also described the manner in which he disclosed the abuse, which was a tentative process of dropping small nuggets of information into the conversation over an extended period of time:

*“Whether it be days, weeks, months later. You'd probably go back to that and then say, 'you know that thing I told you about the bins? That's, that's all the time, that is, it's um' you know it's uh, it's not just a one-off thing, it happens all the time and I just, you know, it's getting me down 'cause I can't get it right'. [...] But then you perhaps add more to that and say 'well, you know, that happens and this happens.' And um, it's just like a drip feed. [...] 'Cause you're frightened to open up, you're frightened to, you're just getting to know him and you're still, you're waiting for some feedback, to say, well, 'I understand that' or 'I've gone through that'. And sometimes you might get that and sometimes you might not. If you don't get it, you don't go down that road again.” Mason - 26, 1241*

In the excerpt above, Mason describes the process of gradual disclosure using the metaphor of a drip feed. The purpose of this cautious pattern of disclosure seems to have been to gauge how safe it was to open up about his situation and venture further into revealing the truth. Mason may have felt vulnerable to such an extent that ‘testing the waters’ in this manner was an attempt to mitigate his vulnerability by decreasing the inherent risk and uncertainty of disclosing. In essence, his approach to disclosure seemed strategic and deliberate in nature. Another strategy he employed involved presenting the information using a light, breezy touch:

*“You sort of do it in the way where you, you know, you sort of laugh about it a bit as well as if it's, oh, this is happening. Oh, she does this, she does that. So you've told someone, but then it's, how can you put this? It's almost as if it's funny. [...] So you sort of make a joke out of it. But you're trying to tell someone.” Mason - 23, 1090*

In the above account, Mason describes a disclosure strategy where the casualness of how he presented the information was in stark contrast to the tactical intent of presenting it thusly. A further contrast is found between the humorous manner of disclosure and his underlying desperation, which is notable in the phrase “you sort of make a joke out of it. But you’re trying to tell someone.” By cushioning the disclosure within a veneer of breezy humour, Mason was perhaps able to maintain a marginal sense of safety in that he could backpedal if the situation was found to be unsafe for disclosure.

Like Mason and Elliot, Jed’s feelings of shame seemed to be linked with him comparing himself unfavourably to other men, and like the others he felt worried about how they would respond if he disclosed. He discussed an imagined hypothetical response of one of his colleagues, whom he described as an “old school, hit first, ask questions later” ex-policeman:

*“I could just see him, you know, ‘cause uh, **he** wouldn't take it. He wouldn't take it off anybody. And yet I was. I had, you know. I don't know. It was just, it was so embarrassing.”*  
Jed - 12, 341

Jed also described how the significant height difference between him and his abuser was connected with the shame. He further elucidated that this was intensified by innocent comments about the size difference, which increased his reticence to disclose the abuse. In the below excerpt, Jed’s use of the term “admit to” suggests that it felt like a disgraceful, shameful confession:

*“They always used to say, ‘oh you're like chalk and cheese, you and your ex-wife’, ‘cause she's so small and whatever and I'm like up in the. Umm. And I think that sort of exacerbated it, if you see what I mean? Like, I'm big, she's little. [...] Yeah, I'm quite a big man and I'm, you know. Almost, it's, yeah, you, yeah, and it was like this whole thing of, well, you know. It just the height difference, and I know this is, I don't mean to sound sexist, I really don't [...] but, the fact that, you know, I'm a big man and I'm being beaten up by a little woman. It was, it was embarrassing. It was just embarrassing to, you know, to admit to.”* Jed - 11, 304

Interestingly, Jed's phrasing of being a "big man being beaten up by a little woman" brings gender into the discussion, which may indicate that gender was also a factor in his embarrassment rather than it being exclusively the difference in size. The link with gender was further revealed later in the interview:

*"The whole concept of, um, female-perpetuated domestic intimate partner violence completely emasculates, uh, men. I think. I, well, it certainly did with me. To the point where I didn't feel like a man." Jed - 22, 624*

In the above excerpt, Jed emphatically describes female-perpetrated DA as "completely emasculating", to the extent that he had felt that it undermined and erased his identity as a man. The term 'emasculating' is defined by the Cambridge English Dictionary as "to make a man feel less male by taking away his power and confidence". If we consider this together with Mason's earlier comments that men should not allow others – particularly female others – to control them, the connection with emasculation becomes clearer. In essence, it seems that being overpowered and dominated by somebody engendered feelings of emasculation, which was further exacerbated by that somebody being physically smaller than him, and a woman. Mason's account uncovered further nuances connected with emasculation:

*"It's the man thing about you wouldn't want to go and tell someone, that your partner, wife, girlfriend was treating you in that way. Because, I think, as a man you feel that, that, wouldn't happen, shouldn't happen. Umm. Because you hear about it so much the other way, I suppose. But you think, oh, that, shouldn't happen, as the man, you, you shouldn't, you shouldn't allow yourself to be treated like that. So, if you do allow yourself to be treated like that, then that shows you as weak." Mason - 7, 306*

In the above excerpt, Mason explains that men expect not be victimised and that these expectations are shaped by what they observe, in that they only observe women being victimised by men. This seems evident in the phrase "because you hear about it so much the other way'. Another aspect to the emasculation he describes above is the idea that as a man, he should be able to protect himself and is responsible for protecting himself,

and failure to do so means that he is “weak”, i.e. failing as a man. This again also suggests an underlying assumption of being in control, or at least being expected to be in control. With his phrasing of “the man thing” and “as the man”, Mason appears to be alluding to a wider, established belief system about men similar to what Leonard and Jed seemed to refer to in their accounts in super-ordinate theme two. In light of his feelings of shame, Mason recalled needing reassurance before disclosing:

*“I feel as if I needed somebody to say to me, um, ‘I’m not going to judge you at all, just tell me, I’m not, there’s no judgment here. Um, you’re not weak because you’ve had a female treat you that way. You know. Anybody could treat you that way, just happens to be a female this time’. Um. I think that would help a little bit because you’ve, because a man always thinks he shouldn’t be treated that way, that’s, it comes to that in the end. Umm, I think. Need to understand that it can happen to anybody, it could be a male, it could be a male-male relationship, female-female, it doesn’t matter. That other person shouldn’t treat you that way. Um, I think a man needs to understand it can happen to anyone.”*

*Mason – 28, 1336*

The statement “you’re not weak because you’ve had a female treat you that way” seems to further cement the link between emasculation and being abused by a woman. What seemed particularly important for Mason was knowing that he was not going to be judged, which echoes previously discussed accounts of fearing judgement from others. He also seems to be explaining here that normalisation and ‘de-gendering’ of the problem would have helped to mitigate his shame. Interestingly, there also seems to be a returning of the focus of responsibility to the abuser, as demonstrated in the phrase “that other person shouldn’t treat you that way.” This may imply that relieving him of responsibility would be helpful, perhaps in combating the implicit assumption - and the emotional baggage attached to it - that he ‘allowed’ himself to be abused.

#### **4.2.3.2 Sub-theme two: ‘The tables being turned’**

Most of the participants were subjected to or threatened with false allegations by their abuser, with Elliot, Howie, Leonard, Mason and Owen all recounting instances of their abuser attempting to fabricate narratives that presented him as the abuser and her as

the victim. The participants experienced this as incredibly unsettling and distressing, and endured a great deal of uncertainty:

*"I had no idea what was gonna happen. I felt like I was in total limbo. Um, it was awful. I was, I was ill. You know, I, couldn't sleep." Owen - 39, 1304*

*"So therefore, what do I do? Um. And that's, I think, where I felt at a big disadvantage because, I couldn't get out of it for many reasons. One was because of that sort of thing, being believed - what was she going to accuse me of? I know I hadn't done anything. But, what could I do?" Mason - 5, 221*

In his account above, Owen describes feeling in "total limbo", which denotes a sense of being confined in a place of unease and uncertainty. He appears to have been thrust into this uncomfortable, unbearable state of existence with no control or means of escape. There is a sense of him being kept in a holding pattern while his fate is decided by others, which is illustrated in his description of having "no idea what was gonna happen". Mason's above account also evokes feelings of unease and uncertainty, as demonstrated in the hypothetical questions he poses at the end of the excerpt. He also fleetingly mentions concerns about "being believed"; taking into account his immediate segue into the question "what was she going to accuse me of?" and his added comment "I know I hadn't done anything", it seems as though the subtext was that he was worried, or even anticipating, that her allegations would be believed. Howie also recalled his feelings of vulnerability when his abuser bolstered her threats by pointing out that she knew how to weave a convincing narrative of being a victim:

*"That just made me feel incredibly vulnerable and defenceless, basically. You know? 'Cause, she used to sort of support that with, or qualify that with, you know, all of the fact that she knows how to tell the stories of abuse, she knows what the key aspects of it were. She knows how to make the police believe her, basically. [...] it's like, Christ I don't have a leg to stand on!" Howie - 6, 177*

It is notable that Howie seems to be convinced that he was at a clear disadvantage in this situation despite being the genuine victim; he did not seem to feel confident or

reassured that the truth would prevail. This seemed to be linked with his perception that she had the ability to present herself as a more credible party. Elliot's account seemed to add more depth to this issue of credibility, with his abuser explicitly, chillingly naming the reason why she would be viewed as more credible:

*"She said 'the house isn't going to be yours anymore. I'm gonna make sure that you don't have this house anymore'. And that umm, 'I'm gonna have you removed from it. And you'll have nothing. I know the law's on my side 'cause I'm the woman.'" Elliot - 9, 279*

Mason's account seemed to echo this idea that 'the woman' would be more readily believed, his awareness of which appearing to give him pause for concern when considering challenging the threats. In the excerpt below, he seems utterly convinced that she will be believed, and he will suffer the consequences:

*"I was getting to the point where, okay, let the police come here. What have I done? But then you have the things where, being the man, you think, well hang on a minute, if the police come in here now and she says all these things, they will just take me away. Because they will believe her first." Mason - 5, 212*

Faced with these threats, Howie and Elliot both attempted to mitigate their feelings of vulnerability by stockpiling evidence – audio and video recording her abusive behaviour - so they could defend their version of events. This compiling of means to defend oneself is particularly evocative in Howie's description of this process as "gathering ammunition":

*"It felt like I was, it sounds like a strange thing to say, but it felt like I was gathering ammunition, and I had some, like, almost creating a case against her kind of thing. So, it, I suppose I felt a bit of security in the fact that I, I had evidence that what she was doing was based on false accusations" Howie - 16, 518*

Despite their careful efforts, participants often found themselves constantly, strenuously defending themselves, with the tables being swiftly turned against them in a relentless campaign of allegations. This seemed to be experienced as bewildering,

terrifying and demoralising, as demonstrated in Howie's account below. A striking feature of this excerpt is the sense of fragility of his position, like a house of cards:

*"I was terrified. Absolutely terrified, because I thought that I'd been, being, I'd fought this case of basically showing them that I was the, the victim, and that everything I'd sort of presented was fact and that I was eventually believed. But I, it just felt so fragile that it could be flipped so much in such a short space of time. By her accusations." Howie - 36, 1210*

#### **4.2.4 Super-ordinate theme four: 'Invalidation'**

This theme presents participants' accounts of how others responded when approached for help. Although some participants reported positive help-seeking experiences, many recalled responses that were often unhelpful, dismissive and invalidating. There is a felt sense of alienation and 'otheredness' that runs throughout this theme, with the participants seeming to feel they were being treated as outsiders, outcasts even. This is explored in two sub-themes: 'nobody on your side' and 'a sense of injustice'.

##### **4.2.4.1 Sub-theme one: 'Nobody on your side'**

Participants often felt a lack of sympathy from others, which ranged from apathy to exclusion. Owen repeatedly approached his abuser's parents for support and found them indifferent and uninterested in getting involved, having seemingly washed their hands of their volatile daughter. He bitterly recounted the first time the abuse came to light during a family dinner, and how it was merely viewed as amusing:

*"One occasion, um, she'd given me quite a, quite a good black eye. Uh, quite swollen, quite discoloured. And we went to her parents for lunch. Sunday lunch. And her dad asked me, at the, at the lunch table, um, y'know 'how did you get that?' And I just went, I pointed to her. And um, he laughed! They all thought it was hilarious." Owen - 7, 209*

Elliot described feeling as though others – including those he had approached for help - were in opposition to him:



*"You're going through all this and you like, you feel like everyone's against ya. You know, you feel like the police are against ya. There's no help out there." Elliot - 20, 653*

Elliot above account evokes a keenly felt sense of desolation, helplessness and isolation. Echoing this aloneness, Leonard described how in the wake of the false allegations, nobody in his social circles enquired after his side of the story. His account below seems to express feelings of social rejection, and although it was not explicitly expressed, I intuited feelings of betrayal and abandonment inherent in how he experienced this, as if he felt that everybody had turned their backs on him:

*"I've got so many people that know me and know her, and not one of them has actually come and said 'yeah look what she's written - is this true?' That's why I'm like, now, the stage where I'm at now is, I break down a lot because not one of these people actually come to me and just said 'look, here's the paper, is this true?' Nobody." Leonard - 47, 1576*

Participants often experienced being met with scepticism and disbelief when they disclosed or sought help for the abuse. Owen and Mason used absolutes in their language when describing this, underlined in the below excerpts, which suggests that they experienced this as a ubiquitous response:

*"Every time I've spoken to a social worker, um, nearly every time I've spoken to a policeman, umm, and it, it's been having to start from a position of 'we don't believe a word you're saying'."* Owen - 48, 1595

*"At every stage, I've been made to feel like, um, I'm the one that's got to prove something."* Mason - 34, 1650

Participants seemed to be particularly cognizant of the stark differences in physical size between themselves and their abuser and how this may have influenced other people's perceptions of the situation:

*"I suspect they looked at me and thought 'yeah right, as if that happened'. Because, you know, physically, you know, I'm a lot bigger than her, so I could ju-, you could just see the, the cogs turning in the guy's head." Jed - 19, 540*

*"It was just they were very dismissive of me and what I was saying. And I suppose, physically, I'm 6'2, I've got a shaven head, I'm, you know, she was 5'3 and petite, you know. [...] I presume they probably didn't accept that somebody that small could be physically violent." Howie - 28, 920*

*"I mean he, he, he was, pretty much disbelieving. Um, he'd met, my wife. And, she's only five foot one. Umm, I mean I'm not a particularly big guy, but I'm not, not far off six foot. Um, uh he just, found it quite, hard to process, I think." Owen - 29, 958*

As can be seen in the above excerpts, the participants seemed to make sense of the disbelief by considering how others may have been viewing the situation, and appeared to surmise that the size difference was at the root of the disbelief. Howie and Owen seem to use slightly hesitant language in these excerpts (e.g. "I suppose physically" and "he just found it hard to process"), which seems as though they are perhaps empathising with, excusing or validating the erroneous assumptions being made.

#### **4.2.4.2 Sub-theme three: 'A sense of injustice'**

*"Even if the, it's female-perpetrated, the man usually gets arrested. Umm. You know, the dice are loaded. Against men. In this respect. Now, I think, you know, personally, I think people need to be more open-minded. About it. Need to be more open-minded about men. Or towards men. But the fact is that everything is geared towards women. Um, and, until, and I, I'm not saying that's wrong, but I think until, until society recognises that there is a problem, nothing's gonna change." Jed - 23, 634*

The above quote from Jed captures the essence of this theme, which describes the participants' accounts of feeling discriminated against on account of their gender. Permeating this theme is a sense of unfairness in how they were responded to by others. There is also a sense of incredulity and surprise that they were being responded to in this way. Owen and Leonard, for example, seemed confused and shocked by the

divergence between how they were viewing the situation, which they considered quite straightforward and self-evident, and how others were responding:

*“Why are the police working with her? She’s the aggressor. I’ve given all this evidence in to show that she’s the aggressor, texts, threatening texts for money, threatening me with a drug dealer, to beat me up with a drug dealer. Umm, all of these threats that she was doing to me. Yeah, and I’ve given them to the police. And the police can see she’s the aggressor, she’s got previous already, so why is it, I’m the one now getting [...] treated as the aggressor.” Leonard – 23, 769*

*“I’ve never expected to be discriminated against...because I’m a man. To this extent. You know? It’s just...mind-blowing. Absolutely mind-blowing.” Owen - 52, 1751*

Leonard’s above account seems to show him attempting to make sense of a situation that made no sense to him, as can be seen in his listing off the reasons why it should be obvious who is the aggressor. Owen seems to have made sense of the situation by surmising that he was being discriminated against on account of his gender - a revelation that left him astounded. Elliot arrived at a similar conclusion, which, instead of astounded, seemed to leave him feeling deflated and alone:

*“I then felt really like, I don’t know. Really like, on me own really because I thought, how can these people, just, this, these people not believe me and then I’m realising the police just automatically just think it’s the man, all the time.” Elliot - 29, 959*

Some participants recalled being arrested by police despite being the one who had contacted them. Elliot, who contacted the police after a physical attack, experienced the arrest as intensely distressing; in his recounting of the event his helplessness and vulnerability is heartbreakingly palpable:

*“I called the police, the police came here, and they arrested me. [...] And took me away. And put me in a cell. I cried all the way to the police station. I cried all the time I was in the police station.” Elliot - 4, 109*

In lieu of arrest, some participants were told to leave their homes while their abuser was permitted to stay. Elliot estimated that he had been sent away by police approximately fifteen times over the span of three years. In the below excerpt, his aggravated tone of voice and positioning of himself as “the man” seems to suggest that he experienced this as discriminatory, dismissive and unfair. This phrasing may also imply that he felt he was being held to expectations of what men ‘should’ do in these situations:

*“No help whatsoever. Just, you're the man, go and stay in a hotel. I was like 'I ain't done nothing'. She just literally physically attacked me in there.” Elliot - 4, 131*

Participants also recounted numerous instances where professional bodies, such as the police and social services, appeared unconcerned when participants contacted them for help and protection, which they seemed to interpret as them not being taken seriously. Again, many of them made sense of this by concluding that this was on account of their gender:

*“Um, reported it to the police, what did the police do? Nothing. Absolutely nothing. Now if it was a man that went round to her house and set fire to the side of the house, what would they have done, they would have arrested me. They didn't do nothing to her whatsoever, they just left it.” Elliot - 12, 405*

The absoluteness of Elliot’s language (“absolutely nothing”, “nothing to her whatsoever”) in the above excerpt, combined with his tone of voice, suggests anger and indignation. His postulation that the situation would have been responded to differently if the sexes were reversed seems to suggest thoughts of inequity. Owen expressed similar sentiments, but he was more measured in his tone:

*“I might be wrong and I've read enough horror stories about women who've been stalked and, you know, killed to know that it's not necessarily any better for women, but I did think, and I thought this progressively that if I'd been a woman, maybe they'd have tried taking it more seriously.” Owen - 47, 1582*

Owen's language in the above excerpt feels more hesitant, as evident in the phrasing "I might be wrong" and "maybe they'd have". His attempts to balance his statements by acknowledging the dangers faced by women may imply concern that in expressing this sentiment he would be seen to be diminishing women's problems.

#### **4.2.5 Super-ordinate theme five: 'Finding help'**

This theme discusses the participants' perceptions and experiences of their interactions with help sources. Finding help was often a challenging experience, with many of the participants struggling to access appropriate help and support. Aspects of these challenges are explored in two sub-themes, 'being overlooked' and 'the struggle to find help'.

##### **4.2.5.1 Sub-theme one: 'Being overlooked'**

Some participants had the impression that abused men were largely underrepresented in DA narratives and advertisements. There seemed to be a palpable sense of anger and frustration in their observations of this, evidenced both in their choice of verbal and non-verbal communication when describing it. This anger is particularly evident in Elliot's account below:

*"It angers me when I see, that really gets to me, when I hear like an advert recently on the radio, and they'll advertise about domestic abuse and they'll go 'and how many of these women being affected', and I'm thinking 'you're forgetting here'. You're forgetting it's not just women and I just wanna phone the radio stations up and say 'look, it's not just women, you know, it's men as well'." Elliot - 43, 1452*

Participants described noticing DA narratives that consistently contextualised women as victims and men as perpetrators, which left them feeling diminished and excluded. Participants often used repetition in their language when describing this, demonstrated in Clark and Elliot's accounts below, which seems to indicate that they experienced this narrative as ubiquitous:

*"You google abuse and everything comes up as women, women, women, women, women. And so little there for men. Ah, but you know, you know that, I know that, (unintelligible)*

*Um, but that was my experience and I was put on to women's places, and I got passed on, passed on, passed on, passed on." Clark – 32, 1066*

*"It was always advertised 'women being abused, women being abused', constantly." Elliot - 17, 542*

When utilising women's services, there was also a sense of tokenism in how male victims were accommodated; Owen, for example, described one DA service having a segregated "man day" for male victims (Owen 50,1666). Participants also recalled a lack of obvious advertisement by women's services that they also helped men. As evidenced in the excerpt below, Mason seems to have interpreted this as men being vaguely, absentmindedly included as an afterthought, as opposed to a conscious, deliberate effort to exclude men:

*"Yeah. Hidden. Not deliberately hidden, but just, it's almost a, 'oh, it happens to a few men, so we'll put that on there'." Mason - 31, 1495*

#### **4.2.5.2 Sub-theme two: 'The struggle to find help'**

Participants often did not know where to find help and support, and some stumbled upon help from unexpected places such as women's DA services. Mason, in his efforts to find help for the lingering psychological impact of the abuse, was referred to the DA charity Women's Aid by his GP and described his initial confusion and scepticism:

*"And this is when she mentioned this Women's Aid. Um. And I remember thinking, listening to her thinking 'Women's Aid?' Nothing wrong with that, but I was just thinking from a man's point of view. [...] she said 'I've got this number, look on their website, and give them a call'. I was still thinking 'I can't phone Women's Aid'. Um, but then I was thinking but, but I'm going to, because she's just told me to. Because she's, this lady, this doctor, has told me it's okay to phone Women's Aid." Mason - 29, 1403*

In the above excerpt, Mason refers to "a man's point of view", the subtext for which I have interpreted as him finding it odd to be a man seeking help from a women's service. A notable aspect of this account is that despite his scepticism, he made the decision to

contact Women's Aid because he had been given the all-clear by a person in authority, as evidenced by his reiteration of his GP's position as "this doctor".

Participants seemed to experience significant difficulty accessing DA resources designed for men. Similar to their invisibility in the narrative, they noticed men's invisibility in the DA resources that were available, as recounted by Mason below:

*"You'd look places, you'd try to find help whether it be online or, and everything was female-based. It was, um, refuges for women and, umm...helplines. There was nothing I could find that was help for men. Nothing. Absolutely zero." Mason - 21, 991*

Mason's above account, ending with his emphatic statement "absolutely zero", evokes a sense of fruitlessly searching through a barren landscape where there were no resources for men to be found. Those who could find resources for men reported many unsuccessful attempts to get help and support from the few that were available, with many recalling repeatedly trying to reach them via telephone and numerous voicemail messages not followed up. For some participants this was a source of frustration and exasperation, whilst for others it seemed to add significantly to their distress, as illustrated in Howie's heart-wrenching account:

*"It was at that point that I'd phoned Mankind. And I couldn't get through again. [...] Couldn't get through again. Spent a week trying to ring them all hours of the day, and I was, this was probably six months after I'd been sectioned, but I was absolutely in bits. It destroyed me, uh, to the point where I rang a few women's helplines and I eventually got through to a very sympathetic, uh, woman that umm, talked to me for an hour and I just, I, I broke my heart." Howie - 37, 1241*

Howie's account describes a desperate situation where he was in urgent need of help and knew where to look but the (metaphorical) doors were shut and nobody was answering his knocking. His distress is palpable, with the statements "I was absolutely in bits", "it destroyed me" and "I broke my heart" seeming to express feelings of emotional devastation and desolation. He appears to have contacted the women's service as an act of desperation in the absence of more viable options. Clark also

approached women's services after struggling to get a response from men's services, and was then passed around a seemingly endless, futile loop of women's services who said they could not help; Clark described this process using the adage "being passed from pillar to post". In the below excerpt, he recalls this experience leading to him doubting his own experiences. There is a felt sense of hopelessness and helplessness in this account, and one gets the impression of Clark giving up and surrendering to wider narratives and expectations after his fruitless quest to find help as an abused man:

*"I think, what, how far do I, well, you know, most people would give up after three different places, you know, you don't, you know, you sort of go oh I'm a hopeless case, or, I'm a hopeless case, it's a hopeless situation or yeah, maybe these things **don't** happen to men, or maybe there is nobody out there to help. Maybe I'm, maybe I'm imagining all this and maybe as a guy I should just get on with it 'cause women don't do this type of thing. Maybe because there are so few services out there no it doesn't happen." Clark – 32, 1074*



## CHAPTER 5 – DISCUSSION

### 5.1 Introduction

The present study aimed to explore the help-seeking experiences of men abused by their female partners. The analysis was grounded in participants' accounts of their experiences and produced five super-ordinate themes: 'blind spots', 'reasons for pause', 'vulnerability', 'invalidation', and 'finding help'. This chapter will explore key findings that emerged from these themes, which will be considered in the context of the existing research literature and theory as well as their implications for clinical practice and subsequent research. My reflexive positioning within the research process will also be reflected on, which is commensurate with the reflexive approach that underpins the epistemological and methodological position I have taken (Kasket, 2012). The methodological robustness of the research will then be critically evaluated, with potential limitations discussed. The chapter concludes with a consideration of the wider significance of the findings in contributing to the literature.

### 5.2 Key Findings

#### 5.2.1 Invisibility

A notable finding was invisibility, in two contexts: the first context was that the abuse was often invisible to the participants (as explored in the theme 'blind spots'), and the second context was that participants often felt invisible in wider narratives of DA, as explored in the sub-theme 'being overlooked'. It is not uncommon for abused partners to be unaware of the abusive nature of their relationship as abuse can often manifest in an insidious, gradual build-up over time, making it difficult to detect (Hines & Douglas, 2009). Given that DA involves intimate personal relationships, there may also be complex, multifaceted reasons for why victims may not see their situation as abusive (Tsui et al., 2010). Less overt forms of abuse such as psychological, financial and coercive control may also be difficult for victims to identify, as was experienced by some of the participants. However, certain aspects of the participants' inability to see their situation as DA may provide clues about how they were making sense of their experiences and how this could have been shaped by their position in the world as men. For example, a factor in the participants' blind spots was their perceptions of DA as

male-on-female, as discussed in the sub-theme 'not the standard picture of abuse'. This supports other research that suggests such gendered stereotypes about DA may make it difficult for abused men to identify their situation as abusive because there is a mismatch between their experiences and their conceptualisation of the problem (Dutton & Nicholls, 2005; Hine, 2017; Shum-Pearce, 2016).

Participants' difficulty in identifying the abuse because of their gendered perceptions of DA is also consistent with research which suggests that problems are less perceivable when they do not reflect the sufferer's expectations regarding what is considered 'normal' for their gender (e.g. Copperman, 2000; Inckle, 2014; Räisänen & Hunt, 2014; Støving et al., 2011). This fits alongside existing healthcare research that suggests a lack of representation can lead to unrepresented groups erroneously assuming that the problem in question does not apply to them, resulting in low help-seeking (Douglas & Hines, 2011; Mallyon et al., 2010; Vartanian et al., 2007).

Consistent with cognitive schema-informed theories in DA contexts (e.g. Hine, 2017), it seems that the participants' schema of DA did not match with their experiences and thus contributed to their lack of awareness of the problem in their own situation. Because they had not pictured themselves as possible DA victims, it is also possible that the participants also had underdeveloped schema about help-seeking and therefore had not pictured how they might seek help in that situation. Increasing representation of abused men in wider narratives of DA may better enable men to widen their schema about DA (and thus increase their ability to identify the problem in their own situation) *and* develop help-seeking schema to follow in the event that they need help and support.

Participants' perceptions of DA as male-to-female seemed to be bolstered by the perceptions of those around them, which supports research that found individual perception of problems to be strongly influenced by the perceptions of others (Wyke et al., 2013). Indeed, the phenomenological approach that informed this study endeavours to understand how individuals make sense of their experiences by considering the contexts of how they position themselves – and are positioned – in the world (Langdridge, 2007). The participants' gendered perceptions of DA make sense if we

consider the wider contexts they were operating within, such as the hegemonic cultural perceptions of DA as men battering women (Thureau et al., 2015), as well as socially-embedded narratives that stereotype men as violent and women as virtuous, as per the proposed 'women are wonderful' and 'gamma' biases (Eagly & Mladinic, 1989; Seager & Barry, 2019b). This seems evident in the participants' experiences of invisibility as victims in wider narratives of DA, as explored in sub-theme 'being overlooked'.

