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"Man Up": Male Survivors of Intimate Partner Violence Through the Eyes of Their Providers

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Health Promotion

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Abstract

Intimate partner violence (IPV) is a complex phenomenon that is often understood with women as the primary recipients of violence and men as the primary perpetrators. However, emerging literature on heterosexual relationships suggests that men also experience interpersonal violence, most often from their female partners. Drawing on research data gathered through semi-structured interviews with service providers ($n = 4$), this qualitative inquiry explores how gender, power, and the stigma associated with interpersonal violence impact men who have experienced abuse through the perspectives of the service providers who work with them. The findings from this study highlight how traditional constructions of violence, gender, and masculinity contribute to the silencing of this form of victimization, which makes it difficult for men to recognize and disclose their abuse. They also highlight the need for tailored services for men, especially those that offer programs based in peer-support.

Keywords: Intimate partner violence, gender-based violence, domestic abuse, men's health, masculinity, stigma, gender, administrative abuse, service provision, peer-support

Summary for Lay Audience

Men are commonly viewed as the abusers, and women as the victims, when thinking about abuse and violence. Recently, research has shown that men do experience abuse from women. A service provider is a person, usually part of an organization, who provides help such as therapy or counselling to people in need. My research aim was to see what issues service providers face when helping men who have been abused. I also looked at what social barriers make it hard for men to get help for their abuse.

I interviewed four service providers from two different organizations in Ontario who help men who have experienced abuse. Each service provider was interviewed once over Zoom, a video-calling software, to talk about their experiences working with these men. Their stories revealed important findings which show how violence, masculinity, and gender in Canada limit conversations and awareness of the abuse men experience.

According to the service providers, men often have difficulty recognizing their abuse and face challenges seeking social, justice, and health related help. Also, it was noted that many men feel judged for their abuse, making them hesitant to ask others for help. Many of these men choose to remain silent about their abuse because they feel shame, or fear how other people will view them. Service providers also experience judgment for working closely with men who have been abused and face many obstacles to supporting them.

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Chapter 1

1 – Introduction

1.1 – Introduction

Intimate partner violence (IPV), also sometimes referred to as domestic abuse or domestic violence, has been a topic of growing concern and investigation throughout the twentieth and twenty-first centuries. IPV is defined as any abusive act or conduct meant to exert coercive control through psychosocial, sexual, or physical means between adults who are married, cohabit, or have an intimate relationship (Machado, Hines, & Matos, 2016). IPV is commonly understood as a gendered phenomenon, and most often men are positioned as the perpetrators and women as the victims or survivors (Nowinski & Bowen, 2012). This understanding is informed by many factors within our patriarchal society that disadvantages women, including decades of evidence indicating that men regularly commit violence against their female partners (Nowinski & Bowen, 2012). However, men also experience IPV, often from female partners, and their experiences are commonly downplayed or ignored in light of the dominant ideas of gender, power, and violence within our society (Morgan & Wells, 2016). While IPV is perpetrated by all genders against all genders, the focus of the present research study is men who have experienced female perpetrated IPV through the perspectives of the service providers who advocate for, support, and treat male survivors of intimate partner violence.¹ Within contemporary literature on IPV, there is debate surrounding the use of survivor language or person-centred approaches. For the purposes of this study, survivor language will be used because it aligns more directly with how the study participants shared their insights.