Participants observed a ubiquity of 'women as victims/men as perpetrators' narrative in service provision as well as the wider cultural discourse<sup>19</sup>, which is in line with other literature (e.g. Cook, 2009; Dutton & Corvo, 2006; Hines et al., 2007). The invisibility of male victims and female perpetrators in the wider discourse may thus have contributed to the initial invisibility of the abuse in how the participants made sense of their experiences.

### **5.2.2. Aspects of masculinity**

Participants' 'blind spots' about their situation may also have been related to how they viewed themselves, which could be influenced by schema about their identities as men (Durfee, 2011). Indeed, a second key finding that emerged from the analysis concerned the participants' relationship to male gender roles, norms and identities. This aspect of the participants' accounts seemed present in explicit and implicit ways. For example, male norms seemed implicit in the sub-theme 'protecting and preserving' where participants often prioritised the well-being of others over their own, which impacted on their willingness to seek help. These findings seem to match with the male gender archetypes, in that the participants appeared to be embodying the male archetypal element of 'providing and protecting', and their doing so often seemed to be automatic and instinctive (Seager, 2019; Seager et al., 2014). It is also possible that participants were unconsciously following gendered rules of socialisation that require men to protect and provide for others and sacrifice themselves to do so if necessary (Brown, 2016; Fine, 2010).

The literature suggests that male responses to distress typically gravitates towards stoicism, self-management and silence (e.g. Addis, 2011; Cheung et al., 2009; Johnson et

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<sup>19</sup> A explored in sub-theme 'the struggle to find help'.

al., 2012; Mahalik & Rochlen, 2006; O'Brian et al., 2005; Shum-Pearce, 2016; Sierra Hernandez et al., 2014; Tudiver & Talbot, 1999), and that men are less likely to disclose their problems across many contexts (e.g. Hammer et al., 2012; Hunter, 2011; Luoma et al., 2002; Mackenzie et al., 2006). Indeed, participants' initial response to the DA situation often was to silently endure their situation alone rather than seek help and support, as seen in the sub-theme 'coping like a man'. This could be conceptualised as participants using coping strategies they were accustomed to employing as part of their lifelong socialization as males, as suggested by previous researchers (e.g. Chaplin et al., 2005; Dumont & Provost, 1999; Eliot, 2010; Sethi & Nolen-Hoeksema, 1997). It could also be interpreted as an expression of male archetypes, specifically the 'maintaining mastery and self-control' element, which are proposed to be instinctive and innate (Seager, 2019; Seager et al., 2014).

Whilst some participants coped in this manner without explicitly discussing the link with maleness, however, other participants directly commented on pervasive expectations that, as men, they *should* be able to cope with their problems, get on with things and 'man up'. There often seemed to be underlying tensions in how they talked about this. For example, some participants switched to the 'third person' and used unequivocal language when describing these expectations, which could be interpreted as them feeling that these expectations were foisted upon them and they had begrudgingly accepted them as part of their existence because 'this is the way things are'. This seemed evident in their turns of phrase that evoked something bigger than themselves as individuals, for example "it's the man thing"<sup>20</sup>. This appears consistent with the evidence that men may eschew seeking help to avoid damaging their social identities that position them as invulnerable and in control (e.g. Addis & Mahalik, 2003; Davies et al., 2000; Möller-Leimkühler, 2002; Rice et al., 2015; Spindelov, 2015; Vogel et al., 2011). Participants referring to broader themes of gendered identity also seems congruent with the concept of universal gender archetypes. It also fits with the theory that these archetypes may be an underlying factor in men's reluctance to see help because seeking help effectively violates archetypal male scripts, resulting in shame (Seager, 2019). The archetype theory, however, implies that these scripts are universal

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<sup>20</sup> See Mason's transcript, page 7, line 306.

and instinctive (Seager, 2019; Seager et al., 2014). With this in mind, it was notable that those participants willing to discuss the abuse and their distress often seemed to actively, consciously distance themselves from masculine ideals, for example by commenting that they were not a “man’s man”<sup>21</sup>. Although it is unclear if this was an adaptation to their ‘unmanly’ characteristics or a rebellion against hegemonic expectations, participants seemed to have consciously considered their position in relation to masculine ideals and concluded that their personal openness was incompatible with them. In effect, they seemed almost to have voluntarily abdicated their masculinity in order to create space for themselves outside of masculine ideals. This seems to draw parallels with Emslie and colleagues’ research in men’s depression recovery, where they observed men finding ways of retaining masculinity outside of ‘usual’ norms by emphasising other qualities such as their intelligence, sensitivity and creativity. They also observed men critically reflecting on masculine ideals and reframing their deviation from them as positive (Emslie et al., 2006), which seemed to be demonstrated by some of the present participants. This also seems congruent with other research that suggests men who strongly align themselves with masculine ideals are more likely to have negative perceptions of help-seeking and disclosure (e.g. Addis & Mahalik, 2003; Courtenay, 2000; Good et al., 1989; Levant & Richmond, 2007; O’Neil, 2008; Rochlen et al., 2009; Vogel et al., 2011; Zeldow & Greenberg, 1979). This also seems congruent with research which suggests that avoiding gender role conflict (i.e. anxiety about adhering to masculine ideals) is a significant barrier in men’s willingness to seek help (Blazina & Marks, 2001; Cheung et al., 2009; Good & Wood, 1995), in that participants who did not align themselves with masculine ideals seemed more comfortable with seeking help, and thus appeared to experience less gender role conflict. That said, it is conceivable that participants’ distancing of themselves from masculine ideals was a strategy to reduce (or perhaps mask) anxiety, shame and self-stigma arising from gender role conflict by pre-empting and defusing potential criticism of their ‘failure’ to live up to masculine ideals. Indeed, it has been suggested that seeking help can result in feelings of shame because it undermines masculine archetypal scripts (Seager, 2019). Similarly, research in male depression has found that symptoms of depression (such as feeling helpless, emotionally unregulated and unable to solve

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<sup>21</sup> See Clark’s transcript, page 10, line 329.

problems) violate masculine ideals of self-reliance and capability, and those who have heavily internalised these ideals are more likely to experience self-stigma and shame in seeking help (Levant et al., 2013; Vogel et al., 2011). Indeed, many participants described feelings of shame in their accounts, as explored in sub-theme 'shame' in the super-ordinate theme 'vulnerability'. Although it is not uncommon for abuse victims to experience shame, for the present participants the shame was often linked with perceived failure in upholding masculine ideals. For example, some participants explained that there was an expectation – held by both themselves and those around them – that as men they should not allow themselves to be abused, controlled or dominated by somebody else, particularly a woman. These findings are echoed in other research that found conflict between victimization and masculine ideals regarding one's ability to protect oneself and maintaining dominance (Dorahi & Clearwater, 2012; Harris, 1995; Lisak, 2005; Lee & James, 2012; Mahalik et al., 2003; Messner, 1997). It also aligns with research that found links between low help-seeking and participants' concerns about undermining their masculinity (e.g. Cook, 2009; Hines et al., 2007; Lew, 2004; Migliaccio, 2001; Tsui, 2014; Tsui et al., 2010; Vogel et al., 2007).

### **5.2.3 Female privilege**

As explored in the super-ordinate theme 'invalidation', some participants often experienced a lack of support and sympathy when they disclosed the abuse. Some recalled police being unresponsive or blasé when they contacted them for help, which has been observed in other research (Cook, 2009; Hines et al., 2007). Although there were instances of police intervening to protect them, many participants also recounted being arrested or told to leave by police despite evidence that they were the victim, which is also documented in other research (McCarrick et al., 2016). Some participants also felt that legal and social services were actively supporting the abuser despite the evidence that she was the aggressor. They made sense of this by reasoning that there were biases and double standards involved, postulating that they would have been taken more seriously if they were women. Indeed, this appears consistent with research that suggests the victim's gender is a significant predictor of responses to abuse scenarios (Arnocky & Vaillancourt, 2014; Seelau & Seelau, 2005). Participants also reported feeling as though the burden of proof was constantly on them not only to prove they were a victim, but also that they were not a perpetrator, which aligns with

other research (Cook, 2009; Hines et al., 2007; Hines & Douglas, 2010b; Tsui, 2014). Indeed, the accounts explored in this study seem to provide a real-life snapshot of lived male experience of the 'gamma' bias, wherein it is assumed that they are harmful and their female abusers are harmless (Seager & Barry, 2019b).

Outside scepticism seemed to weigh ever more heavily when participants were targeted with false allegations of DA by their abuser, as explored in the sub-theme 'the tables being turned' in super-ordinate theme 'vulnerability'. Indeed, fear of accusation was another source of inhibition in the participants' help-seeking, with some feeling hesitant to seek help because they anticipated that their abuser's narrative would be believed. Given the evidence of pervasive perceptions that women are not capable of causing harm (Mildorf, 2007; Seager & Barry, 2019b; Shum-Pearce, 2016), as well as other accounts of abused men being disbelieved, blamed and threatened with arrest when seeking help (Cook, 2009; Hines & Douglas, 2010b; Lawrence, 2003; Lewis & Sarantakos, 2001; Tsui, 2014), their concerns were not unfounded. Indeed, often the threat of accusation was real, with most of the participants being threatened with or subjected to false allegations by their abusers - an occurrence that has also been uncovered in other studies (McCarrick et al., 2016). This created a scenario where they had to prove that they were a victim *and* not a perpetrator. This seemed to further isolate and alienate them during a time when they needed support, with many of them finding themselves in a position where they were trying to find help but were instead being compelled to focus on proving their innocence to an army of disbelieving others trying to 'protect' their abuser. I invite the reader to contemplate the psychological ramifications of this in light of the fact that these men were already reeling from the impact of the abuse.

In this context the participants often seemed acutely aware of their position as men, in that they felt they were at an automatic disadvantage because they thought women were more readily believed. Indeed, their abusers' narratives were often accepted by legal and social services, which has been observed in other research (Lewis & Sarantakos, 2001). Owen at one point described false allegations as "a weapon that

women have got that men haven't got"<sup>22</sup>. This opinion seemed also to be held by abusers, for example when Elliot's abuser who told him that she will be believed "because she's the woman"<sup>23</sup>. Participants also seemed to feel disadvantaged because their abusers knew how to 'play the system' and present themselves as victims, whereas the participants did not. There was a sense of acute vulnerability and fragility in the participants' accounts of this, in that they seemed to feel that the situation could be easily, instantly turned against them at any given moment. Even knowing they were innocent did not seem to be of reassurance; there was a pervasive sense of threat, terror and uncertainty. This flies in the face of the Duluth model of DA that posits 'male privilege' as a component of why men abuse (Pence & Paymar, 1983). Considering this finding within the wider contexts of collective biases about gendered behaviour and schema about DA, it could be argued that 'female privilege' may be utilised by female abusers, often in the form of false allegations, to further attack their male victims. More specifically, the widespread assumption that women are victimised and men are victimisers (e.g. the 'gamma' and 'women are wonderful' cognitive biases) may be weaponised against male victims, creating a distinct disadvantage for abused men which may impact on their ability to access help and safety. I would therefore suggest that the Duluth model, and others like it, be reviewed.

There is much in the literature to suggest that there is a lack of appropriate services for abused men (Cheung et al., 2009; Hines & Douglas, 2011; McCarrick et al., 2016; Tsui, 2014), and that systems involved in DA cases, such as legal and social services, are designed with female victims in mind (Cook, 2009; Dutton & Corvo, 2006; Hines et al., 2007; Hines & Douglas, 2009; Hines & Douglas, 2010b). Other research has uncovered abused men's concern that their needs will not be appropriately responded to by services (Brogden & Nijhar, 2004; Du Plat-Jones, 2006). Indeed, this seemed to be reflected in the present findings, with many participants observing a lack of appropriate resources available to them as men in comparison to what was available to women, as explored in sub-theme 'the struggle to find help'. This also seemed implicated in the sub-theme 'between a rock and a hard place', where participants felt that there was nowhere safe for them to flee, with or without their children.

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<sup>22</sup> See Owen's transcript, page 54, line 1812.

<sup>23</sup> See Elliot's transcript, page 9, line 281.



Participants were often referred to or approached women's services after unsuccessful attempts to contact men's services. Research has observed men feeling shame and embarrassment at the prospect of using women's services (Tsui et al., 2010), which was not apparent in the present study. The participants instead felt confused and sceptical when referred to women's services because they had assumed that the services were not meant for them. This seems consistent with research which suggests that perceptions that services are targeted at a specific group can dissuade others from approaching them (Love & Richards, 2013), and perceptions that services are meant for them increases the likelihood of approach (Cook, 2009; St. Pierre & Senn, 2010). Many participants reported positive experiences of receiving help from these services and expressed a desire for more prominent advertisement that men could approach them.

A paucity of DA services for men in comparison to those available for women does not necessarily signify 'female privilege' as it may imply that more women are victimized, which could hardly be considered a privilege. However, notwithstanding the ongoing contention surrounding male/female prevalence rates, I would suggest that in light of the present findings, privilege lies in the fact that women are *allowed* to be vulnerable, whereas it seems that men are not. For example, as recounted in the sub-theme 'a sense of injustice', participants were often told by police to leave the premises even after acknowledging they were not the aggressor, which was experienced by the participants as dismissive and unfair. In telling them to leave instead of the abuser, there seems to be an assumption that the participants had the resources to cope. This assumption seemed implicitly present in other circumstances; Owen - who developed PTSD as a result of the abuse - was at one point expected to cross-examine his own abuser in court. Indeed, the tapestry of barriers to seeking help that participants faced - including their assumptions about themselves, being damned by their physicality<sup>24</sup>, the responses and assumptions of others, and the lack of resources available - seemed to have a thread running throughout, which was the assumption that *men cannot be victims*. In essence, it seems that an abused male seeing help and support is in danger of undermining his identity, violating established gender norms and archetypes (Seager, 2019), conflicting

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<sup>24</sup> i.e. being physically much larger than their abusers.

with well-established cultural schema that others have invested in (Seelau et al., 2003), and gainsaying the current political climate that positions men as victimizers of women (Cook, 2009; Lew, 2004; Seager & Barry, 2019b; Zverina et al., 2011). With these multiple factors stacked against them, abused men may face unique challenges in accessing help and support, which may increase their physical and psychological vulnerability severalfold. Assuming that abused men are resourced in these situations may exacerbate their distress, which could have catastrophic consequences for their well-being.

### **5.3 Clinical implications**

As well as providing material that may be relevant for policy makers, theorists, legal and social services, and the general public, the findings in this study can help to inform psychologists and other healthcare professionals. This study has demonstrated that abused men may be unaware that they are experiencing DA, one of the reasons being that their experiences do not match with assumptions about DA. With this in mind, it may be helpful for clinicians to use gender neutral language when discussing victims and perpetrators, and directly challenge assumptions by acknowledging and normalizing the existence of female-on-male abuse. Similarly, all services and policy makers can increase representation of abused men in their discourse, and services for abused women, where applicable, could be more forthcoming about the fact that they also help abused men.

The findings also suggest that male identities, norms, ideals and archetypes play a role in how abused men experience the process of seeking help. This reinforces the need for healthcare services that take gendered identity and experience into account when addressing male service users' needs (Emslie et al., 2006; Hine, 2017; Liddon et al., 2017; Liddon et al., 2019; McKelley, 2007; Millar, 2003; Seager & Barry, 2019a). Approaches that accommodate and validate male norms and archetypes (as opposed to treating them as problematic) has been suggested to be more effective in promoting help-seeking and engagement among men (Ashfield & Gouws, 2019; Athanasiadis, 2017; Evans & Wallace, 2008; Krumm et al., 2017; Liddon et al., 2019; Mental Health Foundation, 2006; Seager, 2019; White, 2006). To this end, male gender-informed approaches may better equip clinicians in addressing issues that are pertinent to men's

experiences and concerns (Affleck et al., 2018; Barker et al., 2007; Barry, 2017; Cheung et al., 2009; Kingerlee et al., 2014; Lowe & Balfour, 2015; Seager & Barry, 2019a; Wilkins & Kemple, 2011).

That said, there is a delicate balance to be found between developing effective gender-informed practice without reinforcing the pressure on men to adhere to overly rigid gender norms (Kiselica, 2011), and we also cannot make the assumption that all men are the same (Robertson et al., 2015). Indeed, the findings in the present study help to demonstrate that men relate to male norms in individual ways, and this impacts on their help-seeking attitudes. With this in mind, it may be helpful for clinicians to pay particular attention to how individual service users relate to male norms and use this to inform therapeutic intervention (Liddon et al., 2019; Vogel et al., 2011). For service users who present with gender role conflict (O'Neil, 2013), for example, clinicians could focus on normalizing their experiences, which indeed many of the present participants found particularly helpful.

It has been found that men experiencing problems that undermine masculine ideals (such as depression) are able to construct masculine identities that exist outside of more rigid definitions of masculinity (Emslie et al., 2006). This seemed hinted at in the present study where some participants appeared to actively differentiate themselves from the gendered norms that they were expected to follow. It has also been observed that men with depression are more likely to seek help when they feel they can help and support others with their depression (Sierra Hernandez et al., 2014), which has also been observed in research in male victims of sexual abuse (Kia-Keating et al., 2010; O'Leary & Gould, 2009; O'Leary & Gould, 2010). Indeed, many participants in the present study found it helpful to support other abused men, and expressed a desire to do so. It is possible that this is connected with masculine norms of protecting others, as explored in the sub-theme 'protecting and preserving'. With this in mind, perhaps this particular male norm could be harnessed in working with abused men, possibly by developing more group-based therapeutic interventions. Indeed, some of the participants found it very helpful to engage with male support groups, often finding acceptance and validation within them, and other researchers have found that men find group-based therapeutic interventions more appealing than individual-based

interventions (Kiselica & Englar-Carlson, 2010; Liddon et al., 2017). Incorporating and emphasising positive aspects of masculinity in therapy has also been shown to help men retain and rebuild their male identities, which can contribute towards reducing shame and isolation, restoring personal agency, and building support networks (Englar & Kiselica, 2013; Kiselica & Englar-Carlson, 2010; Krumm et al., 2017). It may also be helpful for clinicians to be aware of this drive towards taking responsibility for protecting others because it may make some men less likely to communicate a need for help. Similarly, the presence of shame and embarrassment in participants' accounts, which echoes other research (Brogden & Nijhar, 2004; Tsui, 2014), also may inhibit help-seeking or perhaps impact on the manner in which they communicate. For example, some men may be more oblique or circumspect in how they disclose the abuse.

#### **5.4 Future research**

This study uncovered evidence of abused men feeling particularly concerned about being judged by other men, which has been reflected in other research (McNeely et al., 2001). This seemed to impact on their help-seeking, in that they often felt ashamed and embarrassed about their situation and consequently felt reluctant to seek help from other men. This fear of judgement from other men extended even to men who were in professionally neutral roles, such as counsellors. This may have implications for mental health practitioners working with abused men, and further research may be beneficial towards informing therapeutic interventions with this group. Despite their initial fear of judgement, participants often found it beneficial to engage with male support groups and individual male helpers. Further research into the tensions between potential threat and solace posed by other men could enhance our understanding of how to mitigate men's fear of male judgment so that they are more likely to approach help sources that may be beneficial to them.

It was notable in this study that participants' seemed to be explicitly, consciously aware of their maleness and their position as men; this appeared to have an impact on how they made sense of what was happening to them, how they coped, their expectations of how others would perceive their situation, their assumptions about the consequences of seeking help, their help-seeking choices, and how they experienced seeking help. This

further highlights the need for more research that investigates men as a group in their own right.

This study revealed experiences of discrimination, gendered double standards and invalidation when seeking help from formal sources, which highlights a need for improvement in how abused men are responded to, particularly within the criminal justice system. Further research in this area may be helpful towards improving training within these services. More research into helper experiences of working with abused men could also inform the development of gender-informed services and training. This study also demonstrated that abused men may be at increased risk of isolation and distress as a consequence of these negative responses from others. This seemed particularly damaging in circumstances where their abusers threatened them with false allegations and they were thus compelled to prove that they were a victim *as well as* prove that they were not a perpetrator. It is not unreasonable to anticipate that this particular form of abuse could have serious and direct consequences for abused men's well-being (such as increased suicide rates), and there is currently a paucity of literature in this area.

This study revealed a strong tendency for abused men to prioritise others' needs and well-being before their own, and to take responsibility for protecting others. This may indicate a need for further investigation into how this tendency towards protecting others impacts on abused men's help-seeking behaviour.

Also observed was the psychological impact of the relative lack of representation of male victims in DA services, as well as the impact of being unable to access consistent support from services designed specifically for male victims. Difficulties in accessing help from male services intensified and exacerbated the men's distress, with observable mental health consequences including helplessness, confusion, loss of confidence, hopelessness, and doubt in one's own experiences. A notable aspect of this issue was that much of the difficulty in accessing these services was connected with their (the services designed for male victims) lack of funding and staffing. If increased funding for male services is not viable, it may be useful for researchers to investigate whether it is more helpful (or less damaging) to increase representation of male victims by having

limited but exclusively male-based services available, or to increase representation of male victims within the more accessible and more numerous female-based services.

### **5.5 Methodological evaluation**

Qualitative research produces knowledge that is multi-layered and idiosyncratic, which can be challenging to present. For this reason, it is considered good practice to reflect on epistemological and methodological issues as part of the research process in order to maintain coherence in presenting the findings (Cresswell, 2013). It is important to acknowledge and reiterate the fact that the present analysis – along with all other aspects of the research process – was an inductive, dynamic interpretative exercise of co-constructing subjective meaning that involved both researcher and participant. With this in mind it should be noted that my prioritisation of themes was the result of subjective choice and interpretation, and therefore other researchers could have developed themes from the same set of data that would be different to mine, and equally valid. Given that qualitative research is complex, context-based and idiographic, it is necessary to consider the quality and validity of the present research. Yardley (2017) suggests key criteria for evaluating qualitative research, which includes issues of sensitivity to context, commitment, rigor, coherence, impact, transparency and importance. I demonstrated *sensitivity to context* by providing a comprehensive review and critical evaluation of the current knowledge and practice in the area being investigated, which contextualised the present study. Using a process of reflexivity, I have also critically reflected on my own positioning in relation to the participants and the implications this may have had for how the themes were constructed.

*Commitment and rigor* have been demonstrated by prolonged engagement with the research process and material. Regular contact and feedback from my supervisor and revising multiple drafts also helped me to refine and enhance my understanding of the material. I also engaged with continuous reflection on my interpretations and personal processes in relation to the research process. Regularly returning to the research question, epistemological positioning and methodological process helped me to maintain focus on the research aim.

In demonstrating *coherence and transparency* I have been candid about my role in the research process and the construction of themes. My role was particularly significant during the interview phase, and my approach evolved as the research progressed and

developed. The pilot interview, for example, was pivotal in helping me to see that a 'cluttered' interview schedule can have the impact of irritating or confusing participants, or restricting freedom of expression (Smith, 2015).

### 5.5.1 Limitations

IPA makes the assumption that language provides direct access to subjective experience (Willig, 2013). However, there are factors that may hinder this. For example, participants may purposely hold back information, disclose what they think are the 'right' answers or what they think the researcher wants to hear (Smith & Osborn, 2003). During the interview process, for example, many of the participants expressed concern about appearing sexist or politically incorrect, and would attempt to qualify or censor their statements accordingly. The data may have also been restricted by limitations in participants' capacity for self-reflection and articulation (Willig, 2013). Given that I am from a different cultural background to the participants, differences in interpretation of words may also have had an impact. Indeed, I experienced some confusion over British turns of phrase during the interviews, such as "being stitched up"<sup>25</sup> and "bound us both over"<sup>26</sup>. Participants also occasionally did not understand words that I used, which were sometimes obscure or technical. I tried to mitigate this by avoiding jargon, asking for clarification when I did not understand, and offering frequent summarising statements to check my understanding.

It has been suggested that different interview locations can impact on data collection and interview experience (Anyan, 2013; Ellwood & Martin, 2000; Gagnon et al., 2014), so interview location is also worth considering when reflecting on the study's limitations (Ellwood & Martin, 2000). Two of the interviews were conducted in the participant's homes, and one interview was conducted in my own home. Although it is not unheard of to conduct research interviews in home environments (Gubrium et al., 2012; Ritchie et al., 2014), a home environment can be different to other interview settings (Borbasi et al., 2002). For example, personal spaces can potentially generate distractions, such as the presence of other people or the 'noise' of familiar daily tasks and mundanities (Gillham, 2000). Interview settings considered more 'neutral' (i.e. not

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<sup>25</sup> See Leonard's transcript, page 47, line 1565.

<sup>26</sup> See Owen's transcript, page 6, line 194.

connected with or governed by either researcher or participant, such as public spaces like coffee shops or parks) can help to mitigate these factors, but may also pose other challenges (Krueger, 1994). For example, it may be more difficult to maintain privacy and confidentiality in public spaces, and it may also be more difficult to manage risk (Liamputtong, 2007; Seidman, 1991). The challenge of managing these additional factors may create distraction and lack of focus, which may impact on how the researcher conducts the interview as well as the information provided by the participant (Ellwood & Martin, 2000). Participants may also be more likely to reveal in-depth information about their lived experiences if the interview takes place in a setting that feels safe, comfortable and sufficiently private to the participant (Graham et al., 2007; Morton-Williams, 1985; Seidman, 1991). Although it is normally expected that interview settings should be private, comfortable and safe for both researcher and participants (Adler & Adler, 2002; Berg et al., 2004; Liamputtong, 2007; Seidman, 1991), some settings, such as home environments, may feel more comfortable than others (Bashir, 2018; Downey et al., 2007; Liamputtong, 2007). With these considerations in mind, it is possible that the three interviews conducted in home environments created interview conditions that were significantly different to the other interviews, which may have impacted on the data collection process. In research involving interviews, effort should be made by the researcher to accommodate logistical factors such as participants' access to transport or health conditions (Bashir, 2018; Gubrium et al., 2012). It has been noted that guidelines for interviewing research participants often do not account for the logistical and interpersonal complexities involved in real-world scenarios (Ritchie et al., 2014). For example, some real-world settings may present challenges that fall outside of simplistic and often vague health and safety guidelines (Bashir, 2018). Although there are potential risks and vulnerabilities associated with interviewing participants in home environments (Dickson-Swift et al., 2008; Faulkner, 2004; Kendall & Halliday, 2014; Lee-Treweek et al., 2000), overly rigid and inflexible approaches to arranging interviews can severely restrict the feasibility of interviewing those in harder to reach groups (Bashir, 2018; Liamputtong, 2007) and may have a negative impact on researcher-participant rapport (Gillham, 2000). I felt that rapport-building was an especially pertinent part of the process because the sensitivity of the research subject and the type of data being gathered could potentially cause discomfort or distress in the participants (or myself)



during the interview process (Elmir et al., 2011; Lee & Renzetti, 1990; Liamputtong, 2007; Ritchie et al., 2014). There were logistical factors (i.e. financial constraints and mobility issues relating to health) that limited location options, making home settings the most viable option for some of the interviews. I adapted to these challenges by employing risk management strategies that were responsive to each individual participant's needs and comfort levels as well as my own, as suggested by other researchers (Adler & Adler, 2002; Ritchie et al., 2014; Toro, 2006).

Research using IPA requires homogeneity in its sampling because it explores specific phenomena in intricate detail (Cresswell, 2013). It could be argued that the homogeneity of the sample may have been undermined because the sampling included those who sought help and those who did not. Another aspect of the study that may have impacted homogeneity was the fact that it included accounts of seeking help from different sources instead of focusing specifically on experiences of seeking help from one source, such as psychotherapeutic services or the criminal justice system. It has also been suggested that different types of abusive relationships have different etiologies and help-seeking characteristics (Ansara & Hindin, 2010), and thus could arguably be considered heterogeneous. Given that the sampling in this study included experiences of different forms of abuse, this could have further diluted the homogeneity of the sample.