Contemporary literature suggests that up to 40% of IPV cases in North America are perpetrated against men, with one in six men experiencing IPV in their lifetime (Nowinski & Bowen, 2012; Perryman & Appleton, 2016). According to a Statistics Canada profile on IPV which examined police reported data by Conroy, Burczycka, and Savage (2019), approximately one in five men experience intimate partner violence in Canada. Despite evidence indicating men experience notable rates of IPV, qualitative research from disciplines such as family violence, psychology, nursing, and sociology identified societal perceptions which contend that men are not

¹ Within this thesis “men” and “male” will be used synonymously in reference to heterosexual, cis-gender men.

vulnerable to abuse from their female partners (Hines et al., 2007; Tsui et al., 2010). These perceptions stem largely from the social constructions of gender roles and masculinity ideologies, which situate men in positions of power and control in heterosexual relationships (Connell & Messerschmidt; Courtenay, 2000). Additionally, men are commonly stereotyped as physically larger, stronger, and more resilient than women, despite this not always being the case (Emslie et al., 2006). As a result of these constructions, men are frequently assumed to not be vulnerable to abusive behaviours from women and viewed as unlikely to experience harm from their assaults (Bates et al., 2019; Corbally, 2015). These ideas of who is vulnerable, combined with the gendered understandings of violence, have resulted in men largely being excluded from the narrative of abuse as survivors.

The absence of a narrative around male victimization has created additional barriers for men in both recognizing and disclosing their abusive experiences. Many male survivors have reported that the absence of gender inclusive education surrounding IPV made it difficult for them to recognize their partners behaviours as abusive, frequently causing the men normalize their perpetrators behaviours and blame themselves for their abuse (Cook, 2009; Dim, 2020). Gender-based violence agencies rarely advertise services directly for male survivors, and few services exist which are designed specifically for men. Of the men who do recognize their abusive experiences, many of them are dismissed or experience structural violence at formal services when help-seeking, or perceive them to not be receptive to their help-seeking attempts (McCarrick et al., 2015; Morgan & Wells, 2016). Consequentially, male survivors have reported feeling like there was nowhere for them to go for help and that they were excluded from fairly accessing social, justice, and health services (Corbally, 2015; Lysova et al., 2020b; McCarrick et al., 2015). When the absence of services and experiences of structural violence are combined with these men's feelings of shame and judgment, they frequently choose to remain silent and remain in the abusive relationship without help-seeking (Dim, 2020; Douglas & Hines, 2011). Many male survivors who endure abuse become increasingly isolated from social circles and have their opportunities for personal and professional growth severely restricted (Migliaccio, 2002). The importance of a narrative which positions men as survivors, and the establishment of services specifically for these men, is crucial to aid them in breaking their silence and beginning recovery.

The current body of literature on male experiences of IPV is fragmented in methodology, foci, and country of origin, and there have been few studies conducted in the Canadian context. The current male IPV literature focuses very little on how issues like dominant cultural constructions of violence, as well as notions of masculinity, impact the provision of services for this vulnerable population. Moreover, almost no research exists which investigates the experiences of providers who care for these men. This lack of literature is concerning considering service providers who regularly interact with these men may have important knowledge about their experiences, or insights into how structural barriers might constrain their ability to aid these men in their recovery. Strengthening the understanding of providers experiences may also generate insight into how they navigate the intersections of IPV and gender inequality, and the effect this may have on men who have experienced IPV when attempting to engage in help-seeking. Lastly, service providers may experience many stigmatizing consequences on account of working with these men.

The primary aim of this qualitative narrative inquiry is to critically examine how service providers navigate the complex social environment when caring for men who have experienced female perpetrated IPV. To my knowledge, this will be the first study in Canada which investigates the experiences of these providers, and one of the first studies in the global context to do the same, informing an area of paucity in IPV research. This study was designed to gather the perspectives of providers on their experiences working in the IPV provision landscape with male survivors. However, in many instances these providers chose to focus on the abusive experiences of the men they worked with, or their own abusive experiences, in relation to the social constructions of masculinity, power, and relationships. The conversations about the provision environment were less fulsome, however, the providers focus on male survivors provided rich narrative data to contextualize the experiences of these men. The following research questions conceptualized the framework for this inquiry:

- 1) What are the lived experiences of service providers when providing treatment to these men?;
- 2) Does stigma regarding men's abuse emerge as a primary theme when interacting with these men?;

- 3) How does the intersection between gender and masculinity influence the experiences of both the men and their providers?; and
- 4) How do providers navigate the dominate perspectives of violence when providing care to these men?