Participant characteristics were also contemplated when reviewing the homogeneity of the present study. For example, one of the participants, Leonard, had a different racial profile (black British) to the other participants (white British). There is evidence to suggest that race can be a significant factor in help-seeking behaviour and attitudes (Cheng et al., 2013; Conner et al., 2010). Additionally, others have suggested that issues of intersectionality should also be considered as factors that can impact on men's help-seeking experiences (Douglas & Hines, 2011; Hooks, 1984; Williams et al., 2014). The concept of intersectionality, rooted in standpoint theory, considers the impact of wider power systems on individual experience in understanding how different characteristics of a person's identity, such as race, sexual orientation and socioeconomic status, interact to produce unique forms of privilege and marginalisation within society (Hooks, 1984). With this in mind, it is possible that the help-seeking experiences of

abused men from racial minority groups may differ significantly from abused men in other racial groups. Indeed, Leonard alluded to this during his interview when discussing his experiences, citing racial stereotyping as a potential factor in others' skepticism of him<sup>27</sup>. Given that themes of discrimination and disbelief were found in this study, this may potentially have been an important factor to consider when investigating this issue. Although intersectionality is briefly discussed in this study, it was not explicitly incorporated into its design. It has been argued that the concept of intersectionality diminishes understanding of men's psychology because it ignores universal patterns in men in favour of focusing exclusively on men who belong to historically marginalised groups such as sexual and ethnic minorities (Seager & Barry, 2019a). Given that my intention in this study was to normalise researching men as a universal group, my sampling criteria was designed to prioritise participants' gender over other individual characteristics. On reflection, this approach may have created a tension with the sampling requirements of my chosen methodology and may thus be considered a limitation of this study. The concept of intersectionality lends itself well to qualitative research methods, in that it focuses on subjective experience and considers different marginalising factors within wider contexts of lived experience, as opposed to viewing them as isolated, discrete factors that are independent of each other (Willig, 2013). With this in mind, future qualitative research that incorporates and expands on intersectionality within this issue may further illuminate these nuances of lived experience within the wider contexts of political, cultural and social positioning (Landridge, 2007).

### **5.5.2 Reflexivity**

In IPA it is assumed that the researcher's perspectives and worldview impact on interpretation of the data, therefore it is important to engage with personal reflexivity; this involves the researcher reflecting on her role throughout the research process (Smith & Osborn, 2003). To this end I kept a research journal to reflect on assumptions I brought to the research in order to identify, unpack and challenge them. This helped me to approach the analysis in a more open way, and minimise the encroachment of my own assumptions upon my understanding of the participants' accounts.

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<sup>27</sup> See Leonard's transcript, page 40, lines 1339-1341.

Engaging in reflexivity also involves considering how aspects of my personhood can impact on the research process, and how these aspects may interact with the personhood of the participant (Willig, 2013). It is argued that research participants (both interviewers and interviewees) are social agents and that interviews are effectively social events co-constructed by both parties (Gubrium et al., 2012). As such, aspects of the interviewer and interviewee's identities impacts on the process and should thus be taken into consideration when arranging interviews (Anyan, 2013; Denzin & Lincoln, 2003). Information that participants share with the researcher may, for example, be influenced by factors including gender, ethnicity, socioeconomic status (Anyan, 2013). With this in mind, I was cognisant of the fact that I was the same sex as the participants' former abusers. Participants also frequently expressed concern about appearing 'sexist' when explaining their perceptions, which I reflected upon in my research journal<sup>28</sup>. I attempted to mitigate this by taking time to build rapport, and reassuring them that there were no 'wrong' answers to interview questions.

Another reflexive consideration was the relationship between participants and myself, which may have influenced the interview process (Anyan, 2013; Denzin & Lincoln, 2003). For example, a power imbalance inherent in research interview processes has been observed, with the researcher typically holding more power than the participant (Elwood et al., 2000; Kvale, 2006). Given that I was the same sex as the participants' abusers, it is possible that this power imbalance may have been even more pronounced.

It has been suggested that the unequal power dynamic can be mitigated by consistent rapport building between researcher and participant (Karnieli-Miller et al., 2009; Kendall & Halliday, 2014). With this in mind, I made every attempt to minimise the power imbalance in the interview process by building a trusting, collaborative alliance with the participants. I did this by taking time to build rapport throughout the process, being transparent about the purpose of my line of questioning, and taking a tentative, sensitive and respectful approach in maintaining focus on material that answered the research question (McLeod, 2005). In addition, I took a collaborative approach in

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<sup>28</sup> See Appendix H

arranging the interviews, which has been suggested as a useful way to build rapport, accommodate participants' comfort levels and empower the participants (Elwood & Martin, 2000; Elwood et al., 2000; Gillham, 2000; Gubrium et al., 2012). This strategy involved discussing different options for interview settings, and exploring how participants felt about each setting.

It is thought that the power dynamic can also be altered by different interview settings, which may impact on the interview process (Ganon et al., 2014; Jordan, 2006). Settings associated with the researcher, such as university campuses, may implicitly assert the researcher's position as the 'expert', or as the dominant party (Elwood & Martin, 2000). Ecker (2017), observed a power dynamic shift in interviews conducted in participants' homes as a result of the researcher embodying dual positions of 'researcher' and 'guest'. The position of 'guest', he observed, diminished the power of the position of 'researcher', which has been theorised to occur because entering a participant's home (where the researcher does not have 'ownership' the setting) alters the psychological boundaries of the interview setting (Elwood et al., 2000; Jordan, 2006). Indeed, conducting interviews in participants' homes can be a strategy for mitigating unequal power hierarchies between researcher and participant (Ecker, 2017; Falconer-Al Hindi, 1997). Home environments can increase participants' feelings of comfort and safety as well as creating a useful foil for rapport building (e.g. making conversation relating to aspects of the home) (Bashir, 2018). Reflecting on these issues, it is possible that those interviewed in home settings may have experienced their interviews differently to those interviewed in other settings, which may have impacted on the material they put forward. For example, it is possible that 'host' participants may have felt uncomfortable or wanting to stop the interview, but may not have expressed this to me because I was a 'guest' in their home. These settings may have similarly impacted on how I engaged with the interview process.

Language was an ongoing point of uncertainty throughout the process, for both participants and myself. For example, I often found myself unsure of which terms to use when referring to abused men, and to DA. Further reflection on this led to me noticing tensions inherent in words like 'victim', 'survivor' and 'domestic abuse', and considering how this may be potentially 'leading' during the interview process (Smith, 2015). For

example, using the word 'victim' could be off-putting because it seems 'unmasculine', whereas using 'survivor' could implicitly disallow participants from identifying as victims. Wayne was surprised to be referred to as either because he had never thought of the situation in that way, and Leonard insisted that he was neither. Similarly, the terms 'domestic abuse' and 'domestic violence' also seemed to have emotional and political 'baggage' attached to them ways that 'intimate partner abuse' did not. I attempted to mitigate these tensions and avoid leading by asking participants prior to the interview which terms they preferred to use. In designing the interview schedule, information packages and advertisements I also thought carefully about my use of language and how it might be coloured by my own assumptions. Fook and Gardner (2007) describe a process of reflection *in action* (i.e. in real time) and *on action* (i.e. retrospective reflection that takes place after the situation). I attempted to reflect on my 'in action' processes during the interviews by noting my own assumptions about participants' meaning, and asking probing questions to clarify what the participant was actually expressing instead of simply going with my assumption. An example of this was when Mason described his disclosure process as "drip-feeding"<sup>29</sup>. When he first began describing this, I noticed that my immediate assumption was that he was describing a limited ability to express himself emotionally to others, or that he was being 'macho'. Noticing my assumptions, I put them aside and further explored the 'drip-feeding' concept with him, and it was revealed that this was actually connected with his feelings of vulnerability and it was his strategy for testing whether or not it was 'safe' enough to disclose. My 'on action' reflective processes involved keeping a research journal (Morrow, 2007; Wertz, 2005) and recording my thoughts, feelings and impressions after each interview.

I was cognizant of the challenge of being a woman trying to access the lived experiences of men, and attempted to maximise my access in different ways. Meleau-Ponty (1945) suggests that language, the mind and physical body are unavoidably connected and should thus be considered when undertaking phenomenological research, and the work of Counselling Psychologists often involves using one's own physiological responses in trying to understand how clients experience the world. With this in mind, I attempted to

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<sup>29</sup> See Mason's transcript, page 26, line 1248.

harness my clinical skills by considering the participants' nonverbal communication as well as their language during the interview and analysis phases, as well as observing my own corporeal sensations (i.e. noticing the emotional and physical reactions that were elicited in me during data collection and analysis) and considering the possibilities about what this might indicate about the participants' inner world, if applicable. Utilising these skills helped me to engage with the data on a deeper emotional, empathic level, which enhanced my interpretations and understanding of the material.

I was also mindful that the clinical skills I was utilising during the interview process, (e.g. active listening, questioning style and an empathic, non-judgemental approach), as well as the highly personal and sensitive subject being discussed, often made it challenging to avoid straying into a therapeutic role during the interviews. I attempted to navigate this with practicing reflexive self-awareness by monitoring my emotional state and being mindful of how I was responding to the participant, as suggested by Etherington (2004). This helped me to maintain focus on the purpose of the interview whilst maintaining an empathic approach.

## **5.6 Significance of the study**

The aforementioned Yardley's criteria for evaluating qualitative research also includes considering the *impact and importance* of the present research (Yardley, 2017), which will now be considered. As previously discussed, the majority of research investigating DA conceptualises it as a male-on-female issue and largely focuses on the experiences of women (both as victims and perpetrators), and there also appears to be a general focus on establishing prevalence rates for perpetration. Research that acknowledges female-on-male DA is often quantitative and nomothetic in design, and the few qualitative studies available have included women and non-abused men in the sampling (e.g. Shum-Pearce, 2016). This has left the voices of abused men largely unacknowledged and unheard in the literature, which has resulted in a lack of in-depth understanding of their lived experiences of help-seeking (Graham-Kevan, 2007b; WHO, 2005). In providing a platform for abused men's voices, the present study has contributed new knowledge and insight by building a complex, in-depth snapshot of the intrapersonal and interpersonal processes involved in their help-seeking experiences, thus exploring the multi-layered nuances of this issue exclusively from their perspective (Smith, 2004).

The present study has also revealed the psychological impact of being targeted by false allegations of DA and how it can create unique difficulties for abused men in getting help and support. This has not been explored in any depth in other research. Thus, this study uncovered a pertinent, particular risk of further vulnerability and alienation faced by abused men that may require further attention in research, policy and service provision.

### **5.7 Final thoughts**

I began this thesis reflecting on the subject of privilege. Addis and Cohane (2005) suggested that men as a group cannot be understood or researched without considering their privileges within cultural hierarchies and how this shapes their experiences; the present research seems to demonstrate an unexpected impact of men's privilege. Specifically, the current cultural landscape has been indelibly shaped by the feminist movement's challenges to patriarchal hierarchies that privilege men (Brannon, 2011). I would suggest that an unintended outcome of this has been the creation of an 'inverse' hierarchy that positions those with the fewest privileges at the top, where they receive higher levels of empathy and support. It appears that, because of their historical advantages and privileges, men – particularly those positioned as additionally privileged regarding race, class, and the like - are more likely than anyone to be positioned at the bottom of this hierarchy and thus are afforded the least amount of empathy, attention and support (Barry, 2016; Seager & Barry, 2019a; Williams et al., 2014). As the present study shows, the withholding of empathy and support may persist even when they are under attack. I believe that this may be part of the reason why 'masculinity' is often pejoratively depicted as dark and destructive whilst positive aspects of it are ignored (Barry & Daubney, 2017). Indeed, assumptions of men being dangerous was a recurring theme in the participants' accounts of being met with suspicion and disbelief, and being assumed to be the aggressor. This also returned me to my own assumptions that sparked my interest in investigating this topic, as reflected on in the first chapter of this thesis. This study brought me face to face with men who had been terrified and vulnerable, and who were also nurturing and gentle. This flies in the face of the 'men are dangerous' stereotype, and my own assumptions that had colluded with it. In investigating this issue using an in-depth qualitative approach, this study thus compels us to acknowledge men's humanity. This may serve as a further reminder that

DA is not a matter of men versus women, bad versus good, dark versus light; it is about human beings and human relationships, and to perceive it in such black and white terms is erroneous (Lewis & Sarantakos 2001). As the leader of a DA support group attended by Mason stated, “we're not talking about men or women, we're talking about abusers.”<sup>30</sup>

The present study also supports the notion that men can be oppressed by gender roles by being relentlessly pressured to uphold masculine ideals at the heavy price of disowning their human vulnerability (Hooks, 1984; Williams et al., 2014). It could be argued that this may have serious implications for men’s mental health, not only because they are expected to deny their need for protection and support, but also because it may further oppress men who *are* willing to acknowledge their vulnerability and seek help. In the context of female-perpetrated DA, assumptions of men’s patriarchal power over women appears, ironically, to be disempowering to men (Perry, 2016; Williams et al., 2014). For this reason, it is important to continue to broaden the research in male victims of DA so that we may continue to challenge outdated narratives that render vulnerable men invisible, excluded and isolated (Hine, 2017; White, 2016). It is my hope that the current findings will contribute to broadening insight into the thoughts, feelings and experiences of men so that we may steer public and political opinion towards extending them more empathy, compassion, and permission to be vulnerable.

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<sup>30</sup> See Mason’s transcript, page 31, line 1470.



## REFERENCES

- Addis, M. E. (2008). Gender and depression in men. *Clinical Psychology: Science & Practice, 15*(3), 153-168.
- Addis, M. E. (2011). *Invisible men: Men's inner lives and the consequences of silence*. Macmillan.
- Addis, M. E., & Cohane, G. H. (2005). Social scientific paradigms of masculinity and their implications for research and practice in men's mental health. *Journal of Clinical Psychology, 61*(6), 633-647.  
<https://onlinelibrary.wiley.com/doi/10.1002/jclp.20099>
- Addis, M., & Mahalik, J. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*(1), 5-14. <https://doi.org/10.1037/0003-066X.58.1.5>
- Adler, P. A., & Adler, P. (2002). The reluctant respondent. In J. A. Holstein, & J. F. Gubrium (Eds.), *Handbook of interview research: Context and method* (pp. 515-536). Sage Publications. <https://dx.doi.org/10.4135/9781412984492.n8>
- Afifi, M. (2007). Gender differences in mental health. *Singapore Medical Journal, 48*, 385-391.
- Affleck, W., Carmichael, V., & Whitley, R. (2018). Men's mental health: Social determinants and implications for services. *Canadian Journal of Psychiatry, 63*(9), 581-589.  
<https://journals.sagepub.com/doi/pdf/10.1177/0706743718762388>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). American Psychiatric Publishing.
- Andersen, R. M. (1995). Revisiting the behavioural model and access to medical care: Does it matter? *Journal of Health & Social Behaviour, 36*, 1-10.  
<https://doi.org/10.2307/2137284>
- Ansara, D. L., & Hindin, M. J. (2010). Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social Science & Medicine, 70*(7), 1011-1018.  
<https://doi.org/10.1016/j.socscimed.2009.12.009>
- Anyan., S. (2013). The influence of power shifts in data collection and analysis stages: A focus on qualitative research interview. *The Qualitative Report, 18*, 1-9.  
<http://www.nova.edu/ssss/QR/QR18/anyan36.pdf>
- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin, 126*(5), 651-680.  
<https://doi.org/10.1037//0033-2909.126.5.651>
- Archer, J. (2002). Sex differences in physically aggressive acts between heterosexual partners: A meta-analytic review. *Aggression & Violent Behaviour, 7*(4), 313-351.
- Ard, K. L., & Makadon, H. J. (2011). Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients. *Journal of General Internal Medicine, 26*(8), 930-933. <https://doi.org/10.1007/s11606-011-1697-6>
- Arnocky, S., & Vaillancourt, T. (2014). Sex differences in response to victimisation by an intimate partner: More stigmatisation and less help-seeking among males. *Journal of Aggression, Maltreatment & Trauma, 23*, 705-724.  
<https://doi.org/10.1080/10926771.2014.933465>
- Aronson, E., Wilson, T. D., & Akert, R. (2010). *Social Psychology*. (7<sup>th</sup> ed.). Prentice Hall.
- Ashfield, J. A., & Gouws, D. S. (2019). Dignifying psychotherapy with men: Developing

- empathic and evidence-based approaches that suit the real needs of the male gender. In J. A. Barry, R. Kinglerlee, M. Seager & L. Sullivan (Eds.), *The Palgrave handbook of male psychology and mental health* (pp. 623-646). Palgrave Macmillan. <https://doi.org/10.1007/978-3-030-04384-1>
- Astor, H. (1996). Mediation of intra-lesbian disputes. *Melbourne University Law Review*, 20(4), 953-978.
- Athanasiadis, C. (2017). A man got to do what he got to do. *The Psychologist*, 30(7), 62-64.
- Aulivola, M. (2004). Outing domestic violence: Affording appropriate protections to gay and lesbian victims. *Family Court Review*, 42, 162-177. <https://doi.org/10.1111/j.174-1617.2004.tb00640.x>
- Azam Ali, P., & Naylor, P. B. (2013). Intimate partner violence: A narrative review of the feminist, social and ecological explanations for its causation. *Aggression & Violent Behaviour*, 18(6), 611-619. <https://doi.org/10.1016/j.avb.2013.07.009>
- Babcock, J. C., Jacobson, N. S., Gottman, J. M., & Yerington, T. P. (2000). Attachment, emotional regulation, and the function of marital violence: Differences between secure, preoccupied, and dismissing violent and nonviolent husbands. *Journal of Family Violence*, 15, 391-409.
- Barber, C. F. (2008). Domestic violence against men. *Nursing Standard*, 22(51), 35-39.
- Barker, G., Ricardo, C., Nascimento, M., & World Health Organisation (2007). *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. World Health Organisation.
- Barry, J. (2016). Can psychology bridge the gender empathy gap? *South West Review*, 4, 31-36.
- Barry, J. (2017). Is your therapy gender aware or gender blind? *British Society of Clinical & Academic Hypnosis Newsletter*, 8(10), 6-8.
- Barry, J., & Daubney, M. (2017). *The Harry's masculinity report*. Male Psychology Network. <https://www.malepsychology.org.uk/wp-content/uploads/2017/11/The-Harrys-Masculnity-Report-2017.pdf>
- Barry, J., Liddon, L., Kinglerlee, R., & Seager, M. (2016a). More male psychologists? *The Psychologist*, 29(6), 415.
- Barry, J., Seager, M., & Sullivan, L. (2016b). Challenging male gender blindness: Why psychologists should be leading the way. *Clinical Psychology Forum*, 285, 36-40.
- Barry, J., Liddon, L., Kinglerlee, R. & Seager, M. (2017, January 30). *Challenging the illusion that men don't need help*. Psychologist. <https://thepsychologist.bps.org.uk/challenging-illusion-men-dont-need-help>
- Bashir, N. (2018). Doing research in peoples' homes: Fieldwork, ethics and safety – on the practical challenges of researching and representing life on the margins. *Qualitative Research*, 18(6), 638-653. <https://doi.org/10.1177/1468794117731808>
- Bebbington, P. E., Meltzer, H., Brugha, T. S., Farrell, M., Jenkins, R., Ceresa, C., & Lewis, G. (2000). Unequal access and unmet need: Neurotic disorders and use of primary care services. *Psychological Medicine*, 30, 1359-1367.
- Bem, S. L. (1981). Gender schema theory: A cognitive account of sex typing. *Psychological Review*, 88, 354-364.
- Bensley, L., Van Eenwyk, J., & Wynkoop Simmons, K. (2003). Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal of Preventive Medicine*, 25, 38-44.

- [https://doi.org/10.1016/S0749-3797\(03\)00094-1](https://doi.org/10.1016/S0749-3797(03)00094-1)
- Berg, B. L., Lune, H., & Lune, H. (2004). *Qualitative research methods for the social sciences*. (5<sup>th</sup> ed.). Pearson.
- Bernstein, K. T., Liu, K., Begier, E. M., Koblin, B., Karpati, A., Murrill, C. (2008). Same-sex attraction disclosure to health care providers among New York City men who have sex with men. *Archives of Internal Medicine*, *168*, 1458–1464.  
<https://doi.org/10.1001/archinte.168.13.1458>
- Berger, J., Levant, R. F., McMillan, K., Kelleher, W., & Sellers, A. (2005). Impact of gender role conflict, traditional masculinity ideology, alexithymia, and age on men's attitudes toward psychological help seeking. *Psychology of Men & Masculinity*, *6*, 73-78. <https://doi.org/10.1037/1524-9220.6.1.73>
- Berkowitz, L. (1993). *Aggression: Its causes, consequences and control*. McGraw-Hill.
- Bertakis, K. D., Raham, A., Helms, L. J., Callahan, E. J., & Robbins, J. (2000). Gender differences in the utilisation of healthcare services. *Journal of Family Practice*, *49*, 1-8.
- Biggerstaff, D., & Thompson, A. (2008). Interpretative phenomenological analysis: A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, *5*, 173-183. <http://dx.doi.org/10.1080/14780880802314304>
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report*. National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention.  
[https://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf)
- Black, B. M., Tolman, R. M., Callahan, M., Saunders, D. G., & Weisz, A. N. (2008). When will adolescents tell someone about dating violence victimisation? *Violence Against Women*, *14*(7), 741-758. <https://doi.org/10.1177/1077801208320248>
- Blaine, B. (2000). *The psychology of diversity: Perceiving and experiencing social difference*. Mayfield.
- Blazina, C., & Marks, L. I. (2001). College men's affective reactions to individual therapy, psycho-educational workshops, and men's support group brochures: The influence of gender-role conflict and power dynamics upon help-seeking attitudes. *Psychotherapy: Theory, Research, Practice, Training*, *38*(3), 297-305.  
<https://doi.org/10.1037/0033-3204.38.3.297>
- Blazina, C., & Watkins, J. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes toward help-seeking. *Journal of Counselling Psychology*, *43*, 461-465.  
<https://doi.org/10.1037/0022-0167.43.4.461>
- Borbasi, S., Chapman, Y., Gassner L. A., Dunn, S., Read, K. (2002). Perceptions of the researcher: In-depth interviewing in the home. *Contemporary Nurse*, *14*, 24–37.  
<https://doi.org/10.5172/conu.14.1.24>
- Bornstein, D. R., Fawcett, J., & Sullivan, M. S. (2006). Understanding the experiences of lesbian, bisexual and trans survivors of domestic violence: A qualitative study. *Journal of Homosexuality*, *51*(1), 159-182.  
[https://doi.org/10.1300/J082v51n01\\_08](https://doi.org/10.1300/J082v51n01_08)
- Bowen, E., Holdsworth, E., Leen, E., Sorbring, E., Helsing, B., Jaans, S., & Awouters, V. (2013). Northern European adolescent attitudes toward dating violence. *Violence and Victims*, *28*(4), 619-634. <https://doi.org/10.1891/0886-6708.VV-D-12-0009>
- Braaf, R., & Barrett Meyering, I. (2011). *Seeking security: Promoting women's economic*

- wellbeing following domestic violence*. Sydney: Australian Domestic and Family Violence Clearinghouse. <http://pandora.nla.gov.au/pan/132053/20120202-1329/www.adfvc.unsw.edu.au/PDF%20files/Seeking%20Security%20Report%20WEB.pdf>
- Branney, P., & White, A. (2008). Big boys don't cry: Depression and men. *Advances in Psychiatric Treatment, 14*(4), 256-262.  
<https://doi.org/10.1192/apt.bp.106.003467>
- Brannon, L. (2011). *Gender: Psychological perspectives*. Pearson Education Inc.
- British Psychological Society (2009). Code of ethics and conduct.  
<https://www.bps.org.uk/files/code-ethics-and-conduct-2009pdf>
- Broderick, P. C. (1998). Early adolescent gender differences in the use of ruminative and distracting coin strategies. *Journal of Early Adolescence, 18*, 173-191.  
<https://doi.org/10.1177/0272431698018002003>
- Brogden, M., & Nijhar, S. K. (2004). *Abuse of adult males in intimate partner relationships in Northern Ireland*.  
<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.566.4532&rep=rep1&type=pdf>
- Brooks, G. R., & Silverstein, L. B. (2003). Understanding the dark side of masculinity: An interactive systems model. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 280-336). Basic Books.
- Brown, B. (2015). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent and lead*. Penguin.
- Brown, B. (2016). From boys to men: The place of the provider role in male development. *New Male Studies, 5*(2), 36-57.
- Brownhill, S., Wilhelm, K., Barclay, L., & Schmied, V. (2005). 'Big build': Hidden depression in men. *Australian & New Zealand Journal of Psychiatry, 39*(10), 1-16.  
<https://doi.org/10.1080/j.1440-1614.2005.01665.x>
- Bullen, K., & Hacker Hughes, J. (2016). Representativeness of psychologists – BPS response. *The Psychologist, 29*(4), 248-249.
- Busch, A. L., & Rosenberg, S. M. (2004). Comparing women and men arrested for domestic violence: A preliminary report. *Journal of Family Violence, 19*(1), 49-57.  
<https://doi.org/10.1023/B:JOFV.0000011582.05558.2e>
- Button, E., Aldridge, S., & Palmer, R. (2008). Males assessed by a specialized adult eating disorders service: Patterns over time and comparisons with females. *International Journal of Eating Disorders, 41*, 758-761.  
<https://doi.org/10.1002/eat.20553>
- Buzawa, E., & Hotaling, G. T. (2006). The impact of relationship status, gender, and minor status in the police response to domestic assaults. *Victims & Offenders, 1*, 323-360. <https://doi.org/10.1080/15564880600798681>
- Caetano, R., Nelson, S., & Cunradi, C. (2010). Intimate partner violence, dependence symptoms and social consequences from drinking among white, black and Hispanic couples in the United States. *American Journal of Addictions, 10*(1), 60-69. <https://doi.org/10.1080/10550490150504146>
- Caetano, R., Vaeth, P. A., & Ramisetty-Mikler, S. (2005). Drinking, alcohol problems and the five-year recurrence and incidence of male to female and female to male partner violence. *Alcoholism: Clinical & Experimental Research, 29*, 98-106.  
<https://doi.org/10.1097/01.ALC.0000150015.84381.63>
- Caldwell, J. E., Swan, S. C., & Woodbrown, V. D. (2012). Gender differences in intimate partner violence outcomes. *Psychology of Violence, 2*(1), 42-57.

- <https://doi.org/10.1037/a0026296>
- Cambridge University Press. (2019). Emasculate. In *Cambridge's English Dictionary*.  
<https://dictionary.cambridge.org/dictionary/english/emasculate>
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*,  
359, 1331–1336. [https://doi.org/10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8)
- Carney, M., Buttell, F., & Dutton, D. (2007). Women who perpetrate intimate partner  
violence: A review of the literature with recommendations for treatment.  
*Aggression & Violent Behaviour*, 12(1), 108-115.  
<https://doi.org/10.1016/j.avb.2006.05.002>
- Cascardi, M., Langhinrichsen, J., & Vivian, D. (1992). Marital aggression: Impact, injury,  
and health correlates for husbands and wives. *Archives of Internal Medicine*, 152,  
1178–1184. <https://doi.org/10.1001/archinte.1992.00400180048007>
- Chan, C. (2005). *Domestic violence in gay and lesbian relationships*. Australian Domestic  
and Family Violence Clearinghouse.  
[http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.470.8656&rep=rep1  
&type=pdf](http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.470.8656&rep=rep1&type=pdf)
- Chaplin, T. M., Cole, P. M., & Zahn-Wexler, C. (2005). Parental socialization of emotion  
expression: Gender differences and relations to child adjustment. *Emotion*, 5, 80-  
88. <https://doi.org/10.1037/1528-3542.5.1.80>
- Cheng, H. L., Kwan, K. L. K., & Sevig, T. (2013). Racial and ethnic minority college  
students' stigma associated with seeking psychological help: Examining  
psychocultural correlates. *Journal of Counselling Psychology*, 60(1), 98 –111.  
<https://doi.org/10.1037/a0031169>
- Cheung, M., Leung, P., & Tsui, V. (2009). Asian male domestic violence victims: Services  
exclusive for men. *Journal of Family Violence*, 24(7), 447-462.  
<https://doi.org/10.1007/s10896-009-9240-9>
- Chuick, C. D., Greenfeld, J. M., Greenberg, S. T., Shepard, S. J., Cochran, S. V., & Haley, J. T.  
(2009). A qualitative investigation of depression in men. *Psychology of Men &  
Masculinity*, 10(4), 302-313. <https://doi.org/10.1037/a0016672>
- Cialdini, R. B. (2001). *Influence: Science and practice*. Allyn & Bacon.
- Clarke, V., & Braun, V. (2009). Critical social issues: Gender. In D. Fox, I. Prilleltensky & S.  
Austin (Eds.), *Critical psychology: An introduction* (pp. 343–363). Sage  
Publications.
- Clarke, V., & Braun, V. (2014). Thematic analysis. *Encyclopaedia of critical psychology*.  
Springer. [https://doi.org/10.1007/978-1-4614-5583-7\\_311](https://doi.org/10.1007/978-1-4614-5583-7_311)
- Clermont, K. J. (2003). Lesbians and same-sex relationships. In J. M. Liebschutz, S. M.  
Frayne, & G. N. Saxe (Eds.), *Violence against women: A physician's guide to  
identification and management*. (pp. 237–250). ACP Press.
- Cochran, S. V., & Rabinowitz, F. E. (2000). *Men and depression: Clinical and empirical  
perspectives*. Academic Press.
- Cohen, S., Janicki-Deverts, D., & Miller, G. E. (2007). Psychological stress and disease.  
*Journal of the American Medical Association*, 298(14), 1685-1687.  
<https://doi.org/doi:10.1001/jama.298.14.1685>
- Cohen, E. H., Mowbray, C. T., Bybee, D., Yeich, S., Ribisl, K., & Freddolino, P. P. (1993).  
Tracking and follow-up methods for research on homelessness. *Evaluation  
Review*, 17(3), 331-352. <https://doi.org/10.1177/0193841X9301700305>
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H.

- (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, 24(4), 260-268. [https://doi.org/10.1016/S0749-3797\(02\)00514-7](https://doi.org/10.1016/S0749-3797(02)00514-7)
- Coker, A. L., Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine*, 9, 451-457.
- Coker, A. L., Weston, R., Creson, D. L., Justice, B., & Blakeney, P. (2005). PTSD symptoms among men and women survivors of intimate partner violence: The role of risk and protective factors. *Violence & Victims*, 20(6), 625-643. <https://doi.org/10.1891/0886-6708.20.6.625>
- Coleman, V. (1996). Lesbian battering: The relationship between personality and the perpetration of violence. In L. Hamberger & C. Renzetti (Eds.), *Domestic partner abuse* (pp. 77- 101). Springer.
- Comer, R. J. (1992). *Abnormal psychology*. Freeman.
- Connell, R. W. (1987). *Gender and power*. Stanford University Press.
- Connell, R. W. (2005). *Masculinities*. (2<sup>nd</sup> ed.). Polity Press.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19(6), 829-859. <https://doi.org/10.1177/0891243205278639>
- Conner, K. O., Copeland, V. C., Grote, N. K., Koeske, G., Rosen, D., Reynolds, C. F., & Brown, C. (2010). Mental health treatment seeking among older adults with depression: The impact of stigma and race. *American Journal of Geriatric Psychiatry*, 18(6), 531-543. <https://doi.org/10.1097/JGP.0b013e3181cc0366>
- Constas, M. A. (1992). Qualitative analysis as a public event: The documentation of category development procedures. *American Educational Research Journal*, 29(2), 253-266. <https://doi.org/10.3102/00028312029002253>
- Cook, P. W. (2009). *Abused men: The hidden side of domestic violence*. Praeger Publishers.
- Coolican, H. (2019). *Research methods and statistics in psychology*. (7<sup>th</sup> ed.). Hodder & Stoughton.
- Cooper, M. (2009). Welcoming the other: Actualising the humanistic ethic at the core of counselling psychology practice. *Counselling Psychology Review*, 24(3/4), 119-129.
- Copperman, J. (2000). *Eating disorders in the United Kingdom: Review of the provision of health care services for men with eating disorders*. Norwich: Eating Disorders Association.
- Cormier, N. (2006). *A consideration of gender in university students' perceptions of intimate partner abuse*. [Unpublished master's thesis]. University of British Columbia.
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59, 614-625. <https://doi.org/10.1037/0003-066X.59.7.614>
- Corrigan, P. W., & Matthews, A. K. (2003). Stigma and disclosure: Implications for coming out of the closet. *Journal of Mental Health*, 12, 235-248. <https://doi.org/10.1080/0963823031000118221>
- Corrigan, P. W., & Penn, D. L. (1999). Lessons from social psychology on discrediting psychiatric stigma. *American Psychologist*, 54, 765-776. <https://doi.org/10.1037/2376-6972.1.S.2>
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*, 50(10), 1385-1401. [https://doi.org/10.1016/S0277-9536\(99\)00390-1](https://doi.org/10.1016/S0277-9536(99)00390-1)

- Courtenay, W. H., McCreary, D. R., & Merighi, J. R. (2002). Gender and ethnic differences in health beliefs and behaviours. *Journal of Health Psychology, 7*(3), 219-213. <https://doi.org/10.1177/1359105302007003216>
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative and mixed methods*. Sage Publications.
- Creswell, J. W. (2013). *Qualitative enquiry and research design: Choosing among five approaches*. (3<sup>rd</sup> ed.). Sage Publications.
- Crosby, A. E., Han, B., Ortega, L. A. G., Parks, S. E., & Gfroerer, J. (2011). Suicidal thoughts and behaviours among adults aged 18 years: United States, 2008–2009. *Morbidity & Mortality Weekly Report, 60*, 1–22.
- Crosscope-Happel, C., Hutchins, D. E., & Getz, H. G. (2000). Male anorexia nervosa: A new focus. *Journal of Mental Health Counselling, 22*, 365–370.
- Davies, J., McCrae, B. P., Frank, J., Dochnahl, A., Pickering, T., Harrison, B., Zakrzewski, M., & Wilson, K. (2000). Identifying male college students' perceived health needs, barriers to seeking help, and recommendations to help men adopt healthier lifestyles. *Journal of American College Health, 48*, 259–267. <https://doi.org/10.1080/07448480009596267>
- Davies, M. (2002). Male sexual assault victims. *Aggression & Violent Behaviour: A Review Journal, 7*, 203-214. [https://doi.org/10.1016/S1359-1789\(00\)00043-4](https://doi.org/10.1016/S1359-1789(00)00043-4)
- Denzin, N. K., & Lincoln, Y. S. (2003). *The landscape of qualitative research*. Sage Publications.
- De Souza, P., & Ciclitira, K. E. (2005). Men and dieting: A qualitative analysis. *Journal of Health Psychology, 10*(6), 793-804. <https://doi.org/10.1177/1359105305057314>
- Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2008). Risk to researchers in qualitative research on sensitive topics: Issues and strategies. *Qualitative Health Research 18*(1), 133-144. <https://doi.org/10.1177/1049732307309007>
- Dobash, R. E., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy*. Free Press.
- Donovan, C., & Hester, M. (2010). 'I hate the word "victim"': An exploration of recognition of domestic violence in same sex relationships. *Social Policy and Society, 9*(02), 279–289. <https://doi.org/10.1017/S1474746409990406>
- Donovan, C., & Hester, M. (2011). Seeking help from the enemy: Help-seeking strategies of those in same-sex relationships who have experienced domestic abuse. *Child and Family Law Quarterly, 23*(1), 26-40.
- Dorahi, M. J., & Clearwater, K. (2012). Shame and guilt in men exposed to child sexual abuse: A qualitative investigation. *Journal of Child Sexual Abuse, 21*, 155-175. <https://doi.org/10.1080/10538712.2012.659803>
- Douglas, E. M., & Hines, D. A. (2011). The help-seeking experiences of men who sustain intimate partner violence: An overlooked population and implications for practice. *Journal of Family Violence, 26*, 473-485. <https://doi.org/10.1007/s10896-011-9382-4>
- Downey, H., Hamilton, K., & Catterall, M. (2007). Researching vulnerability: What about the researcher? *European Journal of Marketing, 41*(7/8), 734-739. <https://doi.org/10.1108/03090560710752375>
- Drijber, B. C., Reijnders, U. J. L., & Ceelen, M. (2013). Male victims of domestic violence. *Journal of Family Violence, 28*(2), 173-178.
- Drossmann, D. A., Talley, N. J., Leserman, J., Olden, K. W., & Barreiro, M. A. (1995).

- Sexual and physical abuse and gastrointestinal illness: Review and recommendations. *Annals of Internal Medicine*, 123(10), 782-94.  
<https://doi.org/10.7326/0003-4819-123-10-199511150-00007>
- Duke, A., & Davidson, M. M. (2009). Same-sex intimate partner violence: Lesbian, gay, and bisexual affirmative outreach and advocacy. *Journal of Aggression, Maltreatment & Trauma*, 18, 795-816.  
<https://doi.org/10.1080/10926770903291787>
- Dumont, M., & Provost, M. A. (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of Youth & Adolescence*, 28(3), 343-363.
- Du Plat-Jones, J. (2006). Domestic violence: The role of health professionals. *Nursing Standard*, 21(14-16), 44-48.
- Durfee, A. (2011). "I'm not a victim, she's an abuser": Masculinity, victimisation, and protection orders. *Gender & Society*, 25, 316-334.  
<https://doi.org/10.1177/0891243211404889>
- Dutton, D. G. (1994). Patriarchy and wife assault: The ecological fallacy. *Violence & Victims*, 9, 167-182. <https://doi.org/10.1891/0886-6708.9.2.167>
- Dutton, D. G. (1995). Male abusiveness in intimate relationships. *Clinical Psychology Review*, 15, 567-581. [https://doi.org/10.1016/0272-7358\(95\)00028-N](https://doi.org/10.1016/0272-7358(95)00028-N)
- Dutton, D. G. (2006). *Rethinking domestic violence*. University of British Columbia Press.
- Dutton, D. G. (2007). Female intimate partner violence and developmental trajectories of abusive females. *International Journal of Men's Health*, 6(1), 54-70.
- Dutton, D. G. (2010). The gender paradigm and the architecture of anti-science. *Partner Abuse*, 1(1), 5-25. <https://doi.org/10.1891/1946-6560.1.1.5>
- Dutton, D. G. (2012). The case against the role of gender in intimate partner violence. *Aggression & Violent Behaviour*, 17(1), 99-104.  
<https://doi.org/10.1016/j.avb.2011.09.0024>
- Dutton, D. G., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression & Violent Behaviour*, 11(5), 457-483. <https://doi.org/10.1016/j.avb.2006.01.007>
- Dutton, D. G., & Nicholls, T. L. (2005). The gender paradigm in domestic violence research and theory: Part 1 - The conflict of theory and data. *Aggression & Violent Behaviour*, 10(6), 680-714. <https://doi.org/10.1016/j.avb.2005.02.001>
- Eagly, A. H., & Mladinic, A. (1989). Gender stereotypes and attitudes toward women and men. *Personality & Social Psychology Bulletin*, 15(4), 543-558.  
<https://doi.org/10.1177/0146167289154008>
- Ecker, J. (2017). A reflexive inquiry on the effect of place on research interviews conducted with homeless and vulnerably housed individuals. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 18(1).  
<http://dx.doi.org/10.17169/fqs-18.1.2706>
- Ehrensaft, M. K., Cohen, P., & Johnson, J. G. (2006). Development of personality disorder symptoms and the risk of partner violence. *Journal of Abnormal Psychology*, 115(3), 474-483. <https://doi.org/10.1037/0021-843X.115.3.474>
- Ehrensaft, M. K., Moffitt T. E., & Caspi, A. (2004). Clinically abusive relationships in an unselected birth cohort: Men's and women's participation and developmental antecedents. *Journal of Abnormal Psychology*, 113(2), 258-270.  
<https://doi.org/10.1037/0021-843X.113.2.258>
- Eisenberg, N., Cumberland, A., & Spinrad, T. L. (1998). Parental socialisation of Emotion. *Psychological Enquiry*, 9, 241-273.



- Eisikovits, Z., & Bailey, B. (2011). From dichotomy to continua: Towards a transformation of gender roles and intervention goals in partner violence. *Aggression & Violent Behaviour, 16*, 340–346. <https://doi.org/10.1016/j.avb.2011.04.003>
- Eliason, M. J., & Schope, R. (2001). Does “don’t ask don’t tell” apply to health care? Lesbian, gay, and bisexual people’s disclosure to health care providers. *Journal of the Gay and Lesbian Medical Association, 5*, 125–134.
- Eliot, L. (2010). *Pink brain, blue brain: How small differences grow into troublesome gaps – and what we can do about it*. Houghton Mifflin Harcourt.
- Elliot, P. (1996). Shattering illusions: Same-sex domestic violence. *Journal of Gay and Lesbian Social Services, 4*, 1-8. [https://doi.org/10.1300/J041v04n01\\_01](https://doi.org/10.1300/J041v04n01_01)
- Elliott, R., Fisher, C. T. & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229. <https://doi.org/10.1348/014466599162782>
- Elmir, R., Schmied, V., Jackson, D., & Wilkes, L. (2011). Interviewing people about potentially sensitive topics. *Nurse Researcher 19*(1), 12-16. <https://doi.org/10.7748/nr2011.10.19.1.12.c8766>
- Elwood, S. A., & Martin, D. G. (2000). “Placing” interviews: Location and scales of power in qualitative research. *Professional Geographer, 52*(4), 649-657. <https://doi.org/10.1111/0033-0124.00253>
- Emslie, C., Ridge, D., Ziebland, S., & Hunt, K. (2006). Men’s accounts of depression: Reconstructing or resisting hegemonic masculinity? *Social Science & Medicine, 62*(9), 2246-2257. <https://doi.org/10.1016/j.socscimed.2005.10.017>
- Englar, C. M., & Kiselica, M. S. (2013). Affirming the strengths in men: A positive masculinity approach to assisting male clients. *Journal of Counselling & Development, 91*(4), 399-409. <https://doi.org/10.1002/j.1556-6676.2013.00111.x>
- Essed, P., Goldberg, D. T., & Kobayashi, A. (2009). *A companion to gender studies*. Wiley-Blackwell.
- Etherington, K. (2004). *Becoming a reflexive researcher: Using ourselves in research*. Jessica Kingsley Publishers.
- Evans, T., & Wallace, P. (2008). A prison within a prison? The masculinity narratives of male prisoners. *Men & Masculinities, 10*, 484 - 507. <https://doi.org/10.1177/1097184X06291903>
- Falconer-Al Hindi, K. (1997). Feminist critical realism: A method for gender and work studies in geography. In J. P. Jones, H. Nast & S. Roberts (Eds.), *Thresholds in feminist geography* (pp. 145-164). Rowman and Littlefield.
- Falmagne, R. J. (2000). Positionality and thought: On the gendered foundations of thought, culture, and development. In P.H. Miller & E. Kofsky Scholnick (Eds.), *Toward a feminist developmental psychology* (pp. 191–213). Routledge.
- Farrell, M., Boys, A., Singleton, N., Meltzer, H., Brugha, T., Bebbington, Jenkins, R., Cold, J., Lewis, G., & Marsden, J. (2006). Predictors of mental health service utilization in the 12 months before imprisonment: Analysis of results from a national prisons survey. *Australian & New Zealand Journal of Psychiatry, 40*, 548–553. <https://doi.org/10.1080/j.1440-1614.2006.01836.x>
- Farrell, W., Seager, M., & Barry, J. A. (2016). The male gender empathy gap: Time for psychology to take action. *New Male Studies, 5*(2), 6-16.
- Faulkner, A. (2004). *The ethics of survivor research: Guidelines for the ethical conduct of research carried out by mental health service users and survivors*. Policy Press.

- Feather, N. T. (1996). Domestic violence, gender, and perceptions of justice. *Sex Roles*, 35(7-8), 507-519.
- Fairbairn, W. D. (1954). *An object-relations theory of the personality*. Basic Books.
- Felson, R. B. (2002). *Violence and gender re-examined*. American Psychological Press.
- Felson, R. B., & Outlaw, M. C. (2007). The control motive and marital behaviour. *Violence & Victims*, 22(4), 387-407.
- Fergusson, D. M., Horwood, L. J., & Ridder, E. M. (2005). Partner violence and mental health outcomes in a New Zealand birth cohort. *Journal of Marriage & Family*, 67(5), 1103-1119. <https://doi.org/10.1111/j.1741-3737.2005.00202.x>
- Fiebert, M. S. (2010). References examining assaults by women on their spouses or male partners: An annotated bibliography. *Sexuality & Culture*, 14, 49-91. <https://doi.org/10.1007/s12119-004-1001-6>
- Fiebert, M. S., & Gonzalez, D. M. (1997). College women who initiate assaults on their male partners and the reasons offered for such behaviour. *Psychological Reports*, 80(2), 583-590. <https://doi.org/10.2466/pr0.1997.80.2.583>
- Fine, C. (2010). *Delusions of gender: The real science behind sex differences*. Icon Books Ltd.
- Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12, 531-545. <https://doi.org/10.1177/104973202129120052>
- Finlay, L. (2003). *The reflexive journey: Mapping multiple routes*. Reflexivity: A practical guide for researchers in health and social sciences. Wiley Online Library. <https://doi.org/10.1002/9780470776094.ch1>
- Finlay, L. & Gough, B. (2003). *Reflexivity: A practical guide for researchers in health and social sciences*. Blackwell Publishing.
- Finneran, C., & Stephenson, R. (2013). Gay and bisexual men's perceptions of police helpfulness in response to male-male intimate partner violence. *Western Journal of Emergency Medicine*, 14(4), 354-362. <https://doi.org/10.5811/westjem.2013.3.15639>
- Fischer, A. H. (2000). *Gender and emotion: Social psychological perspectives*. Cambridge University Press.
- Fisher, J. D., Nadler, A., & Whitcher-Alagna, S. (1982). Recipient reactions to aid. *Psychological Bulletin*, 91, 27-54. <https://doi.org/10.1037/0033-2909.91.1.27>
- Fisher, J. D., Nadler, A., & Whitcher-Alagna, S. (1983). Four conceptualizations of reactions to aid. In J. D. Fisher, A. Nadler & B. M. DePaulo (Eds.), *New directions in helping: Vol. 1. Recipient reactions to aid* (pp. 51- 84). Academic Press.
- Follingstad, D. R., DeHart, D. D., & Green, E. P. (2004). Psychologists' judgments of psychologically aggressive actions when perpetrated by a husband versus a wife. *Violence & Victims*, 19(4), 435-452. <https://doi.org/10.1891/vivi.19.4.435.64165>
- Follingstad, D. R., Wright, S., Lloyd, S., & Sebastian, J. A. (1991). Sex differences in motivations and effects in dating violence. *Family Relations*, 40, 51-57. <https://doi.org/10.2307/585658>
- Fook, J., & Gardner, F. (2007). *Practicing critical reflection: A resource handbook*. McGraw-Hill Education.
- Forth, C. E., (2009). Manhood incorporated: Diet and the embodiment of civilized' masculinity. *Men & Masculinities*, 11(5), 578-601. <https://doi.org/10.1177/1097184X07304810>
- Fray-Witzer, E. (1999). Twice-abused: Same-sex domestic violence and the law. In B. Leventhal & S. E. Lundy (Eds.), *Same-sex domestic violence* (pp. 19-41). Sage

Publications.

- Gagnon, M., Jacob, J. D., McCabe, J. (2014). Locating the qualitative interview: Reflecting on space and place in nursing research. *Journal of Research in Nursing, 20*, 203–215. <https://doi.org/10.1177/1744987114536571>
- Galdas, P. M. (2009). Men, masculinity, and help-seeking behaviour. In A. Broom & P. Tovey (Eds.), *Men's health: Body, identity and social context*. Wiley-Blackwell.
- Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: Literature review. *Journal of Advanced Nursing, 49*, 616–623. <https://doi.org/10.1111/j.1365-2648.2004.03331.x>
- Garner, J. H., & Maxwell, C. D. (2000). What are the lessons of the police arrest studies? *Journal of Aggression, Maltreatment & Trauma, 4*, 83–114. [https://doi.org/10.1300/J146v04n01\\_05](https://doi.org/10.1300/J146v04n01_05)
- Gartner, R. B. (2010). *Beyond betrayal: Taking charge of your life after boyhood sexual abuse*. John Wiley & Sons.
- Gavin, H., & Porter, T. (2015). *Female aggression*. Wiley-Blackwell.
- Geldard, K., & Geldard, D. (2003). *Counselling skills in everyday life*. Palgrave Macmillan.
- George, M. J. (1994). Riding the donkey backwards: Men as the unacceptable victims of marital violence. *Journal of Men's Studies, 3*(2), 137–159. <https://doi.org/10.1177/106082659400300203>
- George, M. J. (2007). The "great taboo" and the role of patriarchy in husband and wife abuse. *International Journal of Men's Health, 6*(1), 7–21.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist, 40*(3), 266–275. <https://doi.org/10.1037/10112-044>
- Gillham, B. (2000). *The research interview*. Continuum.
- Gilmore, D. (1990). *Manhood in the making*. Yale University Press.
- Goffman, E. (1990). *Stigma: Notes on the management of spoiled identity*. Penguin.
- Good, G. E., & Brooks, G. R. (2005). *The new handbook of psychotherapy and counselling for men*. John Wiley & Sons.
- Good, G. E., Dell, D. M., & Mintz, L. B. (1989). Male role and gender role conflict: Relations to help seeking in men. *Journal of Counselling Psychology, 36*, 295–300. <https://doi.org/10.1037/0022-0167.36.3.295>
- Good, G. E., Schopp, L. H., Thomson, D., Hathaway, S., Sanford-Martens, T., Mazurek, M. O., & Mintz, L. B. (2006). Masculine roles and rehabilitation outcomes among men recovering from serious injuries. *Psychology of Men & Masculinity, 7*, 165–176. <https://doi.org/10.1037/1524-9220.7.3.165>
- Good, G. E., & Wood, P. K. (1995). Male gender role conflict, depression, and help seeking: Do college men face double jeopardy? *Journal of Counselling & Development, 74*, 70–75. <https://doi.org/10.1002/j.1556-6676.1995.tb01825.x>
- Goodley, D., & Smailes, S. (2011). Positionalities. In P. Banister, G. Bunn, E. Burman, J. Daniels, P. Duckett, D. Goodley, R. Lawthom, I. Parker, K. Runswick-Cole, J. Sixsmith, S. Smailes, C. Tindall, & P. Whelan, (Eds.), *Qualitative methods in psychology: A research guide* (pp. 38–59). Open University Press.
- Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counselling psychologists as social justice agents: Feminist and multicultural principles in action. *The Counselling Psychologist, 32*, 793–837. <https://doi.org/10.1177/0011000004268802>
- Gough, B. (2007). 'Real men don't diet': An analysis of contemporary newspaper representations of men, food and health. *Social Science & Medicine, 64*(2), 326–337. <https://doi.org/10.1016/j.socscimed.2006.09.011>

- Graham, J., Grewal, I., & Lewis, J. (2007). Ethics in social research: The views of research participants. Report, London: NatCen.
- Graham-Kevan, N. (2007a). Partner violence typologies. In J. Hamel & T. L. Nicholls (Eds.), *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment* (pp. 145-163). Springer Publishing Company.
- Graham-Kevan, N. (2007b). Distorting intimate violence findings: Playing with numbers. *European Journal of Criminal Policy Research*, 13, 233–234.  
<https://doi.org/10.1007/s10610-007-9058-z>
- Greenberg, S. T., & Schoen, E. G. (2008). Males and eating disorders: Gender-based therapy for eating disorder recovery. *Professional Psychology: Research & Practice*, 39, 464–471. <https://doi.org/10.1037/0735-7028.39.4.464>
- Greenwood, G. L., Relf, M. V., Huang, B., Pollack, L. M., Canchola, J. A., & Catania, J. A. (2002). Battering victimization among a probability-based sample of men who have sex with men. *American Journal of Public Health*, 92, 1964–1969.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N.K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Sage Publications.
- Gubrium, J. F., Holstein, J. A., Marvasti A. B., & McKinney, K. D. (2012). *The Sage handbook of interview research: The complexity of the craft*. Sage Publications.
- Gutmann, M. C. (1996). *The meanings of macho: Being a man in Mexico City*. University of California Press.
- Hamby, S. L., & Gray-Little, B. (2000). Labelling partner violence: When do victims differentiate among acts? *Violence & Victims*, 15(2), 173-186.  
<https://doi.org/10.1891/0886-6708.15.2.173>
- Hamby, S. L., & Jackson, A. (2010). Size does matter: The effects of gender on perceptions of dating violence. *Sex Roles*, 63, 324-331.  
<https://doi.org/10.1007/s11199-010-9816-0>
- Hamel, J. (2007). Toward a gender-inclusive conception of intimate partner violence research and theory: Part 1 – traditional perspectives. *International Journal of Men's Health*, 6(1), 36-53. <https://doi.org/10.3149/jmh.0601.36>
- Hamel, J. (2009). Toward a gender-inclusive conception of intimate partner violence research and theory: Part 2 – new directions. *International Journal of Men's Health*, 8(1), 41-59. <https://doi.org/10.3149/jmh.0801.41>
- Hammer, R. (2003). Militarism and family terrorism: A critical feminist perspective. *The Review of Education, Pedagogy & Cultural Studies*, 25, 231–256.  
<https://doi.org/10.1080/10714410390225911>
- Hammer, J. H., & Vogel, D. L. (2010). Men's help-seeking for depression: The efficacy of a male-sensitive brochure about counselling. *The Counselling Psychologist*, 38(2), 296-313. <https://doi.org/10.1177/0011000009351937>
- Hammer, J. H., Vogel, D. L., & Heimerdinger-Edwards, S. R. (2012). Men's help seeking: Examination of differences across community size, education, and income. *Psychology of Men & Masculinity*, 14(1), 65–75.  
<https://doi.org/10.1037/a0026813>
- Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective, *Feminist Studies*, 14(3), 575-599.  
<https://doi.org/10.2307/3178066>
- Hardesty, J. L., Oswald, R. F., Khaw, L. & Fonseca, C. (2011). Lesbian/bisexual mothers

- and intimate partner violence: Help seeking in the context of social and legal vulnerability. *Violence Against Women*, 17(1), 28-46.  
<https://doi.org/10.1177/1077801209347636>
- Hare-Mustin, R. T., & Marecek, J. (1988). The meaning of difference gender theory, postmodernism, and psychology. *American Psychologist*, 43(6), 455-464.  
<https://doi.org/10.1037/0003-066X.43.6.455>
- Harper, D. (2012). Choosing a qualitative research method. In D. Harper, & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy* (pp. 83-97). Wiley-Blackwell.
- Harris, I. M. (1995). *Messages men hear: Constructing masculinities*. Taylor & Francis.
- Harris, R. J., & Cook, C. A. (1994). Attributions about spouse abuse: It matters who the batterers and victims are. *Sex Roles*, 30(7-8), 553-565.
- Hartsock, N. (2004). The feminist standpoint: Developing the ground for a specifically feminist historical materialism. In S. Harding, & M. B. Hintikka, (Eds.), *The feminist standpoint theory reader: Intellectual and political controversies*. Routledge.
- Harvey, S., Mitchell, M., Keeble, J., McNaughton Nicholls, C., & Rahim, N. (2014). *Barriers faced by lesbian, gay, bisexual and transgender people in accessing domestic abuse, stalking and harassment, and sexual violence services*. Cardiff: Welsh Government. [file:///Users/newuser/Downloads/Barriers-faced-by-lesbian-gay-bisexual-and-transgender-people-in-accessing-domestic-abuse-stalking-harassment-and-sexual-violence-services%20\(1\).pdf](file:///Users/newuser/Downloads/Barriers-faced-by-lesbian-gay-bisexual-and-transgender-people-in-accessing-domestic-abuse-stalking-harassment-and-sexual-violence-services%20(1).pdf)
- Heidegger, M. (1962). *Being and Time*. Blackwell.
- Henderson, L. (2003). *Prevalence of domestic violence among lesbians and gay men: Data report to Flame TV*. Sigma Research.
- Henning, K., & Feder, L. (2004). A comparison of men and women arrested for domestic violence: Who presents the greater risk? *Journal of Family Violence*, 19(2), 69-80.
- Hertzog, J. L., & Rowley, R. L. (2014). My beliefs of my peers' beliefs: Exploring the gendered nature of social norms in adolescent romantic relationships. *Journal of Interpersonal Violence*, 29(2), 348-368.  
<https://doi.org/10.1177/0886260513505145>
- Heru, A. M. (2007). Intimate partner violence: Treating abuser and abused. *Advances in Psychiatric Treatment*, 13(5), 376-383.  
<https://doi.org/10.1192/apt.bp.107.003749>
- Higate, P. R. (2003). *Military masculinities: Identity and the state*. Praeger.
- Hine, B. (2017). *Challenging the gendered discourse of domestic abuse: Comments on the Istanbul Convention*. Male Psychology Network.  
<https://malepsychology.org.uk/2017/02/13/challenging-the-gendered-discourse-of-domestic-violence/>
- Hine, B., & Arrindell, O. (2015). 'Yeah but, it's funny if she does it to him': Comparing ratings of acceptability, humour, and perpetrator and victim blame in female-to-male versus male-to-female domestic violence scenarios. Proceedings of the Male Psychology Conference, 26-27 June 2015, London, United Kingdom.
- Hines, D. A., Brown, J., & Dunning, E. (2007). Characteristics of callers to the domestic abuse helpline for men. *Journal of Family Violence*, 22(2), 63-72.  
<https://doi.org/10.1007/s10896-006-9052-0>
- Hines, D. A., & Douglas, E. M. (2009). Women's use of intimate partner violence against