1.2 – Organization of the Thesis

This thesis has five chapters, beginning with the current introduction and preliminary discussion of male experiences of IPV. The focus and aims of the remaining four chapters are provided below, beginning with Chapter Two.

Chapter Two:

The findings from a scoping review of the literature and empirical evidence related to the experiences of male survivors of intimate partner violence will be presented. The search strategy and methodology of this review will also be presented in this section, which was conducted in accordance with the PRISMA extension for scoping review guidelines published by Tricco et al. (2018).

Chapter Three:

This chapter provides a detailed description of the methodology which framed this study, as well as the specific methods used to collect and analyze my data. I begin by presenting my ontological and epistemological positioning within the critical theory paradigm and describe the usage of a narrative analysis approach to the design of this study. This is followed by a description of how I positioned myself as a researcher and engaged in the practice of reflexivity. An overview of the study design is then provided, including a description of my study sites and sampling, data collection methods, and data analysis. I also present other considerations, such as the quality criteria and ethical concerns throughout the research process.

Chapter Four:

The findings from the four interviews with providers from various IPV-related agencies are presented here, split into two parts. Part one features the thematic insights that emerged most often throughout my participants' narratives, and part two presents the less common themes which emerged throughout the interviews. Part one is organized into three sections: social constructions of IPV, masculinity, and men's responses to experiences of IPV. The first theme, social constructions of IPV, is presented in two subsections which focus on providers' perspectives on how male survivors challenge the dominant notions of IPV, as well as the social silence around their experiences. The second theme discusses how the presence of hegemonic masculinity in society creates feelings of shame and a fear of judgment for men who have experienced abuse. The third theme is centred on how providers feel that men respond to their experiences of IPV, split into three subsections. Respectively, these sections, as outlined by the service providers, focus on men's difficulty to identify these experiences as abusive, their personal silence surrounding their abuse, and their mechanisms for coping with their experiences of violence.

Subsequently, part two is also organized into three sections: IPV service provision context, the effects of COVID-19 on abuse-related services, and peer support as a model for healing survivors. The first theme explores the lack of established supports available for male survivors, as well as the gendered tensions that exist within the IPV sector. The second theme focuses on how the COVID-19 pandemic increased the necessity for service provision directed at men and presented agencies with various challenges and opportunities related to administering services digitally. The last theme presents the providers' reflections on the benefits of peer-led support groups as a model for empowering and healing men who have experienced abuse.

Chapter Five:

This chapter presents a discussion of the most salient findings which emerged from this study. The relation of these findings to the existing literature on male experiences of IPV are discussed, and the unique insights which emerged from this study are also highlighted. Following this, I provide a discussion of the limitations of this study with a specific focus on the impacts of COVID-19 on participant sampling. Drawing on the study findings, recommendations related to policy and

service provision development, along with directions for future research, are presented. This chapter concludes with a discussion of the significance of this research relative to the male survivors of intimate partner violence and the providers who care for and advocate on their behalf.

Chapter 2

2 – Scoping Review of the Literature

2.1 – Introduction

This chapter features a focused discussion of the scholarly literature that informs my qualitative exploration of the relationship between interpersonal violence (IPV), gender, coping behaviours, and service provision relative to the study research questions. This review emerged from a scoping review conducted in November 2019 when I was completing my thesis proposal. I conducted the review using the guidelines set out by Tricco et al. (2018) on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) website (<http://www.prisma-statement.org/>). I begin with a presentation of the review methodology, including the objectives of the review, eligibility criteria, search strategy, and selection process. The results of the review are then described, beginning with an overview of the design and samples of the included studies. I then present the thematic findings of the literature review, followed by a discussion of how these findings inform the review objectives. Lastly, I present an overview of literature published between the completion of the scoping review and the analysis of my data collected for this study.

2.2 