- men: Prevalence, implications, and consequences. *Journal of Aggression, Maltreatment & Trauma*, 18(6), 572-586.  
<https://doi.org/10.1080/10926770903103099>
- Hines, D. A., & Douglas, E. M. (2010a). A closer look at men who sustain intimate terrorism from their female partners. *Partner Abuse*, 1, 286-313.  
<https://doi.org/10.1891/1946-6560.1.3.286>
- Hines, D. A., & Douglas, E. M. (2010b). Intimate terrorism by women towards men: Does it exist? *Journal of Aggression, Conflict, & Peace Research*, 2(3), 36-56.  
<https://doi.org/10.5042/jacpr.2010.0335>
- Hines, D. A., & Douglas, E. M. (2011). The reported availability of U.S. domestic violence services to victims who vary by age, sexual orientation, and gender. *Partner Abuse*, 2(1), 3-30. <https://doi.org/10.1891/1946-6560.2.1.3>
- Hines, D. A., & Douglas, E. M. (2012). Alcohol and drug abuse in men who sustain intimate partner violence. *Aggressive Behaviour*, 38(1), 31-46.  
<https://doi.org/10.1002/ab.20418>
- Hines, D. A., & Malley-Morrison, K. (2001). Psychological effects of partner abuse against men: A neglected research area. *Psychology of Men & Masculinity*, 2(2), 75-85.  
<https://doi.org/10.1037//1524-9220.2.2.75>
- Holloway, K., Seager, M., & Barry, J. A. (2018). *Are clinical psychologists and psychotherapists overlooking the gender-related needs of their clients?* Clinical Psychology Forum. <https://malepsychology.org.uk/wp-content/uploads/2018/09/Holloway-et-al-2018-sex-differences-in-therapy-author-version.pdf>
- Hooks, B. (1984). *Feminist theory: From margin to centre*. South End.
- Hooks, B. (2003). Reconstructing black masculinity. In M. Hussey (Ed.), *Masculinities: Interdisciplinary readings* (pp. 298-316). Prentice Hall.
- Houle, J., Mishara, B. L., & Chagnon, F. (2008). An empirical test of a mediation model of the impact of the traditional male gender role on suicidal behaviour in men. *Journal of Affective Disorders*, 107, 37-43.  
<https://doi.org/10.1016/j.jad.2007.07.016>
- Houston, E., & McKirnan, D. J. (2007). Intimate partner abuse among gay and bisexual men: Risk correlates and health outcomes. *Journal of Urban Health*, 84(5), 681-690. <https://doi.org/10.1007/s11524-007-9188-0>
- Howard, L. M., Trevillion, K., & Agnew-Davies, R. (2010). Domestic violence and mental health. *International Review of Psychiatry*, 22(5), 525-534.  
<https://doi.org/10.3109/09540261.2010.512283>
- Howitt, D. (2016). *Introduction to qualitative research methods in psychology*. Pearson Education Ltd.
- Humphreys, C., Regan, L., River, D., & Thiara, R. K. (2005). Domestic violence and substance use: Tackling complexity. *British Journal of Social Work*, 35, 1303-1320. <https://doi.org/10.1093/bjsw/bch212>
- Hunter, S. V. (2011). Disclosure of child sexual abuse as a life-long process: Implications for health professionals. *Australian & New Zealand Journal of Family Therapy*, 32(2), 159-172. <https://doi.org/10.1375/anft.32.2.159>
- Husserl, E. (1971). *Logical investigations, vol. I- II*. (J. N. Finlay, Trans.). Routledge. (Original work published 1900)
- Inckle, K. (2014). Strong and Silent: Men, masculinity, and self-injury. *Men & Masculinities*, 17(1), 3-21. <https://doi.org/10.1177/1097184X13516960>
- Ishida, K., Stupp, P., Melian, M., Serbanescu, F., & Goodwin, M. (2010). Exploring the

- associations between intimate partner violence and women's mental health: Evidence from a population-based study in Paraguay. *Social Science & Medicine*, 71(9), 1653–1661. <https://doi.org/10.1016/j.socscimed.2010.08.007>
- Ishii-Kuntz, M. (2003). Balancing fatherhood and work: Emergence of diverse masculinities in contemporary Japan. In J. E. Roberson and N. Suzuki. (Eds.), *Men and masculinities in contemporary Japan*. Routledge Curzon.
- Island, D., & Letellier, P. (1991). *Men who beat the men who love them: Battered gay men and domestic violence*. Haworth Press.
- Iwamoto, D. K., Liao, L., & Liu, W. M. (2010). Masculine norms, avoidant coping, Asian values, and depression among Asian American men. *Psychology of Men & Masculinity*, 11(1), 15-24. <https://doi.org/10.1037/a0017874>
- Iyengar, R. (2009). Does the certainty of arrest reduce domestic violence? Evidence from mandatory and recommended arrest laws. *Journal of Public Economics*, 93(1-2), 85-98. <https://doi.org/10.1016/j.jpubeco.2008.09.006>
- Jackson, S. M., Cram, F., & Seymour, F. W. (2000). Violence and sexual coercion in high school students' dating relationships. *Journal of Family Violence*, 15(1), 23-36. <https://doi.org/10.1023/A:1007545302987>
- Jackson, N. (1998). Lesbian battering: The other closet. In N. Jackson & G. Oates (Eds.), *Violence in intimate relationships: Examining sociological and psychological issues* (pp. 181- 194). Butterworth-Heinemann.
- Jeffries, M., & Grogan, S. (2012). 'Oh, I'm just, you know, a little bit weak because I'm going to the doctor's': Young men's talk of self-referral to primary healthcare services. *Psychology & Health*, 27, 898–915. <https://doi.org/10.1080/08870446.2011.631542>
- Jejeebhoy, S. J., Santhya, K. G., & Acharya, R. (2010). *Health and social consequences of marital violence: A synthesis of evidence from India*. New Delhi: Population Council. <https://doi.org/10.31899/pgy1.1016>
- Joe, S., & Marcus, S. C. (2003). Datapoints: Trends by race and gender in suicide attempts among U.S. adolescents, 1991–2001. *Psychiatric Services*, 54, 454.
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57, 283-294. <https://doi.org/10.2307/353683>
- Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12, 1003-1018. <https://doi.org/10.1177/1077801206293328>
- Johnson, J. L., Oliffe, J. L., Kelly, M. T., Galdas P., & Ogradniczuk, J. S. (2012). Men's discourses of help-seeking in the context of depression. *Sociology of Health & Illness*, 34(3), 345–361. <https://doi.org/10.1111/j.1467-9566.2011.01372.x>
- Johnson, I. M., & Sigler, R. T. (2000). The stability of the public's endorsements of the definition and criminalisation of the abuse of women. *Journal of Criminal Justice*, 28, 165-179. [https://doi.org/10.1016/S0047-2352\(00\)00033-7](https://doi.org/10.1016/S0047-2352(00)00033-7)
- Jordan, A. B. (2006). Make yourself at home: The social construction of research roles in family studies. *Qualitative Research*, 6(2), 169-185. <https://doi.org/10.1177/1468794106062708>
- Joseph, S. (2010). *Theories of counselling and psychotherapy*. Palgrave Macmillan.
- Joubert, H. E. (2016). *Selection of male trainees*. University of Surrey. <https://www.malepsychology.org.uk/wpcontent/uploads/2016/08/underrepresentation-of-male-psychologists-joubert-2016.pdf>
- Kar, H. L., & O'Leary, K. D. (2010). Gender symmetry or asymmetry in intimate partner

- victimization? Not an either/or answer. *Partner Abuse*, 1, 152–168.  
<https://doi.org/10.1891/1946-6560.1.2.152>
- Karnieli-Miller, O., Strier, R., Pessach, L. (2009). Power relations in qualitative research. *Qualitative Health Research*, 19, 279–289.  
<https://doi.org/10.1177/1049732308329306>
- Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review*, 27(2), 64-73.
- Keeler, E. B., Manning, W. G., & Wells, K. B. (1988). The demand for episodes of mental health services. *Journal of Health Economics*, 7, 369–392.  
[https://doi.org/10.1016/0167-6296\(88\)90021-5](https://doi.org/10.1016/0167-6296(88)90021-5)
- Kelly, J. G. (1990). Changing contexts and the field of community psychology. *American Journal of Community Psychology*, 18(6), 769-792.  
<https://doi.org/10.1007/BF00938064>
- Kelly, A., & Ciclitira, K. (2011). Eating and drinking habits of young London-based Irish men: A qualitative study. *Journal of Gender Studies*, 20(3), 223-235.  
<https://doi.org/10.1080/09589236.2011.593322>
- Kendall, S., & Halliday, L. E. (2014). Undertaking ethical qualitative research in public health: Are current ethical processes sufficient? *Australian and New Zealand Journal of Public Health*, 38, 306–310. <https://doi.org/10.1111/1753-6405.12250>
- Kessler, R. C. (2000). Gender differences in major depression: Epidemiological findings. In E. Frank (Ed.), *Gender and its effects on psychopathology* (pp. 61-84). American Psychiatric Publishing.
- Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month *DSM-IV* disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 617-627.  
<https://doi.org/10.1001/archpsyc.62.6.617>
- Kia-Keating, M., Sorsoli, L., & Grossman, F. K. (2010). Relational challenges and recovery processes in male survivors of childhood sexual abuse. *Journal of Interpersonal Violence*, 25(4), 666-683. <https://doi.org/10.1177/0886260509334411>
- Kilmartin, C. (2005). Depression in men: Communication, diagnosis and therapy. *Journal of Men's Health & Gender*, 2(1), 95-99. <http://doi.org/10.1016/j.jmhg.2004.10.010>
- Kimberg, L. S. (2008). Addressing intimate partner violence with male patients: A review and introduction of pilot guidelines. *Journal of General Internal Medicine*, 23, 2071–2078. <https://doi.org/10.1007/s11606-008-0755-1>
- Kingerlee, R., Precious, D., Sullivan, L., & Barry, J. A. (2014). Engaging with the emotional lives of men: Designing and promoting male-specific services and interventions. *The Psychologist*, 27(6), 418-421.
- Kirby, N. (1994). Love hurts. *British News Magazine Attitude*, 3, 46-50.
- Kiselica, M. S. (2011). Promoting positive masculinity while addressing gender role conflict: A balanced theoretical approach to clinical work with boys and men. In C. Blazina & D. Shen-Miller (Eds.), *An international psychology of men: Theoretical advances, case studies, and clinical innovations* (pp. 127-156). Routledge.
- Kiselica, M. S., & Englar-Carson, M. (2010). Identifying, affirming, and building upon male strengths: The positive psychology/positive masculinity model of psychotherapy with boys and men. *Psychotherapy: Theory, Research, Practice, Training*, 47(3), 276-286. <https://doi.org/10.1037/a0021159>
- Krueger, R. (1994). *Focus groups: A practical guide for applied research*. Sage Publications.



- Krumm, S., Checchia, C., Koesters, M., Kilian, R., & Becker, T. (2017). Men's views on depression: A systematic review and meta-synthesis of qualitative research. *Psychopathology*, *50*(2), 107–124. <https://doi.org/10.1159/000455256>
- Kuehne, K., & Sullivan, A. (2003). Gay and lesbian victimization: Reporting factors in domestic violence and bias incidents. *Criminal Justice and Behaviour*, *30*(10), 85–96. <https://doi.org/10.1177/0093854802239164>
- Kulkin, H. S., Williams, J., Borne, H. F., de la Bretonne, D., & Laurendine, J. (2007). A review of research on violence in same-gender couples: A resource for clinicians. *Journal of Homosexuality*, *53*, 71–87. <https://doi.org/10.1080/00918360802101385>
- Kung, H. C., Pearson, J. L., & Liu, X. (2003). Risk factors for male and female suicide decedents ages 15–64 in the United States. *Social Psychiatry & Psychiatric Epidemiology*, *38*(8), 419–426. <https://doi.org/10.1007/s00127-003-0656-x>
- Kvale, S. (2006). Dominance through interviews and dialogues. *Qualitative Inquiry*, *12*, 480–500. <https://doi.org/10.1177/1077800406286235>
- Landridge, D. (2007). *Phenomenological psychology theory, research and method*. Pearson Prentice Hall.
- Lane, J. M., & Addis, M. E. (2005). Male gender role conflict and patterns of help seeking in Costa Rica and the United States. *Psychology of Men & Masculinity*, *6*(3), 155–168. <https://doi.org/10.1037/1524-9220.6.3.155>
- Larkin, M., & Thompson, A. (2012). Interpretative phenomenological analysis. In A. Thompson & D. Harper (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 99–116). John Wiley & Sons.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, *3*, 102–120. <https://doi.org/10.1191/1478088706qp062oa>
- Laroche, D. (2005). *Aspects of the context and consequences of domestic violence: Situational couple violence and intimate terrorism in Canada in 1999*. Government of Quebec.
- Lawrence, S. (2003). Domestic violence and men. *Nursing Standard*, *17*(40), 41–43.
- Lawrence, E., Orengo-Aguayo, R., Langer, L., & Brock, B. (2012). The impact and consequences of partner abuse on partners. *Partner Abuse*, *3*(4), 406–428. <https://doi.org/10.1891/1946-6560.3.4.406>
- Lee, R. M. (1993). *Doing research on sensitive topics*. Sage Publications.
- Lee, D., & James, S. (2012). *The compassionate mind approach to recovering from trauma using compassion-focused therapy*. Robinson.
- Lee, R. M., & Renzetti, C. (1990). *The problems of researching sensitive topics: An overview and introduction*. Sage Publications.
- Lee-Treweek, G., & Linkogle, S. (2000). Putting danger in the frame. In: G. Lee-Treweek (Ed.). *Danger in the field: Ethics and risk in social research*. (pp. 8–25). Routledge.
- Leonard, J. (2003). The hidden victims of domestic violence. *Victimology*, *7*, 1–22.
- Letellier, P. (1994). Gay and bisexual male domestic violence victimization: Challenges to feminist theory and response to violence. *Violence and Victims*, *2*, 95–106. <https://doi.org/10.1891/0886-6708.9.2.95>
- Levant, R. F. (1990). Psychological services designed for men: A psychoeducational approach. *Psychotherapy: Theory, Research, Practice, Training*, *27*(3), 309–315. <https://doi.org/10.1037/0033-3204.27.3.309>

- Levant, R. F., & Richmond, K. (2007). A review of research on masculinity ideologies using the Male Role Norms Inventory. *Journal of Men's Studies, 15*, 130–146. <https://doi.org/10.3149/jms.1502.130>
- Levant, R. F., Stefanov, D. G., Rankin, T. J., Halter, M. J., Mellinger, C., & Williams, C. M. (2013). Moderated path analysis of the relationships between masculinity and men's attitudes toward seeking psychological help. *Journal of Counselling Psychology, 60*(3), 392–406. <https://doi.org/10.1037/a0033014>
- Lew, M. (2004). *Victims no longer: The classic guide for men recovering from sexual child abuse*. Harper.
- Lewis, A., & Sarantakos, S. (2001). Domestic violence and the male victim. *Nuance, 3*, 1-15.
- Liamputtong, P. (2007). *Researching the vulnerable: A guide to sensitive research methods*. Sage Publications.
- Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36*(1-2), 71-84. <https://doi.org/10.1007/s10464-005-6233-6>
- Liddon, L., Kingerlee, R., & Barry, J. A. (2017). Gender differences in preferences for psychological treatment, coping strategies, and triggers to help-seeking. *British Journal of Clinical Psychology, 57*(1), 42-58. <https://doi.org/10.1111/bjc.12147>
- Liddon, L., Kingerlee, R., Seager, M., & Barry, J. A. (2019). What are the factors that make a male-friendly therapy? In J. A. Barry, R. Kingerlee, M. Seager & L. Sullivan (Eds.), *The Palgrave handbook of male psychology and mental health* (pp. 671-694). Palgrave Macmillan. <https://doi.org/10.1007/978-3-030-04384-1>
- Lisak, D. (2005). Male survivors of trauma, in G. E. Good & G. R. Brooks (Eds.), *The new book of psychotherapy and counselling with men* (pp. 47–158). Jossey-Bass.
- Love, S. R., & Richards, T. N. (2013). An exploratory investigation of adolescent intimate partner violence among African American youth: A gendered analysis. *Journal of Interpersonal Violence, 28*(17), 3342-3366. <https://doi.org/10.1177/0886260513496898>
- Lowe, M., & Balfour, B. (2015). The unheard victims. *The Psychologist, 28*(2), 118-121.
- Lown, E. A., & Vega, W. A. (2001). Intimate partner violence and health: Self-assessed health, chronic health, and somatic symptoms among Mexican American women. *Psychosomatic Medicine, 63*(3), 352–360. <https://doi.org/10.1093/psom/63.3.352>
- Luoma, J. B., Martin, C. E., & Pearson, J. L. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *American Journal of Psychiatry, 159*, 909-916. <https://doi.org/10.1176/appi.ajp.159.6.909>
- Macchietto, J. (1992). Male victimization and female aggression: Implications for counselling men. *Journal of Mental Health Counselling, 14*, 375-392.
- MacLean, A., Sweeting, H., & Hunt, K. (2010). 'Rules' for boys, 'guidelines' for girls: Gender differences in symptom reporting during childhood and adolescence. *Social Science & Medicine, 70*, 597–604. <https://doi.org/10.1016/j.socscimed.2009.10.042>
- Magovcevic, M., & Addis, M. E. (2005). Linking gender role conflict to non-normative and self-stigmatizing perceptions of alcohol abuse and depression. *Psychology of Men & Masculinity, 6*, 127-136. <https://doi.org/10.1037/1524-9220.6.2.127>
- Mahalik, J. R., Burns, S. M., & Syzdek, M. (2007). Masculinity and perceived normative

- health behaviours as predictors of men's health behaviours. *Social Science & Medicine*, 64, 2201–2209. <https://doi.org/10.1016/j.socscimed.2007.02.035>
- Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: Implications for practice and training. *Professional Psychology: Research & Practice*, 34(2), 123-131. <https://doi.org/10.1037/0735-7028.34.2.123>
- Makenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging & Mental Health*, 10, 574–582. <https://doi.org/10.1080/13607860600641200>
- Mallyon, A., Holmes, M., Coveney, J., & Zadorozneyj, M. (2010). I'm not dieting, 'I'm doing it for science': Masculinities and the experience of dieting. *Health Sociology Review*, 19(3), 330-342. <https://doi.org/10.5172/hesr.2010.19.3.330>
- Manning, W. G., Wells, K. B., & Buchanan, J. L. (1989). *Effects of mental health insurance: Evidence from the health insurance experiment*. The RAND Corporation.
- Mansfield, A. K., Addis, M. E., & Mahalik, J. R. (2003). "Why won't he go to the doctor?" The psychology of men's help-seeking. *International Journal of Men's Health*, 2(2), 93-109.
- McCarrick, J., Davis-McCabe, C., & Hirst-Winthrop, S. (2016). Men's experiences of the criminal justice system following female perpetrated intimate partner violence. *Journal of Family Violence*, 31(2), 203-213.
- McClennen, J. (2005). Domestic violence between same-gender partners: Recent findings and future research. *Journal of Interpersonal Violence*, 20, 149–154. <https://doi.org/10.1177/0886260504268762>
- McCusker, M. G., & Galupo, M. P. (2011). The impact of men seeking help for depression on perceptions of masculine and feminine characteristics. *Psychology of Men & Masculinity*, 12(3), 275-284. <https://doi.org/10.1037/a0021071>
- McKelley, R. A. (2007). Men's resistance to seeking help: Using individual psychology to understand counselling-reluctant men. *The Journal of Individual Psychology*, 63(1), 48-58.
- McLaughlin, J., O'Carroll, R. E., & O'Connor, R. C. (2012). Intimate partner abuse and suicidality: A systematic review. *Clinical Psychology Review*, 32, 677–689. <https://doi.org/10.1016/j.cpr.2012.08.002>
- McLeod, J. (2005). *Qualitative Research in Counselling and Psychotherapy*. Sage Publications.
- McNeely, R. L., Cook, P. W., & Torres, J. B. (2001). Is domestic violence a gender issue, or a human issue? *Journal of Human Behaviour in the Social Environment*, 4, 227–251. [https://doi.org/10.1300/J137v04n04\\_02](https://doi.org/10.1300/J137v04n04_02)
- McNutt, L., Carlson, B., Persaud, M., & Postmus, J. (2002). Cumulative abuse experiences, physical health and health behaviours. *Annals of Epidemiology*, 12, 123–130. [https://doi.org/10.1016/S1047-2797\(01\)00243-5](https://doi.org/10.1016/S1047-2797(01)00243-5)
- McVicker Clinchy, B., & Norem, J. (1998). *The gender and psychology reader*. New York University Press.
- Mechanic, D. (1966). Response factors in illness: The study of illness behaviour. *Social Psychiatry*, 1, 11–20. <https://doi.org/10.1007/BF00583824>
- Merleau-Ponty, M. (1945). *Phenomenology of perception*. Routledge.
- Meltzer, H., Bebbington, P. E., & Brugha, T.S., et al (2000). The reluctance to seek treatment for neurotic disorders. *Journal of Mental Health*, 3, 319-327. <https://doi.org/10.1080/jmh.9.3.319.327>
- Mental Health Foundation. (2006). *Truth hurts: Report of the national inquiry into self-*

- harm among young people*. Mental Health Foundation.
- Messner, M. A. (1997). *Politics of masculinities: Men in movements*. AltaMira Press.
- Migliaccio, T. A. (2001). Marginalising the battered male. *Journal of Men's Studies*, 9(2), 205-226.
- Mildorf, J. (2007). *Storying domestic violence: Constructions and stereotypes of abuse in the discourse of general practitioners*. University of Nebraska Press.
- Millar, A. (2003). Men's experience of considering counselling: 'Entering the unknown'. *Counselling & Psychotherapy Research*, 3(1), 16-24.  
<https://doi.org/10.1080/14733140312331384588>
- Minton, T. D., & Zeng, Z. (2016). *Jail inmates in 2015*. Bureau of Justice Statistics.  
[https://cis.org/sites/default/files/2018-04/Jail\\_Survey\\_2015.pdf](https://cis.org/sites/default/files/2018-04/Jail_Survey_2015.pdf)
- Moffitt, T. E., Caspi, A., Rutter, M., & Silva, P. A. (2001). *Sex differences in antisocial behaviour*. Cambridge University Press.
- Möller-Leimkuhler, A. M. (2002). Barriers to help-seeking by men: A review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, 71(1-3), 1-9. [https://doi.org/10.1016/S0165-0327\(01\)00379-2](https://doi.org/10.1016/S0165-0327(01)00379-2)
- Möller-Leimkuhler, A. M. (2003). The gender gap in suicide and premature death or: Why are men so vulnerable? *European Archives of Psychiatry & Clinical Neuroscience*, 253, 1-8. <https://doi.org/10.1007/s00406-003-0397-6>
- Morgan, D. H. J. (1992). *Discovering men: Critical studies on men and masculinities*. Routledge.
- Morison, L., Trigeorgis, C., & John, M. (2014). Are mental health services inherently feminised? *The Psychologist*, 27(6), 414-416.
- Morrow, S. L. (2007). Qualitative research in counselling psychology: Conceptual foundations. *The Counselling Psychologist*, 35(2), 209-235.  
<https://doi.org/10.1177/0011000006286990>
- Morse, B. J. (1995). Beyond the conflict tactics scale: Assessing gender differences in partner violence. *Violence & Victims*, 10(4), 251-272.  
<https://doi.org/10.1891/0886-6708.10.4.251>
- Morton-Williams, J. (1985). Making qualitative research work: Aspects of administration. In R. Walker (Ed.), *Applied Qualitative Research* (pp. 27-44). Gower Publishing.
- Mróz, L. W., Chapman, G. E., Oliffe, J. L., & Bottorff, J. L. (2010). Prostate cancer, masculinity and food: Rationales for perceived diet change. *Appetite*, 55(3), 398-406. <https://doi.org/10.1016/j.appet.2010.07.009>
- Myers, D. G. (2010). *Social psychology*. Wiley.
- Nadler, A., & Fisher, J. D. (1986). The role of threat to self-esteem and perceived control in recipient reaction to help: Theory development and empirical validation. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (pp. 81-122). Academic Press.
- Nath, J. (2011). Gendered fare? A qualitative investigation of alternative food and masculinities. *Journal of Sociology*, 47(3), 261-278.  
<https://doi.org/10.1177/1440783310386828>
- Nazroo, J. Y., Edwards, A. C., & Brown, G. W. (1998). Gender Differences in the prevalence of depression: Artefact, alternative disorders, biology or roles? *Sociology of Health & Illness*, 20, 312-330. <https://doi.org/10.1111/1467-9566.00104>
- Nicolaidis, C., Curry, M. A., McFarland, B., & Gerrity, M. (2004). Violence, mental health,

- and physical symptoms in an academic internal medicine practice. *Journal of General Internal Medicine*, 19, 819–827. <https://doi.org/10.1111/j.1525-1497.2004.30382.x>
- Nicolaidis, C., Liebschutz, J. (2009). Chronic physical symptoms in survivors of intimate partner violence. In C. Mitchell & D. Anglin (Eds.), *Intimate partner violence: A health-based perspective*. (pp. 133-146). Oxford University Press.
- Nightengale, D., & Cromby, J. (1999). *Social constructionist psychology: A critical analysis of theory and practice*. Open University Press.
- Office of National Statistics (2017). *Suicide rates in the United Kingdom, 2017 Registrations*.  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>
- O'Brien, R., Hart, G. J., & Hunt, K. (2007). 'Standing out from the herd': Men renegotiating masculinity in relation to their experience of illness. *International Journal of Men's Health*, 6(3), 178-200.
- O'Brien, R., Hunt, K., & Hart, G. (2005). 'It's caveman stuff, but that is to a certain extent how guys still operate': Men's accounts of masculinity and help seeking. *Social Science & Medicine*, 61(3), 503–516.  
<https://doi.org/10.1016/j.socscimed.2004.12.008>
- O'Leary, P. J., & Barber, J. (2008). Gender differences in silencing following childhood sexual abuse. *Journal of Child Sexual Abuse*, 17(2), 133-143.  
<https://doi.org/10.1080/10538710801916416>
- O'Leary, P. J., & Gould, N. (2009). Men who were sexually abused in childhood and subsequent suicidal ideation: Community comparison, explanations and practice implications. *British Journal of Social Work*, 39(5), 950-968.  
<https://doi.org/10.1093/bjsw/bcn130>
- O'Leary, P. J., & Gould, N. (2010). Exploring coping factors amongst men who were sexually abused in childhood. *British Journal of Social Work*, 40(8), 2669-2686.  
<https://doi.org/10.1093/bjsw/bcq098>
- Oliffe, J. L., Kelly, M. T., Bottoroff, J. L., Johnson, J. L., & Wong, S. T. (2011). "He's more typically female because he's not afraid to cry": Connecting heterosexual gender relations and men's depression. *Social Science & Medicine*, 73(5), 775-782.  
<https://doi.org/10.1016/B978-0-12-803864-2.00006-7>
- Oliffe, J. L., & Phillips, M. J. (2008). Men, depression and masculinities: A review and recommendations. *Journal of Men's Health*, 5(3), 194–202.  
<https://doi.org/10.1016/j.jomh.2008.03.016>
- Oliffe, J. L., Robertson, S., Kelly, M. T., Roy, P., & Ogrodniczuk, J. S. (2010). Connecting masculinity and depression among international male university students. *Qualitative Health Research*, 20(7), 987-998.  
<https://doi.org/10.1177/1049732310365700>
- Oliver, M. I., Pearson, N., Coe, N., & Gunnell, D. (2005). Help-seeking behaviour in men and women with common mental health problems: Cross-sectional study. *The British Journal of Psychiatry*, 186, 297–301.  
<https://doi.org/10.1192/bjp.186.4.297>
- O'Neil, J. M. (1990). Assessing men's gender role conflict. In D. Moore & F. Leafgreen (Eds.), *Men in conflict: Problem solving strategies and interventions* (pp. 23-38). American Counselling Association.
- O'Neil, J. M. (2008). Summarizing 25 years of research on the Gender Role Conflict Scale.

- The Counselling Psychologist*, 36, 358 – 445.  
<https://doi.org/10.1177/0011000008317057>
- O'Neil, J. M. (2013). Gender role conflict research 30 years later: An evidence-based diagnostic schema to assess boys and men in counselling. *Journal of Counselling & Development*, 91(4), 490-498. <https://doi.org/10.1002/j.1556-6676.2013.00122.x>
- O'Neil, J. M., Good, G. E., & Holmes, S. (1995). Fifteen years of research on men's gender role conflict: New paradigms for empirical research. In R. Levent & W. Pollack (Eds.), *Foundations for a new psychology of men* (pp. 164-206). Basic Books.
- O'Neil, J. M., Helms, B. J., Gable, R. K., David, L., & Wrightsman, L. S. (1986). Gender-role conflict scale: College men's fear of femininity. *Sex Roles*, 14, 335-352.  
<https://doi.org/10.1007/BF00287583>
- Oquendo, M. A., Ellis, S. P., Greenwald, S., Malone, K. M., Weissman, M. M., & Mann, J. J. (2001). Ethnic and sex differences in suicide rates relative to major depression in the United States. *American Journal of Psychiatry*, 158(10), 1652–1658.  
<https://doi.org/10.1176/appi.ajp.158.10.1652>
- Palmer, R. (1969). *Hermeneutics*. North-western University Press.
- Pattavina, A., Hirschel, D., Buzawa, E., Faggiani, D., & Bentley, H. (2007). A comparison of the police-response to heterosexual versus same-sex intimate partner violence. *Violence Against Women*, 13, 374-394.  
<https://doi.org/10.1177/1077801207299206>
- Pease, B. (2010). *Undoing privilege: Unearned advantage in a divided world*. Zed Books.
- Pederson, E. L., & Vogel, D. L. (2007). Men's gender role conflict and their willingness to seek counselling: A mediation model. *Journal of Counselling Psychology*, 54, 373–384. <https://doi.org/10.1037/0022-0167.54.4.373>
- Pence, E., & Paymar, M. (1983). *Education groups for men who batter: The Duluth Model*. Springer.
- Perry, G. (2016). *The descent of man*. Allen Lane.
- Perryman, S. M., & Appleton, J. (2016). Male victims of domestic abuse: Implications for health visiting practice. *Journal of Research in Nursing*, 21(5-6), 386-414.  
<https://doi.org/10.1177/1744987116653785>
- Pico-Alfonso, M. A., Echeburua, E., & Martinez, M. (2008). Personality disorder symptoms in women as a result of chronic intimate male partner violence. *Journal of Family Violence*, 23(7), 577-588. <https://doi.org/10.1007/s10896-008-9180-9>
- Pleck, E. (1987). *Domestic tyranny: The making of American social policy against family violence from colonial times to the present*. Oxford University Press.
- Pollack, W. S. (1998). Mourning, melancholia, and masculinity: Recognizing and treating depression in men. In W. S. Pollack & F. Levant (Eds.), *New psychotherapy for men* (pp. 147-166). John Wiley & Sons.
- Pontretto, J. G. (2005). Qualitative research training in counselling psychology: A survey of directors of training. *Teaching of Psychology*, 32, 60-62.  
<https://doi.org/10.1007/s10896-008-9180-9>
- Poorman, P. B., Seelau, E. P., & Seelau, S. M. (2003). Perceptions of domestic abuse in same-sex relationships and implications for criminal justice and mental health responses. *Violence and Victims*, 18(6), 659-669.  
<https://doi.org/10.1891/vivi.2003.18.6.659>
- Powney, D., & Graham-Kevan, N. (2019). Male victims of intimate partner violence: A

- challenge to the gendered paradigm. In J. A. Barry, R. Kingerlee, M. Seager & L. Sullivan (Eds.), *The Palgrave handbook of male psychology and mental health* (pp. 123-144). Palgrave Macmillan. <https://doi.org/10.1007/978-3-030-04384-1>
- Prospero, M. (2007). Mental health symptoms among male victims of partner violence. *American Journal of Men's Health, 1*, 269-277. <https://doi.org/10.1177/1557988306297794>
- Prospero, M., & Fawson, P. (2009). Sexual coercion and mental health symptoms among heterosexual men: The pressure to say 'Yes'. *American Journal of Men's Health, 1*, 269-277. <https://doi.org/10.1177/1557988308330106>
- Räisänen, U., & Hunt, K. (2014). The role of gendered constructions of eating disorders in delayed help-seeking in men: A qualitative interview study. *British Medical Journal, 4*(4), 1-8. <http://dx.doi.org/10.1136/bmjopen-2013-004342>
- Randle, A. A., & Graham, C. A. (2011). A review of the evidence of the effects of intimate partner violence on men. *Psychology of Men & Masculinity, 12*(2), 97-111. <https://doi.org/10.1037/a0021944>
- Real, T. (1997). *I don't want to talk about it: Overcoming the legacy of male depression*. Fireside.
- Reed, J. (1989). Naming and confronting gay male battering. *Gay Community News, 8*-10.
- Reeve, K. (2011). *The hidden truth about homelessness: Experiences of single homelessness in England*. Crisis UK. [https://www.crisis.org.uk/media/236816/the\\_hidden\\_truth\\_about\\_homelessness\\_es.pdf](https://www.crisis.org.uk/media/236816/the_hidden_truth_about_homelessness_es.pdf)
- Reeves, P. M., & Orpinas, P. (2012). Dating norms and dating violence among ninth graders in northeast Georgia: Reports from student surveys and focus groups. *Journal of Interpersonal Violence, 27*(9), 1677-1698. <https://doi.org/10.1177/0886260511430386>
- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience: An introduction to interpretation phenomenological analysis. *The Psychologist, 18*(1), 20-23.
- Relf, M. V. (2001). Battering and HIV in men who have sex with men: A critique and synthesis of the literature. *Journal of the Association of Nurses in AIDS Care, 12*(3), 41-48. [https://doi.org/10.1016/S1055-3290\(06\)60143-X](https://doi.org/10.1016/S1055-3290(06)60143-X)
- Renzetti, C. M. (1989). Building a second closet: Third party responses to victims of lesbian partner abuse. *Family Relations, 38*(2), 157-163. <https://doi.org/10.2307/583669>
- Renzetti, C. (1992). *Violent betrayal: Partner abuse in lesbian relationships*. Sage Publications.
- Renzetti, C. M. (1998). Violence and abuse in lesbian relationships: Theoretical and empirical issues. In R. K. Bergen (Ed.), *Issues in intimate violence* (pp. 117-127). Sage Publications.
- Renzetti, C., & Wiley, C. (1996). *Violence in gay and lesbian domestic partnerships*. Sage Publications.
- Rhatigan, D. L., Stewart, C., & Moore, T. M. (2011). Effects of gender and confrontation on attributions of female-perpetrated intimate partner violence. *Sex Roles, 64*, 875. <https://doi.org/10.1007/s11199-011-9951-2>
- Rice, S. M., Fallon, B. J., Aucote, H. M., Möller-Leimkühler, A. M., Treeby, M. S. & Amminger, G. P. (2015). Longitudinal sex differences of externalising and internalising depression symptom trajectories: Implications for assessment of depression in men from an online study. *International Journal of Social Psychiatry, 61*(3), 236-240.

- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2014). *Qualitative research practice: A guide for social science students and researchers*. Sage Publications.
- Robertson, J. M. (2001). Counselling men in college settings. In G. R. Brooks & G. E. Good (Eds.), *A new handbook of psychotherapy and counselling with men* (pp. 146–169). Jossey-Bass.
- Robertson, J. M., & Fitzgerald, L. F. (1992). Overcoming the masculine mystique: Preferences for alternative forms of assistance among men who avoid counselling. *Journal of Counselling Psychology, 39*(2), 240-246. <https://doi.org/10.1037/0022-0167.39.2.240>
- Robertson, S., White, A., Gough, B., Robinson, R., Seims, A., Raine, G., & Hanna, E. (2015). *Promoting mental health and wellbeing with men and boys: What works?* for Men's Health, Leeds Beckett University. <https://doi.org/978-1-907240-41-6>
- Robin, L., Brener, N. D., Donahue, S. F., Hack, T., Hale, K., & Goodenow, C. (2002). Associations between health risk behaviours and opposite-, same-, and both-sex sexual partners in representative samples of Vermont and Massachusetts high school students. *Archives of Pediatrics and Adolescent Medicine, 156*, 349–355. <https://doi.org/10.1001/archpedi.156.4.349>
- Roch, A., Ritchie, G., & Morton, J. (2010). *Out of sight, out of mind? Transgender people's experiences of domestic abuse*. LGBT Youth Scotland and Equality Network.
- Rochlen, A. B., Paterniti, D. A., Epstein, R. M., Duberstein, P., Willeford, L., & Kravitz, R. L. (2009). Barriers in diagnosing and treating men with depression: A focus group report. *American Journal of Men's Health, 4*(2), 167-175. <https://doi.org/10.1177/1557988309335823>
- Rochlen, A. B., Whilde, M. R., & Hoyer, W. D. (2005). The Real Men. Real Depression campaign: Overview, theoretical implications, and research considerations. *Psychology of Men & Masculinity, 6*(3), 186-194. <https://doi.org/10.1037/1524-9220.6.3.186>
- Rohrbaugh, J. B. (2006). Domestic violence in same-gender relationships, *Family Court Review, 44*(2), 287-299. <https://doi.org/10.1111/j.1744-1617.2006.00086.x>
- Rosenstock, I. M. (1966). Why people use health services. *Milbank Memorial Fund Quarterly, 44*, 94 –106. [10.1111/j.1468-0009.2005.00425.x](https://doi.org/10.1111/j.1468-0009.2005.00425.x)
- Rudman, L. A., & Goodwin, S. A. (2004). Gender differences in automatic in-group bias: Why do women like women more than men like men? *Journal of Personality & Social Psychology, 87*(4), 494–509. <https://doi.org/10.1037/0022-3514.87.4.494>
- Rumney, P. N. S. (2009). Gay male rape victims: Law enforcement, social attitudes and barriers to recognition. *International Journal of Human Rights, 13*(2-3), 233-250. <https://doi.org/10.1080/13642980902758135>
- Russ, S., Ellam-Dyson, V., Seager, M., & Barry, J. A. (2015). Coaches' views on differences in treatment style for male and female clients. *New Male Studies, 4*(3), 75-92.
- Schwartz Moravec, N. M. (2013). *Gender role identity, gender role conflict, conformity to role norms and men's attitudes toward psychological help-seeking*. [Unpublished doctoral dissertation] The University of Houston.
- Seager, M. (2016). *Male psychology: Why the silence and what can be done about it?* Male Psychology Network. <https://www.slideshare.net/MartinSeager2/bps-male-psychology-talk-2>
- Seager, M. (2019). From stereotypes to archetypes: An evolutionary perspective on



- male help-seeking and suicide. In J. A. Barry, R. Kingerlee, M. Seager & L. Sullivan (Eds.), *The Palgrave handbook of male psychology and mental health* (pp. 227-248). Palgrave Macmillan. <https://doi.org/10.1007/978-3-030-04384-1>
- Seager, M. & Barry, J. (2016). *Male suicide: Why aren't men seeking help? What can we do about it?* Male Psychology Network. <https://www.malepsychology.org.uk/wp-content/uploads/2016/08/Male-Suicide-talk-UCL-17-11-16-Seager-Barry.pdf>
- Seager, M., & Barry, J. A. (2019a). Positive masculinity: Including masculinity as a valued aspect of humanity. In J. A. Barry, R. Kingerlee, M. Seager & L. Sullivan (Eds.), *The Palgrave handbook of male psychology and mental health* (pp. 105-122). Palgrave Macmillan. <https://doi.org/10.1007/978-3-030-04384-1>
- Seager, M., & Barry, J. A. (2019b). Cognitive distortion in thinking about gender issues: Gamma bias and the gender distortion matrix. In J. A. Barry, R. Kingerlee, M. Seager & L. Sullivan (Eds.), *The Palgrave handbook of male psychology and mental health* (pp. 87-104). Palgrave Macmillan. <https://doi.org/10.1007/978-3-030-04384-1>
- Seager, M., Sullivan, L., & Barry, J. A. (2014). Gender-related schemas and suicidality: Validation of the male and female traditional gender scripts questionnaires, *New Male Studies*, 3(3): 34-54.
- Seager, M., & Wilkins, D. (2014). Being a man: Putting life before death. *The Psychologist*, 27(6), 404-405.
- Seelau, S. M., & Seelau, E. P. (2005). Gender-role stereotypes and perceptions of heterosexual, gay and lesbian domestic violence. *Journal of Family Violence*, 20: 363-371. <https://doi.org/10.1007/s10896-005-7798-4>
- Seelau, E. P., Seelau, S. M., & Poorman, P. B. (2003). Gender and role-based perceptions of domestic abuse: Does sexual orientation matter? *Behavioural Sciences & The Law*, 21(2), 199-214. <https://doi.org/10.1002/bsl.524>
- Seidman, I. E. (1991). *Interviewing as qualitative research*. Teachers College Press.
- Semonsky, M. R., & Rosenfeld, L. B. (1994). Perceptions of sexual violations: Denying a kiss, stealing a kiss. *Sex Roles*, 30(7-8), 503-520. <https://doi.org/10.1007/BF01420799>
- Serbin, L., Stack, D., De Genna, N., Grunzeweig, N., Temcheff, C. E., & Schwartzmann, A.E., & Ledingham, J. (2004). When aggressive girls become mothers. In M. Putallaz, & L. Bierman (Eds.), *Aggression, antisocial behaviour and violence among girls*. Guilford Press.
- Sethi, S., & Nolen-Hoeksema, S. (1997). Gender differences in internal and external focusing among adolescents. *Sex roles*, 37, 687-700. <https://doi.org/10.1007/BF02936335>
- Shields, S. A. (2008). Gender: An intersectionality perspective. *Sex Roles*, 59(5-6), 301-311. <https://doi.org/10.1007/s11199-008-9501-8>
- Shum-Pearce, A. (2016). *Young men talk about partner abuse: Experiences, beliefs, and help-seeking after partner abuse from women* [Unpublished doctoral dissertation]. University of Auckland.
- Sierra Hernandez, C. A., Han, C., Oliffe, J. L., & Ogrodniczuk, J. S. (2014). Understanding help-seeking among depressed men. *Psychology of Men & Masculinity*, 15(3), 346-354.
- Silber Ashley, O., & Foshee, V. A. (2005). Adolescent help-seeking for dating violence: Prevalence, sociodemographic correlates, and sources of help. *Journal of Adolescent Health*, 36, 25-31. <https://doi.org/10.1016/j.jadohealth.2003.12.014>

- Simon, T. R., Anderson, M., Thompson, M. P., Crosby, A. E., Shelley, G., & Sacks, J. J. (2001). Attitudinal acceptance of intimate partner violence among U.S. adults. *Violence and Victims, 16*(2), 115–126. <https://doi.org/10.1891/0886-6708.16.2.115>
- Simonelli, C. J., & Ingram, K. M. (1998). Psychological distress among men experiencing physical and emotional abuse in heterosexual dating relationships. *Journal of Interpersonal Violence, 13*, 667–681. <https://doi.org/10.1177/088626098013006001>
- Simonsen, G., Blazina, C., & Watkins, C. E. (2000). Gender role conflict and psychological well-being among gay men. *Journal of Counselling Psychology, 47*, 85-89. <https://doi.org/10.1037/0022-0167.47.1.85>
- Smiler, A. P. (2004). Thirty years after the discovery of gender: Psychological concepts and measures of masculinity. *Sex Roles, 50*, 15-26. <https://doi.org/10.1023/B:SERS.0000011069.02279.4c>
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative psychology. *Qualitative Research in Psychology, 1*, 39-54. <https://doi.org/10.1191/1478088704qp004oa>
- Smith, J. A. (2015). *Qualitative psychology: A practical guide to research methods*. Sage Publications.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage Publications.
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Osborn (Ed.), *Qualitative Psychology* (pp. 25-51). Sage Publications.
- Sorenson, S. B., & Taylor, C. A. (2005). Female aggression toward male intimate partners: An examination of social norms in a community-based sample. *Psychology of Women Quarterly, 29*(1), 78-96. <https://doi.org/10.1111/j.1471-6402.2005.00170.x>
- Spendelov, J. S. (2015). Men's self-reported coping strategies for depression: A systematic review of qualitative studies. *Psychology of Men & Masculinity, 16*(4), 439-444.
- Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17*, 1372-1380. <https://doi.org/10.1177/1049732307307031>
- Stein, M. B., & Kennedy, C. (2001). Major depressive and post-traumatic stress disorder comorbidity in female victims of intimate partner violence. *Journal of Affective Disorders, 66*, 133–8. [https://doi.org/10.1016/S0165-0327\(00\)00301-3](https://doi.org/10.1016/S0165-0327(00)00301-3)
- Steinmetz, S. K. (1977). Wife beating, husband beating: A comparison of the use of physical violence between spouses to resolve marital fights. In M. Roy (Ed.), *Battered women: A psychosociological study of domestic violence* (pp. 63–72). Van Nostrand Reinhold Co.
- Stets, J., & Hammond, S. A. (2002). Gender, control and marital commitment. *Journal of Family Issues, 23*, 3–25. <https://doi.org/10.1177/0192513X02023001001>
- Stets, J. E., & Straus, M. A. (1989). Gender differences in reporting marital violence and its medical and psychological consequences. In M.A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 227-244). Transaction Publishing.
- Stewart, A., & Maddren, K. (1997). Police officers' judgements of blame in family violence: The impact of gender and alcohol. *Sex Roles, 37*, 921. <https://doi.org/10.1007/BF02936347>

- Stitt, S., & Macklin, A. (1995). *Battered men: The hidden victims of domestic violence*. [Research monograph]. Liverpool John Moores University.
- Støvring, R. K., Andries, A., & Brixen, K., Bilenberg, N., & Hørder, K. (2011). Gender differences in outcome of eating disorders: A retrospective cohort study. *Psychiatry Research, 186*, 362–366.  
<https://doi.org/10.1016/j.psychres.2010.08.005>
- St. Pierre, M., & Senn, C. Y. (2010). External barriers to help-seeking encountered by Canadian gay and lesbian victims of intimate partner abuse: An application of the barriers model. *Violence & Victims, 25*(4), 536-552.  
<https://doi.org/10.1891/0886-6708.25.4.536>
- Straus, M. A. (2005). Women's violence toward men is a serious social problem. In D. R. Loseke, R. J. Gelles, & M. M. Cavanaugh (Eds.), *Current controversies on family violence* (pp. 55–77). Sage Publications.
- Straus, M. A. (2007). Processes explaining the concealment and distortion of evidence on gender symmetry in partner violence. *European Journal of Criminal Policy & Research, 13*, 227–232. <https://doi.org/10.1007/s10610-007-9060-5>
- Straus, M. A. (2009). Why the overwhelming evidence on partner physical violence by women has not been perceived and is often denied. *Journal of Aggression, Maltreatment, & Trauma, 18*(6), 552–571.  
<https://doi.org/10.1080/10926770903103081>
- Straus, M. A. (2011). Gender symmetry and mutuality in perpetration of clinical-level partner violence: Empirical evidence and implications for prevention and treatment. *Aggression & Violent Behaviour, 16*, 279–288.  
<https://doi.org/10.1016/j.avb.2011.04.010>
- Straus, M. A., Kaufman Kantor, G., & Moore, D. W. (1997). Change in cultural norms approving marital violence from 1968 to 1994. In G. Kaufman Kantor & J. L. Jasinski (Eds.), *Out of the darkness: Contemporary perspectives on family violence* (pp. 3-16). Sage Publications.
- Strawbridge, S., & Woolfe, R. (2010). Counselling Psychology origins, developments and challenges. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden, (Eds.), *Handbook of Counselling Psychology*. Sage Publications.
- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.) *The social psychology of intergroup relations*. (pp. 33–47). Brooks/Cole.
- Thompson, E. H., & Pleck, J. H. (1986). The structure of male role norms. *American Behavioural Scientist, 29*, 531-543.  
<https://doi.org/10.1177/000276486029005003>
- Thureau, S., Le Blanc-Louvry, I., Thureau, S., Gricourt, C., & Proust, B. (2015). Conjugal violence: A comparison of violence against men by women and women by men. *Journal of Forensic and Legal Medicine, 31*, 42-46.  
<https://doi.org/10.1016/j.jflm.2014.12.014>
- Tjaden, P., & Thoennes, N. (2000). *Extent, nature and consequences of intimate partner violence: Findings from the National Violence Against Women Survey*. U.S. Department of Justice, National Institute of Justice.
- Todahl, J. L., Linville, D., Bustin, A., Wheeler, A., & Gau, J. (2009). Sexual assault support services and community systems: Understanding critical issues and needs in the LGBTQ community. *Violence Against Women, 15*(8), 952-975.  
<https://doi.org/10.1177/1077801209335494>
- Tolan, J. (2003). *Skills in person-centred counselling and psychotherapy*. Sage

Publications.

- Tolman, R. M., & Rosen, D. (2001). Domestic violence in the lives of women receiving welfare: Mental health, substance dependence, and economic well-being. *Violence Against Women, 7*(2), 141-158.  
<https://doi.org/10.1177/1077801201007002003>
- Toro, P. A. (2006). Trials, tribulations, and occasional jublations while conducting research with homeless children, youth, and families. *Merril-Palmer Quarterly, 52*(2), 343-364. <https://www.jstor.org/stable/23096187>
- Tsui, V. (2014). Male victims of intimate partner abuse: Use and helpfulness of services. *Social Work, 59*(2), 121-130. <https://doi.org/10.1093/sw/swu007>
- Tsui, V., Cheung, M., & Leung, P. (2010). Help-seeking among male victims of partner abuse: Men's hard times. *Journal of Community Psychology, 38*(6), 769-780.  
<https://doi.org/10.1002/jcop.20394>
- Tudiver, F., & Talbot, Y. (1999). Why don't men seek help? Family physicians' perspectives on help-seeking behaviour in men. *Journal of Family Practice, 1*, 47-52.
- Van Wormer, K., & Roberts, A. R. (2009). *Death by domestic violence: Preventing the murders and murder-suicides*. Praeger.
- Vartanian, L. R., Herman, C. P., & Polivy, J. (2007). Consumption stereotypes and impression management: How you are what you eat. *Appetite, 48*(3), 265-277.  
<https://doi.org/10.1016/j.appet.2006.10.008>
- Vickers, L. 1996. The second closet: Domestic violence in lesbian and gay relationships: A Western Australian perspective. *Murdoch University Electronic Journal of Law, 3*(4), 1-24.
- Viveros Vigoya, M. (2001). Contemporary Latin American perspectives on masculinity. *Men and Masculinities, 3*, 237-260.  
<https://doi.org/10.1177/1097184X01003003002>
- Vivian, D., & Langhinrichsen-Rohling, J. (1994). Are bi-directionally violent couples mutually victimized? A gender sensitive comparison. *Violence and Victims, 9*, 107-124. <https://doi.org/10.1891/0886-6708.9.2.107>
- Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). "Boys don't cry": Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counselling Psychology, 58*(3), 368-382.  
<https://doi.org/10.1037/a0023688>
- Vogel, D. L., Wade, N., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counselling Psychology, 53*, 325-337.  
<https://doi.org/10.1037/0022-0167.53.3.325>
- Vogel, D. L., Wade, N., & Hackler, S. (2007). Perceived public stigma and the willingness to seek counselling: The mediating role of self-stigma and attitudes toward counselling. *Journal of Counselling Psychology, 54*, 40-50.  
<https://doi.org/10.1037/0022-0167.54.1.40>
- Vogel, D. L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The role of outcome expectations and attitudes on decisions to seek professional help. *Journal of Counselling Psychology, 52*, 459-470. <https://doi.org/10.1037/0022-0167.52.4.459>
- Warshaw, C., Brashler, P., & Gil, J. (2009). Mental health consequences of intimate partner violence. In C. Mitchell, & D. Anglin (Eds.), *Intimate partner violence: A health-based perspective*. Oxford University Press.

- Wertz, F. J. (2005). Phenomenological research methods for counselling psychology. *Journal of Counselling Psychology, 52*(2), 167-177. <https://doi.org/10.1037/0022-0167.52.2.167>
- Whitaker, D. J., Haileyesus, T., Swahn, M., & Saltzman, L. (2007). Differences in frequency of violence and reported injury between relationships with reciprocal and non-reciprocal intimate partner violence. *American Journal of Public Health, 97*(5), 941-947. <https://doi.org/10.2105/AJPH.2005.079020>
- White, A. (2006). Men and mental wellbeing-encouraging gender sensitivity. *Mental Health Review, 11*, 3-6. <https://doi.org/10.1108/13619322200600034>
- White, M. (2016). *Archers domestic abuse story: We need to talk about male victims*. The Guardian. <https://www.theguardian.com/society/2016/apr/08/archers-domestic-abuse-helen-rob-titchener-we-need-to-talk-about-male-victims>
- Wilkins, D. (2010). *Untold problems: A review of the essential issues in the mental health of boys and men*. Men's Health Forum.
- Wilkins, D., & Kemple, D. (2011). *Delivering male: Effective practice in male mental health*. Men's Health Forum.
- Williams, R. (2009). Masculinities and vulnerability: The solitary discourses and practices of African-Caribbean and white working-class fathers. *Men & Masculinities, 11*, 441-461. <https://doi.org/10.1177/1097184X09337931>
- Williams, S. L., & Mickelson, K. D. (2008). A paradox of support seeking and rejection among the stigmatised. *Personal Relationships, 15*, 493-509. <https://doi.org/10.1111/j.1475-6811.2008.00212.x>
- Williams, J., Stephenson, D., & Keating, F. (2014). A tapestry of oppression. *The Psychologist, 27*(6), 406-409.
- Willig, C. (2013). *Introducing qualitative research in psychology: Adventures in theory and method*. (3<sup>rd</sup> Ed.). McGraw-Hill Open University Press.
- Williamson, A. E., & Burns, N. (2014). The safety of researchers and participants in primary care qualitative research. *British Journal of General Practice, 64*(621), 198-200. <https://doi.org/10.3399/bjgp14X679480>
- Winstok, Z., & Eisikovits, Z. (2011). Gender, intimate relationships and violence. *Aggression & Violent Behaviour, 16*, 277-278. <https://doi.org/10.1016/j.avb.2011.04.001>
- Wolf, M. E., Ly, U., Hobart, M. A., & Kemic, M. A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence, 18*(20), 121-129. <https://doi.org/10.1023/A:1022893231951>
- Woods, S. J., Hall, R. J., Campbell, J. C., & Angott, D. M. (2008). Physical health and posttraumatic stress disorder symptoms in women experiencing intimate partner violence. *Journal of Midwifery & Women's Health, 53*, 538-546. <https://doi.org/10.1016/j.jmwh.2008.07.004>
- Woolfe, R., Strawbridge, S., Douglas, B., & Dryden, W. (2010). *Handbook of counselling psychology*. Sage Publications.
- World Health Organization. (2005). *Multi-country study on women's health and domestic violence against women*. World Health Organization. <http://dspace.ceid.org.tr/xmlui/bitstream/handle/1/93/ekutuphane4.1.6.4.pdf?sequence=1&isAllowed=y>
- Wyke, S., Adamson, J., & Dixon, D., Hunt, K. (2013). Consultation and illness behaviour in response to symptoms: A comparison of models from different disciplinary frameworks and suggestions for future research directions. *Social Science & Medicine, 86*, 79-87. <https://doi.org/10.1016/j.socscimed.2013.03.007>

- Yardley, L. (2017). Demonstrating the validity of qualitative research, *Journal of Positive Psychology, 12*(3), 295-296.
- Yurica, C. L., & DiTomasso, R. A. (2005). Cognitive distortions. *Encyclopaedia of cognitive behaviour therapy* (pp. 117–122). Springer.
- Zeldow, P. B., & Greenberg, R. P. (1979). Attitudes toward women and orientation to seeking professional psychological help. *Journal of Clinical Psychology, 35*, 473-476. [https://doi.org/10.1002/1097-4679\(197904\)35:2<473::AID-JCLP2270350252>3.0.CO;2-3](https://doi.org/10.1002/1097-4679(197904)35:2<473::AID-JCLP2270350252>3.0.CO;2-3)
- Zverina, M., Stam, H. J., & Babins-Wagner, R. (2011). Managing victim status in group therapy for men: A discourse analysis. *Journal of Interpersonal Violence, 26*(14), 2834-2855. <https://doi.org/10.1177/0886260510390949>

## APPENDIX A: Reflective diary entry

Today I was concerned to realise how much influence my fear of men has on how I operate in the world. I had not consciously stepped back and noticed the extent of it until now. I first noticed it when I was walking along the darkened canal to get home. I noticed my thoughts along the way, as they were happening, which were along the usual lines of:

“Stay mindful of that clutch of dark bushes over there.”

“Is that person approaching me a man or a woman?”

“They’re getting closer – oh no, it’s a man.”

“Okay, how much threat does he pose to me?”

“What does his appearance indicate about the level of threat? Where are his hands? Is he sizing me up? Where are my escape routes?”

What struck me about this inner monologue is that I would not have considered the threat level if it had been a woman striding towards me in the darkness. Indeed, I would have been relieved. The man passed by without so much as a glance in my direction.

I arrived home and stood outside on the deck for a moment, enjoying the final vestiges of twilight. As I lingered, I noticed the lights on next door and reflected on its inhabitant, whom I met today. He seems like a nice person, but, said my woman brain, he is a man. I then ran through hypothetical scenarios in my mind where he and I might have a longer conversation, during which time he asks if I live with anybody else. I imagine myself breezily saying that my boyfriend lives with me, as no woman in her right mind would openly admit to some strange man moored up next to her that she lives alone on a boat located on a darkened canal towpath. The women-only boaters group I am part of on Facebook is set to ‘invisible’ (unlike all the mixed sex boater groups) and you can only join it if another boatwoman nominates you and confirms that you are indeed a female – it is this way for a reason. It does not matter how nice my new neighbour seems to be – it is simply my default setting to pretend – to men, that is - that I do not live alone. This is because on some level within my unconsciousness I am terrified that I am going to be physically overpowered by a dangerous man. And this is not a paranoia that is unique to me – many other women feel this way. We all have little strategies for keeping ourselves safe, like the ‘house keys between the fingers’ move, carrying around rape alarms or whistles or even pepper spray, avoiding certain spaces outside of daylight hours - there are all sorts of things. I can be as liberal and politically correct as I want, but this pervasive sense of threat remains inescapably part of how I experience life existing as a woman. I can rationally dismiss it as outdated cliché or silliness on my part, but another part of me cannot shake that unwavering fear of men. My god, though, it just seems so *absurd* that I feel this way because I know for a fact that most men are not violent rapists or murderers. Most men, like most women, are decent people just trying to get on. I imagine that many of them would find this all as mystifying and ridiculous as I find the uber-macho **‘FOR MEN’** packaging on toiletries in the supermarket. I mean, what is going on with that? Is it so horrifying for a man to use a moisturizer that does not come in aggressively masculine packaging? But is it not also horrifying that I, and countless others, am subconsciously afraid of basically one half of the population as a default setting?

## APPENDIX B: Research ethics application form

UNIVERSITY OF EAST LONDON  
School of Psychology

### APPLICATION FOR RESEARCH ETHICS APPROVAL FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

FOR BSc RESEARCH

FOR MSc/MA RESEARCH

FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING  
& EDUCATIONAL PSYCHOLOGY

**If you need to apply to have ethical clearance from another Research Ethics Committee (e.g. NRES, HRA through IRIS) you DO NOT need to apply to the School of Psychology for ethical clearance also. Please see details on**

<https://uelac.sharepoint.com/ResearchInnovationandEnterprise/Pages/NHS-Research-Ethics-Committees.aspx>

**Among other things this site will tell you about UEL sponsorship**

Note that you do not need NHS ethics approval if collecting data from NHS staff except where the confidentiality of NHS patients could be compromised.

*Before completing this application please familiarise yourself with:*

The *Code of Ethics and Conduct (2009)* published by the British Psychological Society (BPS). This can be found in the Ethics folder in the Psychology Noticeboard (Moodle) and also on the BPS website

[http://www.bps.org.uk/system/files/Public%20files/aa%20Standard%20Docs/inf94\\_code\\_web\\_ethics\\_conduct.pdf](http://www.bps.org.uk/system/files/Public%20files/aa%20Standard%20Docs/inf94_code_web_ethics_conduct.pdf)

And please also see the UEL Code of Practice for Research Ethics (2015-16)

<https://uelac.sharepoint.com/ResearchInnovationandEnterprise/Documents/Ethics%20forms/UEL-Code-of-Practice-for-Research-Ethics-2015-16.pdf>

### HOW TO COMPLETE & SUBMIT THIS APPLICATION



1. Complete this application form electronically, fully and accurately.
2. Type your name in the ‘student’s signature’ section (5.1).
3. Include copies of all necessary attachments in the **ONE DOCUMENT SAVED AS .doc**
4. Email your supervisor the completed application and all attachments as **ONE DOCUMENT**. Your supervisor will then look over your application.
5. When your application demonstrates sound ethical protocol your supervisor will type in his/her name in the ‘supervisor’s signature’ (section 5) and submit your application for review (psychology.ethics@uel.ac.uk). You should be copied into this email so that you know your application has been submitted. It is the responsibility of students to check this.
6. Your supervisor should let you know the outcome of your application. Recruitment and data collection are **NOT** to commence until your ethics application has been approved, along with other research ethics approvals that may be necessary (See section 4)

### **ATTACHMENTS YOU MUST ATTACH TO THIS APPLICATION**

1. A copy of the participant invitation letter that you intend giving to potential participants.
2. A copy of the consent form that you intend giving to participants.
3. A copy of the debrief letter you intend to give participants.

### **OTHER ATTACHMENTS (AS APPROPRIATE)**

- A copy of original and/or pre-existing questionnaire(s) and test(s) you intend to use.
- Example of the interview questions you intend to ask participants.
- Copies of the visual material(s) you intend showing participants.
- A copy of ethical clearance or permission from an external institution/organisation if you need it (e.g. a charity, school, local authority, workplace etc.). *See Section 4 for more detail about when you need such permission.* Permission/s must be attached to this application but your ethics application can be submitted to the School of Psychology before ethical approval is obtained from another organisation if separate ethical clearance from another organisation is required

### **Disclosure and Barring Service (DBS) certificates:**

- **FOR BSc/MSc/MA STUDENTS WHOSE RESEARCH INVOLVES VULNERABLE PARTICIPANTS:** A scanned copy of a current Disclosure and

Barring Service (DBS) certificate MUST be attached to this application. A current certificate is one that is not older than six months. This is necessary if your research involves young people (anyone 16 years of age or under) or vulnerable adults. *See Section 4 for a broad definition of vulnerability.* A DBS certificate that you have obtained through an organisation you work for is acceptable as long as it is current. If you do not have a current DBS certificate, but need one for your research, you can apply for one through the HUB and the School will pay the cost.

If you need to attach a copy of a DBS certificate to your ethics application but would like to keep it confidential please email a scanned copy of the certificate directly to Dr Mary Spiller (Chair of the School Research Ethics Committee) at [m.j.spiller@uel.ac.uk](mailto:m.j.spiller@uel.ac.uk)

- **FOR PROFESSIONAL DOCTORATE STUDENTS WHOSE RESEARCH INVOLVES VULNERABLE PARTICIPANTS:** DBS clearance is necessary if your research involves young people (anyone under 16 years of age) or vulnerable adults. *See Section 4 for a broad definition of vulnerability.* The DBS clearance that was gained, or verified, when you registered for your programme is sufficient and you will not have to apply for another in order to conduct research with vulnerable populations.

## **SECTION 1. Your details**

1. **Your name:** Riva Coupland
2. **Your supervisor's name:** Dr. Lisa Fellin, Dr. Philippa Dell
3. **Title of your programme:** PsychD Counselling Psychology
4. **Submission date for your BSc/MSc/MA research:**
5. **Please tick if your application includes a copy of a DBS certificate**
6. **Please tick if you need to submit a DBS certificate with this application but have emailed a copy to Dr Mary Spiller for confidentiality reasons (Chair of the School Research Ethics Committee) ([m.j.spiller@uel.ac.uk](mailto:m.j.spiller@uel.ac.uk))**
7. **Please tick to confirm that you have read and understood the British Psychological Society's Code of Ethics and Conduct (2009) and the UEL Code of Practice for Research Ethics (See links on page 1)**

## **SECTION 2. ABOUT YOUR RESEARCH**

8. **Your research question / the aim(s) of your research:**

Domestic violence, also known as Intimate Partner Violence, is an extensively researched and controversial topic, with the majority of the literature conceptualising men as perpetrators and women as victims. However, emerging research acknowledges the existence of violence perpetrated by women against their male partners, which has provoked further controversy and polarization within academic circles. The controversies appear to have led to a focus on investigating gender symmetry in perpetration rates and has produced avidly polemic arguments about the causes of violence, who perpetrates it, and how often. In the midst of heated political contention surrounding prevalence rates, the voices of male victims have been pushed to the sidelines, their experiences unheard and underrepresented. The proposed research therefore aims to investigate the experiences of male victims of female-perpetrated domestic violence with the intention of gaining an in-depth account of the processes men go through when seeking help, and the meaning that they attach to these processes. This research aims to increase the representation of male victims of domestic violence within the literature in order to provide useful insight into how Counselling Psychologists can effectively assist this population.

### **9. Design of the research:**

The study will approach the research question from a critical realist epistemological perspective and will thus use a qualitative design in data collection and analysis. The data will be collected using semi-structured interviews and will be analysed using Interpretive Phenomenological Analysis.

### **12. Recruitment and participants (Your sample):**

A proposed sample of 8-10 participants will be recruited. They will identify as males aged 18 years and over, and will have experienced domestic violence (any combination of physical, sexual, emotional, psychological, financial, controlling and coercive forms) within a heterosexual relationship. They will be able to communicate in English and will have the ability to give informed consent.

Participant recruitment will use opportunity and snowball sampling methods, and the administrators of websites that cater to male victims of domestic violence will be approached for permission to advertise the research on their site.

### **13. Measures, materials or equipment:**

A semi-structured interview schedule will be used in the research.

### **14. If you are using questionnaires, tests or stimuli, are these suitable for the age group or capacity of your participants?**

N/A

### **15. Outline the data collection procedure involved in your research:**

Participants will be asked to take part in a private one-to-one interview with the researcher in a place that both participant and researcher feel safe and comfortable. Duration of interviews are anticipated to be approximately one to one and a half hours long.

## **SECTION 3. ETHICAL CONSIDERATIONS**

**16. Fully informing participants about the research (and parents/guardians if necessary):**

Prior to the interview, participants will be given a brief that explains the nature and purpose of the research, what will be done with their data, how their identities will be kept confidential, what their participation will involve, and their right to withdraw their participation.

**17. Obtaining fully informed consent from participants (and from parents/guardians if necessary):**

The consent form will be written in a style appropriate to an adult (18+ years) level. No consent from parents/guardians will be necessary given the age of the group being researched.

**18. Engaging in deception, if relevant:**

N/A

**19. Right of withdrawal:**

The brief that will be given to participants will explicitly explain that they have the right to withdraw their participation at any point during the interview without any consequence to them. It will also be explained that they have the right to request to withdraw their data after it has been collected, and that the withdrawn data will be destroyed. It will also be made clear that there will be a cut-off point that they can withdraw their data. Specifically, they will be informed that they cannot withdraw their data once the analysis period has begun. The exact date of this will be given along with my contact information.

**20. Will the data be gathered anonymously?**

NO

**21. If NO to the above, what steps will be taken to ensure confidentiality and protect the identity of participants?**

Participants' names and contact details will be stored on a password-protected laptop, which is accessible only to the researcher, and will be kept in a file that is separate to the data. Participants' data will be stored on the laptop, and all written transcripts will be redacted sufficiently to protect anonymity, i.e. removing personally identifying information such as names of places and individuals. Each participant will be identified by a pseudonym in the data and reporting of data. Signed consent forms will be kept in a locked steel compartment at the researcher's home, which is accessible only to the researcher. Signed consent forms will be seen only by the researcher and the researcher's two supervisors.

**22. What will happen to the data you have collected after your research is over and your project/thesis has passed examination?**

Participants' names and contact details will be destroyed as confidential waste after the research has passed examination, and the data (i.e. anonymised written transcripts) will be

kept for a period of five years after the study is completed for the purposes of publishing.

### **23. Protection of participants:**

Given the sensitive and potentially distressing nature of the interview subject, care will be taken to monitor participants' emotional state during the interview process, and the interview will be paused in the event that a participant becomes visibly distressed. The participant will be reminded that he can request to stop the interview at any time if he feels unable to continue.

Participants will be fully debriefed after the interviews and provided with the contact information of key organisations that offer support and advice to male victims of domestic violence if they need extra support. These organisations are:

Mankind Initiative

<http://new.mankind.org.uk/>

Men's Advice Line

<http://mensadvice.org.uk/>

Refuge

<http://www.refuge.org.uk/get-help-now/help-for-men/>

*The support organisation/s that you refer participants to in your debrief letter should be appropriate.*

*That is, is there a more appropriate organisation than the Samaritans, for example (i.e. anxiety, mental health, young people telephone support help-lines?)*

**N.B: If you have serious concerns about the safety of a participant, or others, during the course of your research see your supervisor as soon as possible.**

### **24. Protection of the researcher:**

To help ensure the physical safety of both participant and researcher, care will be taken to assess the safety and security of the venue by checking for potential hazards. Fire exit procedures will also be discussed before the interview commences.

The researcher will arrange to inform a supervisor and a second trusted individual of the exact location of the venue and time of interview, with arrangements to contact both individuals at the beginning and end of the interview for confirmation of safety. Participants will be interviewed in venues where the researcher feels fully safe.

Due to the potentially distressing content of the interviews, the researcher will seek extra support from supervisors and personal therapist as necessary.

### **25. Will participants be paid or reimbursed?**

NO

If YES, why is payment/reimbursement necessary and how much will the vouchers be worth? Why this amount?

### **26. Other:**

## **SECTION 4. OTHER PERMISSIONS AND ETHICAL CLEARANCES**

**27. Is permission required from an external institution/organisation (e.g. a school, charity, workplace, local authority, care home etc.)?**

NO

If YES, please give the name and address of the participating institution/organisation/s:

**COPIES OF PERMISSESIONS (AS LETTER OR EMAIL) MUST BE ATTACHED TO THIS APPLICATION**

**28. Is ethical clearance required from any other ethics committee?**

NO

If YES, please give the name and address of the organisation:

Has such ethical clearance been obtained yet?

YES / NO

If NO why not?

If YES, please attach a scanned copy of the ethical approval letter. A copy of an email from the organisation is acceptable.

**PLEASE NOTE: Ethical approval from the School of Psychology can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committees as may be necessary.**

**29. Will your research involve working with children or vulnerable adults?**

NO

If YES have you obtained and attached a DBS certificate?

YES / NO

If your research involves young people less than 16 years of age and young people of limited capacity, will parental/guardian consent be obtained.

YES / NO

If NO, please give reasons.

You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) 'vulnerable' people aged 16 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children see <https://uelac.sharepoint.com/ResearchInnovationandEnterprise/Pages/Research-involving-children.aspx>

**30. Will you be collecting data overseas?**

NO

**If YES, in what country or countries will you be collecting data?**

**Please note that ALL students wanting to collect data while overseas (even when going home or away on holiday) MUST have their travel approved by the Pro-Vice Chancellor International (not the School of Psychology) BEFORE travelling overseas.**

<https://uelac.sharepoint.com/ResearchInnovationandEnterprise/Pages/Research-Ethics---Overseas-Fieldwork.aspx>

**IN MANY CASES WHERE STUDENTS ARE WANTING TO COLLECT DATA OTHER THAN IN THE UK (EVEN IF LIVING ABROAD), USING ONLINE SURVEYS AND DOING INTERVIEWS VIA SKYPE, FOR EXAMPLE, WOULD COUNTER THE NEED TO HAVE UEL PERMISSION TO TRAVEL**

## **SECTION 5. SIGNATURES**

TYPED NAMES ARE ACCEPTED AS SIGNATURES

**Declaration by student:**

*I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.*

Student's name: Riva Coupland

Student's number: u1418671

Date: 05.04.2017

**Declaration by supervisor:**

*I confirm that, in my opinion, the proposed study constitutes a suitable test of the research question and is both feasible and ethical.*

Supervisor's name: Dr Lisa Fellin

Date: 19/04/2017

**PLEASE NOW ATTACH ALL SUPPORTING DOCUMENTS:**

**1. PARTICIPANT INVITATION LETTER/S**

See pro forma in the ethics folder in the Psychology Noticeboard on Moodle. This can be adapted for your own use and must be adapted for use with parents/guardians and children if they are to be involved in your study.

Care should be taken when drafting a participant invitation letter. It is important that your participant invitation letter fully informs potential participants about what you are asking them to do and what participation in your study will involve – what data will be collected, how, where? What will happen to the data after the study is over? Will anonymised data be used in your report of the study, or at conferences etc.? Tell participants about how you will protect their anonymity and confidentiality and about their withdrawal rights.

Please ensure that what you tell potential participants in your invitation letter matches up with what you have said in this application

**2. CONSENT FORM/S**

Use the pro forma in the ethics folder in the Psychology Noticeboard on Moodle. This should be adapted for use with parents/guardians and children.

**3. PARTICIPANT DEBRIEF SHEET**

This can be one or two paragraphs thanking participants, clarifying the true nature of your research (if relevant), reminding them what will happen to their data. If your research involved risk of injury, distress or psychological harm, include the contact



details of an appropriate organisation that participants can contact for support if necessary

**OTHER ATTACHMENTS YOU MAY NEED TO INCLUDE:**

See notes on page 2 about what other attachments you may need to include. Example interview questions? Copies of questionnaires? Visual stimuli? Permission or ethical clearance from another institution or organisation?)

**SCANNED COPY OF CURRENT DBS CERTIFICATE**

(If one is required. See notes on page 3)

## **PARTICIPANT INVITATION LETTER**

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

### **Who am I?**

I am a postgraduate student in the School of Psychology at the University of East London and am studying for a Doctorate in Counselling Psychology. As part of my studies I am conducting the research you are being invited to participate in.

### **What is the research?**

I am conducting research into men's experiences of domestic violence and abuse when the perpetrator is a woman. I hope to gather information from men about their experiences of being domestic violence survivors and what it is like for them when considering seeking help and support. The aim of this is to give abused men a voice so that their presence can be increased in an area where they are underrepresented, and to offer further insight into how mental health practitioners can best serve their needs.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

### **Why have you been asked to participate?**

You have been invited to participate in my research as someone who fits the kind of people I am looking for to help me explore my research topic. I am looking to involve people who:

- ✓ Identify as male
- ✓ Are aged 18 years or older
- ✓ Have experienced domestic violence (such as physical, sexual, emotional, psychological, financial, or controlling) from a female romantic partner
- ✓ Can communicate in English

I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way and you will be treated with respect.

You are free to decide whether or not to participate and should not feel coerced.

### **What will your participation involve?**

If you agree to participate you will be asked to take part in a private one-to-one audio-recorded interview with me. Being interviewed might feel a little like having an informal chat with a purpose. Our interview will last around an hour to an hour and a half, and will take place at a time and location that suits you.

During our interview we will talk about your experiences with domestic violence and what kinds of processes you went through when seeking (or not seeking) help.

Before our interview starts you will be given the opportunity to ask me questions if you are unclear about anything, and at the end of the interview you can ask more questions or bring up any concerns you might have.

I will not be able to pay you for participating in my research but your participation would be very valuable in helping to develop knowledge and understanding of how mental health practitioners can better serve your needs.

### **Your taking part will be safe and confidential**

Your privacy and safety will be respected at all times. I will do my best to ensure you feel comfortable throughout the proceedings and make sure that you feel listened to and respected. You do not have to answer all of the questions if you don't want to and can withdraw your participation at any time.

### **What will happen to the information that you provide?**

I will need to audio-record our interview so that I can turn it into the data for the research. I will do my utmost to ensure that you cannot be personally identified by the information you give me and that your identity is kept private throughout the research process. In the final piece of research you will only be referred to by a pseudonym of your choosing and all information that could possibly reveal your identity (such as names and locations) will be altered to protect your privacy. The material you give me will be destroyed after I have finished using it in the research, which will be in the year 2023. While I am conducting the research, your information will be carefully stored on a password-encoded computer that only I have access to.

### **What if you want to withdraw?**

You are free to withdraw from the research study without explanation, disadvantage or consequence. You can withdraw your material after the interview as long as you do so before the data analysis begins, which will be February 2018.

### **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me at the email address below.

Riva  
[u1418671@uel.ac.uk](mailto:u1418671@uel.ac.uk)

If you have any questions or concerns about how the research has been conducted please contact my research supervisor Dr. Lisa Fellin. School of Psychology, University of East London, Water Lane, London E15 4LZ,  
Email: [L.C.Fellin@uel.ac.uk](mailto:L.C.Fellin@uel.ac.uk)

**or**

Chair of the School of Psychology Research Ethics Sub-committee: Dr Mary Spiller, School of Psychology, University of East London, Water Lane, London E15 4LZ.  
(Email: [m.j.spiller@uel.ac.uk](mailto:m.j.spiller@uel.ac.uk))

**UNIVERSITY OF EAST LONDON**

**Consent to participate in a research study**

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data after analysis of the data has begun, which will be in February 2018.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date: .....

### *Interview Schedule*

Can you tell me a little about yourself?

Can you tell me about your experiences of being abused by your partner? (who, what, where, when, why, etc.)

How did you cope?

Did you seek help?

If not, what led to the decision to not seek help?

If yes, what led to the decision to seek help?

Can you tell me about your experience of seeking help? (who, where, when, why, etc.)

What was helpful in that situation?

What was unhelpful?

Impressions of the resources that are available for men in this position?

What would you like people to be aware of when working with men who are abused by women?

Is there anything else that is important that you would like to add?

## Participant Debrief

*Once again thank you very much for sharing your experiences with me.*

How was the interview experience for you?

Was there anything it brought up that you would like to reflect on?

Was there anything distressing or difficult?

Do you have any questions or concerns?

Do you have any suggestions or feedback about the interview process?

Are you still happy for me to use your material in the research?

You are welcome to request to withdraw your material from the research in the period before the data analysis, which will be in February 2018. You are also welcome to contact me if you have any other questions or concerns about the research or the interview process.

Additionally, below are some resources if you feel that you need more support and information about anything we discussed today. They are organizations that offer advice and support and practical guidance for men who have been affected by domestic abuse.

Mankind Initiative

<http://new.mankind.org.uk/>

Men's Advice Line

<http://mensadvice.org.uk/>

Refuge

<http://www.refuge.org.uk/get-help-now/help-for-men/>

**NOTICE OF ETHICS REVIEW DECISION**

**For research involving human participants**

BSc/MSc/MA/Professional Doctorates

**REVIEWER:** William Pennington

**SUPERVISOR:** Lisa Fellin

**COURSE:** PsychD Counselling Psychology

**STUDENT:** Riva Coupland

**TITLE OF PROPOSED STUDY:**

**DECISION OPTIONS:**

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research

takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

**DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY**

*(Please indicate the decision according to one of the 3 options above)*

APPROVED

Minor amendments required *(for reviewer)*:

Major amendments required *(for reviewer)*:

**ASSESSMENT OF RISK TO RESEARCHER** *(for reviewer)*

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

- HIGH
- MEDIUM
- LOW

*Reviewer comments in relation to researcher risk (if any):*

**Reviewer** *(Typed name to act as signature):* William Pennington



**Date:** 25<sup>th</sup> April 2017

*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee*

**Confirmation of making the above minor amendments (for students):**

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

**Student's name (Typed name to act as signature):**

**Student number:**

**Date:**

*(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

**PLEASE NOTE:**

\*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

\*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here:

<http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

## APPENDIX C: Key to transcription presentation

### **In Chapter Four - Analysis:**

Individual quotations from participants' transcripts are *italicised* and followed by the participant's pseudonym, and the page number and line where the quote appears in the original transcript. For example: "Elliot – 5, 141" represents the participant Elliot, page 5, line 141.

Brackets containing ellipsis points – [...] represent where parts of the transcript have been removed because they were not directly relevant to what was being discussed in the extract.

Words highlighted in **bold** represent extra emphasis applied in the speaker's speech tone.

### **In the transcripts:**

Sentences ending in '-' indicate a self-interrupted statement, or interruption by the other speaker.

Words that have been *italicised* represent extra emphasis applied in the speaker's speech tone.

Non-verbal sounds are represented in brackets, e.g. (laughs), (raps on table).

Speech (contained within brackets) represents where speaker's voices overlap each other.

Brackets containing ellipsis points [...] represent a pause of three seconds or more.

## APPENDIX D: Sample of analysis

**Taken from Elliot’s transcript, from page 5, line 138**

<p>Feeling no sympathy from police. Lack of help and support.</p> <p>Only felt that they were helpful/sympathetic after they arrested him and noticed how upset he was. Receiving sympathy. Being seen, understood. Vindication. “They realized that because I was so upset, they realized that I hadn't done anything wrong” – assumed to be in the wrong.</p> <p>Being given the option to have her arrested, but declining it because it might intensify the abuse. What did he want them to do? What was he hoping for?</p> <p>“I have to put up with it.” – feeling trapped, resignation.</p>	<p>E: There's just no, no, there's no, they don't sympathise at all, the police. Not one single bit. There were no help whatsoever. [R: mhm] They're only actually nice to me when I was actually, I got taken when they arrested me and took me in. And uh they realized that because I was so upset, they realized that I hadn't done anything wrong. And when they interviewed me there the next day they realised I hadn't done nothing wrong and they said 'we'd go and arrest her now if you want'. And I said 'no it's not worth it because she'll just come back at me even more. [Computer in background: email received] I don't, you know. And I have to put up with it. But uh-</p>	<p>38 Lack of sympathy and support</p> <p>39 Belated sympathy and vindication</p> <p>40 Assumed to have done wrong</p> <p>41 Declining outside intervention for fear of the consequences</p> <p>42 Feeling trapped</p>
	<p>R: Can I, can I just take you back 30 seconds to, you said, um, 'I'm the man, so I need to go to the hotel'? Can you-</p>	
<p>“I said 'I live here, it's my house'” - unfairness, injustice Forced out of his own home. Feeling it being unfair that HE’S the one to have to leave.</p> <p>Having to go to a hotel/friend’s place on multiple occasions.</p> <p>Almost a sense here that he feels he’s not being protected, and she is.</p>	<p>E: I said, they said it's probably best. I said 'I live here, it's my house' and they says 'it's best that you go to a hotel. We've seen she's drunk in there and everything, you're best to go and stay at a hotel'. [R: okay] Instead. And that's what I had to do. I had to do the hotel thing probably in three years, probably 15 times? [R: mm, wow. That's a lot] And sometimes I was going to stay at me friend's. [R: okay] You know.</p>	<p>43 Injustice and unfairness</p> <p>44 Repeatedly being told to leave instead of the abuser</p> <p>45 Not feeling protected</p>
	<p>R: So did they say you have to go to a hotel because you're a</p>	

	man, or was that, I just wanna understand what you-	
Being taken out of the situation = an assumption that he is the problem? Or that he isn't being protected?	E: Every time they took me out of the situation.	46 Consistently being removed instead of the abuser
	R: Okay. And so-	
<p>"It was always me, the man, out of the situation, never her" – unfairness, injustice. Treated differently based on gender.</p> <p>Frustration, anger.</p> <p>Abuser courting sympathy and support through manipulation. Her getting the sympathy instead of him.</p> <p>Attempting to remove himself from the situation, having anticipated that it was going to escalate.</p> <p>Attempted retreat, not fighting back. Violence would escalate when he attempted to leave.</p>	<p>E: It was always me, the man, out of the situation, never her, they never arrested her and took her away. [R: yeah]</p> <p>They'd sympathise with her and she would go 'but I'm a nurse'. [R: mm] And hide behind the fact that she's a nurse. But she wasn't just hitting me, she was beating her son up as well. You know, it's just horrendous and I used to protect her son. [R: mhm] And try and break it up. [R: yeah] But, to be honest. You know, it sounds bad, he was only young, he was only like, 15, 16 and everything at the time. When he was being beaten up, and attacked by her, I, half the time I didn't intervene. Because I used to think to myself 'at least she's not having a go at me, [R: mmm] and leaving me alone.' [R: mm] So I used to try and get myself out of the situation, when I could see she was losing it, I'd try and get myself out of the situation and leave the house. So she would ummm, soon as I'd get to the front door she'd go for me 'cause I'm trying to get out the house. And she would just attack me trying to get out the house. And then belittle me, call me names. And uh in 2015, um, in April, she was, I-, I'd come home, everything was fine, then she started having a go at me. And she started calling my kids little</p>	<p>47 Differential treatment based on gender</p> <p>48 Frustration and indignation</p> <p>49 Abuser receiving sympathy instead of him</p> <p>50 Keeping self safe by leaving an escalating situation</p> <p>51 Flight instead of fight</p> <p>52 Leaving resulting in escalation in violence</p>

<p>Suicide - escape, by another way. Resignation, beaten down, can't cope anymore.</p>	<p>shits. And she'd already destroyed my relationship with my kids [R: mmm] by interfering with that. And then she got a load of drugs. And she threw hundreds of these tablets, she threw 'em at me and she said 'go and take them and go and kill yourself'. [R: gosh] So I did. [R: so you attempted suicide] I mean it took 'em, it took 'em nearly 48 hours to find me. I slept in the car the first night and the second day, second evening I just took all the tablets. And uh, it's only the fact that I sent her a text and said 'that's it, I can't cope with you anymore. You done too much damage. I'm out of here.' They actually was able to pinpoint where my phone was. [R: gosh] And they came and found me but I was completely out of my head by then. But uh. But the thing is, she didn't care. She was just like, whatever. And then she was, it's like mentally, [exhales] mentally, I don't know.</p>	<p>53 Unable to cope any longer</p>
<p>Retreating, hiding away.</p>	<p>They actually was able to pinpoint where my phone was. [R: gosh] And they came and found me but I was completely out of my head by then. But uh. But the thing is, she didn't care. She was just like, whatever. And then she was, it's like mentally, [exhales] mentally, I don't know.</p>	<p>54 Isolation and retreat</p>
<p>Did not reach out. Isolated.</p>	<p>It's mental torture because then she would play the game of 'I'll help ya, let's go and see a psychiatrist and get you some help and everything' and I'm thinking, you'll help me 'cause you're the reason the way I am. You said to me that you wouldn't be like my previous ex hitting me. D'you know I could cope with the hitting. It's upsetting. But the mental abuse, oh it's just horrendous.</p>	<p>55 Giving up</p>
<p>"it's only the fact that I sent her a text and said 'that's it, I can't cope with you anymore. You done too much damage. I'm out of here.'" -</p>	<p>It's mental torture because then she would play the game of 'I'll help ya, let's go and see a psychiatrist and get you some help and everything' and I'm thinking, you'll help me 'cause you're the reason the way I am. You said to me that you wouldn't be like my previous ex hitting me. D'you know I could cope with the hitting. It's upsetting. But the mental abuse, oh it's just horrendous.</p>	<p>56 Unsolicited help</p>
<p>Giving up, resignation, had enough. Being found and helped by default, not by choice.</p>	<p>It's mental torture because then she would play the game of 'I'll help ya, let's go and see a psychiatrist and get you some help and everything' and I'm thinking, you'll help me 'cause you're the reason the way I am. You said to me that you wouldn't be like my previous ex hitting me. D'you know I could cope with the hitting. It's upsetting. But the mental abuse, oh it's just horrendous.</p>	<p>57 Being manipulated and lied to by abuser</p>
<p>"And then she was, it's like mentally, [exhales] mentally, I don't know." - he sounds so exhausted here.</p>	<p>It's mental torture because then she would play the game of 'I'll help ya, let's go and see a psychiatrist and get you some help and everything' and I'm thinking, you'll help me 'cause you're the reason the way I am. You said to me that you wouldn't be like my previous ex hitting me. D'you know I could cope with the hitting. It's upsetting. But the mental abuse, oh it's just horrendous.</p>	<p>57 Being manipulated and lied to by abuser</p>
<p>"Mental torture" - mental exhaustion, being toyed with. Sounds like he was being gaslighted.</p>	<p>It's mental torture because then she would play the game of 'I'll help ya, let's go and see a psychiatrist and get you some help and everything' and I'm thinking, you'll help me 'cause you're the reason the way I am. You said to me that you wouldn't be like my previous ex hitting me. D'you know I could cope with the hitting. It's upsetting. But the mental abuse, oh it's just horrendous.</p>	<p>57 Being manipulated and lied to by abuser</p>
<p>Being manipulated - abuser playing mind games re getting psych support, false support.</p>	<p>It's mental torture because then she would play the game of 'I'll help ya, let's go and see a psychiatrist and get you some help and everything' and I'm thinking, you'll help me 'cause you're the reason the way I am. You said to me that you wouldn't be like my previous ex hitting me. D'you know I could cope with the hitting. It's upsetting. But the mental abuse, oh it's just horrendous.</p>	<p>57 Being manipulated and lied to by abuser</p>
<p>"Then she would play the game of 'I'll help ya, let's go and see a psychiatrist and get you some help and everything' and I'm thinking, you'll help me 'cause you're the reason the way I am"</p>	<p>It's mental torture because then she would play the game of 'I'll help ya, let's go and see a psychiatrist and get you some help and everything' and I'm thinking, you'll help me 'cause you're the reason the way I am. You said to me that you wouldn't be like my previous ex hitting me. D'you know I could cope with the hitting. It's upsetting. But the mental abuse, oh it's just horrendous.</p>	<p>57 Being manipulated and lied to by abuser</p>

<p>- feels like resentment here, anger, <u>betrayal</u>, being lied to and played with.</p> <p>Abuser getting involved with him getting therapy - negative and undermining, counterproductive.</p> <p>Therapy being undermined by continued abuse. His mental health continued to suffer because he was still in the abusive environment.</p> <p>Went to marriage counsellors (probably Relate?)</p> <p>Counsellors tried to explore the relationship dynamic of him leaving and how that impacts on the situation.</p> <p>Validation of his position.</p> <p>Therapist challenging her responses to him trying to leave when she becomes abusive.</p>	<p>The playing the games, the tee-, coming to-, psych-to-, therapy, and pretending to try and help me and in the end I said 'don't come, I don't want you to come' 'cause in, soon as I'd leave she'd belittle me. And carry on again. And which didn't help at all. In the end, went to um, these marriage counsellors, forgot the name of the, the people. They're really well known, but. Well then they said, 'what do you do [Elliot] when she gets like, really irate and angry?' He says, I said I leave the situation. I said because I can't cope with it. I said I'm not you, I'm a calm person I'm not, I'm not a violent or angry person whatsoever. And uh, she turned round and said 'but I don't like him doing that. My dad used to do that. So, he's gotta stay there. He can't go anywhere' and they said 'well what's he supposed to do? How's he gonna defuse the situation if you're gonna keep attacking him?'</p>	<p>58 Abuser undermining therapeutic help</p> <p>59 Exploration of the relationship dynamics in couples counselling</p> <p>60 Others validating his position</p>
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## APPENDIX E: Example of thematic clusters

### Elliot – clustered themes

#### Abuser manipulation

##### *Isolation*

- 5 Invisibility and isolation
- 58 Abuser undermining therapeutic help
- 66 Others believing the abuser's narrative
- 73 Threat of destitution
- 75 Constant threat
- 204 Abuser downplaying the abuse to others

##### *Feeling duped*

- 57 Being manipulated and lied to by abuser
- 121 Feeling taken advantage of
- 125 Feeling victimised and used
- 191 Feeling lied to

##### *Blind spots*

- 3 An unfamiliar problem
- 8 An unfamiliar problem
- 87 Other people's blind spots and assumptions
- 88 The abuse undetected by others
- 89 Others not believing she could be an abuser
- 304 Denial
- 305 Justifying/explaining away the abuse

##### *False allegations*

- 6 Being falsely presented as an abuser
- 63 Abuser attempting to portray him inaccurately
- 144 Abuser inventing false narrative
- 210 Abuser telling others that he was the perpetrator
- 255 Abuser making false allegations

##### *Resistance*

- 64 Challenging abuser's false narrative
- 65 Being wise to her old tricks
- 212 Anger and indignation
- 213 Incredulity that they had it wrong
- 214 Protesting his innocence
- 216 Continuing to protest his innocence
- 220 Protesting his innocence
- 222 Fighting back against false accusations
- 230 Protecting his narrative
- 231 Learning from previous experience

#### Agency

##### *Asking others to intervene*

2 Powerlessness and lack of agency  
10 Helplessness and lack of agency  
11 Getting others to intervene on his behalf  
13 Others defending his side for him  
20 Others intervening on his behalf  
82 Having her removed by force  
115 Getting others to intervene on his behalf  
136 Hoping that others would stop the abuse  
183 Asking others to solve the problem  
190 Asking others to solve the problem  
196 Outside intervention on his behalf  
206 Getting others to intervene on his behalf  
207 Others telling abuser to behave

#### *Helplessness*

22 Vulnerability and helplessness  
23 Powerlessness  
31 From powerful to powerless  
91 Distress and vulnerability  
92 Continued abuse after the relationship ended  
93 Being terrorised by abuser

#### *Taking action*

76 Strategic exit  
77 Taking decisive action  
78 Asserting his rights  
79 From passiveness to assertiveness  
80 Commanding control  
81 Being explicit about the situation

### **Coping**

#### *Overwhelmed*

1 Feeling unable to cope  
9 Feeling unable to cope  
68 Chronic distress  
184 Feeling unable to cope  
208 Unable to cope with the abuse  
302 Help-seeking as a double edged sword

#### *Catalysts*

25 Resistance  
30 Seeking help when the situation escalated  
53 Unable to cope any longer  
137 Reaching the end of his coping capacity  
139 Taking action when the violence escalated  
179 Disclosure after coping system failure  
180 Reaching breaking point  
202 Needing to do something about the situation  
209 Protecting self from attack



- 232 Putting up with it less over time
- 233 Involving others when he could no longer cope
- 252 Calling the police when he was in immediate physical danger

*Helplessness and isolation*

- 15 Longing for escape
- 16 Helplessness
- 42 Feeling trapped
- 54 Isolation and retreat
- 55 Giving up
- 69 Helplessness
- 70 Nowhere safe to be
- 71 No relief
- 72 Avoiding the abuser
- 248 Feeling trapped in the relationship
- 249 Nowhere to go
- 298 Coping by himself

*Hoping it would get better*

- 116 Gaining temporary relief
- 138 Hoping that the abuse would stop
- 205 Outside intervention bringing temporary relief
- 250 Hoping that things might change
- 251 Thinking that change was possible

*Removing self from the scene of abuse*

- 7 Leaving the scene of abuse
- 17 Feeling trapped in the relationship
- 26 Removal of self from the situation
- 27 Escalation of abuse when attempting to leave
- 28 Flight instead of fight
- 29 Attempts to find a safe place
- 50 Keeping self safe by leaving an escalating situation
- 51 Flight instead of fight
- 52 Leaving resulting in escalation in violence
- 119 Not wanting to stoop to her level
- 143 Defend, not attack
- 145 Being prevented from leaving

**Differential treatment**

*Assumed to be the perpetrator*

- 21 Wrongful arrest
- 46 Consistently being removed instead of the abuser
- 47 Differential treatment based on gender
- 211 Assumed to be the perpetrator
- 104 Police automatically arrest the man
- 106 Arresting the man is easier
- 107 Unequal treatment between men and women
- 108 Things need to be done differently

218 Assumed to be the perpetrator  
225 Police automatically assume the man is the abuser  
226 Unfairness and injustice

*Abusers/victims treated differently based on gender*

34 Feeling that support was withheld on account of his gender  
48 Frustration and indignation  
49 Abuser receiving sympathy instead of him  
74 Being at a disadvantage on account of his gender  
96 Feeling that others would have responded differently if the genders were swapped  
101 Others are biased against men  
164 Hearing about other men being blamed for being abused  
165 Noticing gendered double standards and bias  
166 Unfair treatment  
167 Nondisclosure due to anticipation of being treated unfairly  
286 Need for more equality in the treatment of male and female victims  
287 Lack of equality

*Unfairness*

36 Unfairness  
37 Being told to leave instead of the abuser  
43 Injustice and unfairness  
44 Repeatedly being told to leave instead of the abuser  
97 Frustration  
176 Rejecting assumptions that he was responsible for the abuse  
177 Standing up for himself  
186 Anger and resentment  
188 Feeling uncared for  
189 Feeling uncared for  
256 Asked to leave to de-escalate the situation  
259 Questioning why he should be the one told to leave  
260 Acquiescence  
263 Desire for police to be more balanced

**Disclosure**

*Partial disclosure*

134 Tentative, partial disclosure  
135 Purposeful disclosure  
171 Partial, purposeful disclosure  
178 Partial disclosure  
195 Partial disclosure  
198 Not disclosing the extent of the abuse  
200 Tentative, understated disclosure  
238 Compartmentalising information

*Silence and shame*

133 Keeping the abuse hidden  
159 It's hard for men to find help

160 Men feel ashamed  
161 Feeling shame about being battered  
162 Gendered expectations connected with shame  
163 Implicit comparison with other men's experiences  
169 Shame as a barrier to disclosure  
170 It didn't feel like something he could disclose  
199 Feeling unable to disclose  
237 Hiding the abuse from others  
243 Feeling like things are supposed to be different to what they were

*Opening up*

185 Blunt disclosure  
194 Asking for help and support  
203 Full disclosure  
242 Upsetting to tell others how things really were  
275 Contributing to the discourse  
181 Needing to talk to somebody  
290 Sharing his experiences instead of hiding them  
291 No longer ashamed  
301 From keeping it inside to telling others  
303 Changes in help-seeking and coping strategies

*Raising awareness*

276 Raising awareness about abuse against men  
283 Belief that many male victims are hidden  
289 Trying to contribute to raising awareness  
292 Prioritising awareness over anonymity  
293 Wanting to raise awareness  
297 Raising awareness

**Domestic abuse resources**

*No help available*

100 Nowhere to get help  
126 Limited options for help and support  
127 Nowhere to go for help  
128 Lack of help sources available  
129 No help available for abused men  
157 No help available  
278 Lack of help and information

*Invisibility of abused men*

130 Invisibility of abused men  
132 Limited options  
279 Anger at the biases in domestic abuse adverts  
280 Invisibility of male victims  
281 Wanting abused men to be acknowledged  
282 Need for more gender neutrality in adverts  
294 Anger that male victims are omitted in adverts  
295 Invisibility equals invalidation

296 Questioning the lack of gender neutrality in adverts

*Helplines*

90 Reaching out for support

158 Abuse helpline staff helpful and understanding

**Invalidation**

*Others trivialising the abuse*

14 Others downplaying the abuse

99 Feeling that others weren't taking it seriously

172 Others downplaying the abuse

173 Abuse being accepted by other victims

174 The unacceptable treated as acceptable

175 Others viewing the abuse as acceptable

284 Other abused men brushing it off

285 Belief that female victims are less likely to put up with it

*Feeling alone*

4 Dismissal by others

12 Unfairness

154 Feeling like nobody is on his side

155 Isolation

156 Feeling that others are against him

168 Not being believed

187 Him versus them

223 Feeling alone and unsupported

224 Not being believed

254 Feeling constantly blamed

*Feeling validated*

141 Vindication

142 Feeling good about others seeing the truth

146 Others seeing the truth

148 Validation

149 Being seen

150 Being acknowledged as the victim

151 Sympathy and support

152 Others seeing his suffering

153 Finally feeling seen and supported

**Misc**

18 Continued abuse after escape

56 Unsolicited help

59 Exploration of the relationship dynamics in couples counselling

94 Besiegement

118 Unhelpful suggestions from others

140 Lack of intervention from witnesses

228 Continuing pain from the abuse

## **Police responses**

### *Positive*

- 24 Positive experience of police
- 39 Belated sympathy and vindication
- 83 Being protected by the police
- 84 Police bolstering his position
- 85 Protection and support from police
- 86 Validation
- 257 Reassured, understood and supported by the police
- 258 Co-operation with the police
- 264 Finally feeling supported by the police
- 265 Reassurance from knowing she can be removed too

### *Negative*

- 32 Expecting help and not receiving it
- 33 Dismissal and invalidation
- 35 Lack of support
- 38 Lack of sympathy and support
- 40 Assumed to have done wrong
- 45 Not feeling protected
- 95 Lack of protection from police
- 98 Feeling let down
- 102 Police assume the man is in the wrong
- 103 Things are slow to change
- 105 Many police assume the man is at fault
- 131 Female-to-male abuse not recognised
- 215 Anger
- 217 Inadequate response from police
- 219 Feeling unjustly accused
- 221 Anger and indignation
- 235 Finding the police unhelpful and ineffective
- 253 Police offering minimal input and support
- 261 Police failing to maintain adequate records of his case
- 262 Feeling let down by police
- 288 More needs to be done to highlight and address the issues

## **Support networks**

### *Friends and family*

- 19 Approaching family members for support
- 227 Support and understanding from close friend
- 236 Feeling helped and supported by friends and family
- 300 Getting support from friends

### *Other abused men*

- 272 Talking with other abused men
- 273 Shared understanding and community
- 274 Other men sharing their experiences

### *Religious community*

- 110 Seeking help exclusively from church community
- 111 Viewing religious community as central source of support
- 113 Asking for support on a regular basis
- 114 Experiencing religious community as a useful help source
- 299 Enlisting help from his church community

#### *Online*

- 266 Speaking to people online
- 270 Looking for help online
- 271 Specifically seeking sites for DA against men

#### *Helpful aspects*

- 60 Others validating his position
- 61 Insight and understanding from others
- 62 Being told that he wasn't the problem
- 67 Needing reassurance
- 122 Gaining insight from talking with others
- 123 Making sense of what happened
- 124 Accepting input from others
- 147 Being offered information and insight
- 229 Supportive, reliable support network made things easier
- 267 The value of sympathy
- 268 Advice and insight
- 269 Taking on board advice and input
- 277 Helping others helps him

### **Tensions**

#### *Keeping the peace*

- 41 Declining outside intervention for fear of the consequences
- 234 Negative consequences to seeking help
- 239 Protecting abuser by not telling others
- 240 Keeping the peace
- 241 Staying silent to maintain family cohesion

#### *Compelling factors*

- 109 Religion as restricting factor for help sources
- 112 Religion as an inhibitor to leaving the relationship
- 117 Being expected to stay in the relationship
- 182 Being told to fix it instead of leave her
- 193 Religious conventions a barrier to leaving
- 197 Being expected to stay in the abusive relationship
- 244 Being compelled to stay in the relationship
- 245 Changing priorities when the situation became unbearable
- 246 Overriding others' expectations
- 247 Being compelled to stay in the relationship

#### *Misc*

- 192 Not wanting others to involve themselves
- 201 Needing help whilst not wanting others to get involved

## APPENDIX F: Example of theme identifiers

Super-ordinate theme	Sub-theme	Theme number	Page, line	Quote identifier
Blind spots	Difficulty seeing the abuse			
	Not the standard picture of abuse			
Reasons for pause	Between a rock and a hard place	41, 42 70  248, 249  234 73	5, 144 9, 277  35, 1165  34, 1116 9, 279	“And I said” “I'd just have to leave” “A real difficult situation” “it made it worse.” “And then she said”
	Protecting and preserving	239-241	34, 1127	“They never know a word”
	Coping like a man	298  285  283, 284	46, 1542  44, 1467  44, 1464	“I would try and deal with it” “But it's something at the end” “And I think there's”
Vulnerability	Shame	159, 160  161  162, 163  169, 170 134  135 171  178  195 198, 199 200  237	20, 658  20, 664  20, 669  21, 681 17, 546  17, 548 21, 694  22, 741  25, 836 26, 847 26, 848  34, 1125	“I mean it's really difficult” “I used to when I used” “It's like 'cause I'm always,” “Just the shame of it.” “I never used to give them” “the hope was they'll” “told 'em drabs and drabs,” “I just mentioned a few things.” “I went to the church” “But the thing is” “I'd say she's not nice to me.” “Well in my first one,”
	The tables being turned	230, 231  6	33, 1111  1, 20	“I'd record her in the end.”

		63	8, 244	"she would get on the floor"
		66	8, 254	"she took all herself out."
		210	28, 932	"There was a time"
		255	39, 1305	"Anyway, she umm,"
		74, 75	9, 281	"I phoned the police but then"
		18	3, 80	"I know the law's on my side"
				"She just used my kids then."
Invalidation	Nobody on your side	223, 224	29, 959	"I then felt really like"
		254	39, 1301	"Like I'm to blame, basically."
		4	1, 14	"he basically told me to"
		14	2, 61	"his answer to that was"
		154-156	20, 653	"you're going through all this"
		172	21, 702	"I was talking to her dad,"
		176	22, 724	"his thing was 'you must have done something'."
		186	24, 784	"they wasn't concerned"
		189	24, 789	"They were more concerned"
		32-37	4, 130	"they said 'yeah, she's drunk,"
		43, 44	5, 151	"they said it's probably best."
		259	40, 1335	"I felt, to be honest,"
		38-40	5, 138	"they don't sympathise"
		48, 49	5, 166	"They'd sympathise with her"
		263	41, 1355	"asking me to leave"
		168	21, 676	"I never told my friend"
	A sense of injustice	214	28, 937	"I sent 'em a letter back"
		218-221	29, 954	"They just sent me leaflets"
		211-213	28, 934	"I never seen the police for anything,"
		286, 287	44, 1470	



		225, 226	29, 961	"I spoke to women as well"
		107, 108	13, 437	"I'm realising the police"
		102, 103	13, 422	"Which is not fair,"
		101	13, 418	"they instantly think,"
		131	17, 543	"It's just one-sided"
		106	13, 435	"I remember the police"
		104, 105	13, 433	"He said, 'but a lot of"
		46	5, 161	"He said, he says, he said"
		47	5, 165	"Every time they took"
		21	4, 107	"It was always me, the man,"
		22, 23	4, 114	"she trashed my office,"
		96, 97	12, 406	"And took me away."
		95	12, 405	"Now if it was a man that"
		98, 99	13, 408	"Um, reported it to the police,"
		217	29, 953	"They didn't do nothing"
		253	39, 1288	"But they never come"
		165, 166	20, 673	"Next time I phoned them,"
				"And I was thinking well"
Finding help	Being overlooked	276	43, 1448	"I put a lot of things"
		289	44, 1476	"I try and do my little bit"
		293	44, 1481	"Because I want people to know"
		297	45, 1518	"But I just try and put"
		130	17, 542	"It was always advertised"
		279, 280	43, 1452	"it angers me when"
		281	44, 1456	"I just wanna phone"
		282	44, 1459	"So, why, why don't"
		294, 295	44, 1486	"I do get really"
		296	45, 1493	"Why don't you say"
		288, 289	44, 1476	"it needs to be highlighted"
	The struggle to find help	277, 278	32, 1080	"It makes me feel better."

		157	20,655	"There's no help out there."
		129	16,534	"There was no, nothing"
		127, 128	16,523	"There was nowhere else"
		126	16,523	"Because there was nowhere"
		100	13,414	"There's no help."

### APPENDIX G: Overall representation of themes

<b>Super-ordinate theme</b>	<b>Sub-theme</b>	<b>Clark</b>	<b>Elliot</b>	<b>Howie</b>	<b>Jed</b>	<b>Leonard</b>	<b>Mason</b>	<b>Owen</b>	<b>Wayne</b>
Blind spots	Difficulty seeing the abuse	x		x	x		x	x	x
	Not the standard picture of abuse	x			x			x	
Reasons for pause	Between a rock and a hard place	x	x	x		x	x		
	Protecting and preserving	x	x	x	x	x	x	x	x
	Coping like a man	x	x	x	x	x	x	x	x
Vulnerability	Shame		x	x	x		x	x	x
	The tables being turned		x	x		x	x	x	
Invalidation	Nobody on your side	x	x	x	x	x		x	
	A sense of injustice	x	x	x	x	x	x	x	
Finding help	Being overlooked	x	x		x		x	x	
	The struggle to find help	x	x	x	x	x	x	x	

## APPENDIX H: Research Journal entry

I am noticing that the research participants often express concern about whether or not they are appearing 'sexist' when they try to explain their perspectives. This has happened so often that I considered including it as a theme, but I cannot because it is not related to help-seeking. What is causing them to do this? What is behind their concerns? What might this be indicating about their lived experience? How might this be impacting on the interview process, and their experience of it?

I wonder if they are worried about offending me because I am a woman? This would make sense. If that is the case, then perhaps I need to reiterate the fact that there are no wrong answers and encourage them to be fully candid, and that I will not be offended by anything they say.

Perhaps they are worried because it is a major transgression to appear sexist or 'politically incorrect' in any way in the current cultural landscape. The socio-political weight associated with this subject can create additional pressure when trying to uphold social graces. I also suspect that men may be set upon more readily if they put a foot wrong in this regard. For example, while it is generally not acceptable for men to use sexist language, women are permitted (and, dare I say, even encouraged?) to use terms like "mansplaining" and "manspreading". This seems like a double standard.

On that note, I wonder if the participants are trying to qualify their statements because they are accustomed to being shouted down? Perhaps their opinions or viewpoints are often not well-received? Reflecting on the interviews, it seemed almost as if simply explaining their own personal experiences and perceptions felt like an act of transgression that needed to be justified and defended. This makes sense because they are situated in a societal environment that often seems to be a bit hostile towards men, or towards those who stand up for men. Indeed, I have experienced whiffs of this during the research process. Well, not actual hostility per se, but what is interesting is that I *expect* hostility, to the extent that I have often found myself feeling the need to defend my research subject and automatically launching into a prepared 'speech' about gender equality to head off any potential confrontation. After I noticed myself doing this and began simply, vaguely stating that I am researching domestic abuse, I have often found myself being praised for 'fighting the good fight' in protecting vulnerable women - every single time, it is assumed that the victims I am studying are female, and their abusers are male. It has resulted in some awkward moments.

## APPENDIX I: Application for amendment

### UNIVERSITY OF EAST LONDON School of Psychology

#### REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

#### FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

**Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.**

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Mary Spiller (Chair of the School Research Ethics Committee).

#### HOW TO COMPLETE & SUBMIT THE REQUEST

7. Complete the request form electronically and accurately.
8. Type your name in the 'student's signature' section (page 2).
9. When submitting this request form, ensure that all necessary documents are attached (see below).
10. Using your UEL email address, email the completed request form along with associated documents to: Dr Mary Spiller at [m.j.spiller@uel.ac.uk](mailto:m.j.spiller@uel.ac.uk)
11. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
12. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

#### REQUIRED DOCUMENTS

4. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
5. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form

etc.

6. A copy of the approval of your initial ethics application.

Name of applicant:	Riva Coupland
Programme of study:	Prof Doc Counselling Psychology
Title of research:	‘Men’s experiences of help-seeking for female-perpetrated intimate partner abuse: A qualitative study’
Name of supervisor:	Dr. Stelios Gkouskos

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
I would like to change the title of the project from ‘Men’s experiences of help-seeking for female-perpetrated intimate partner abuse: A qualitative study’ to “‘The dice are loaded’: Men’s experiences of help-seeking for female-perpetrated domestic abuse’	I feel that the proposed new title better reflects the content of what was found in the analysis.

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	

Student’s signature (please type your name): Riva Coupland

Date: 02/08/2019

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved		

**Comments**

Reviewer:

Date: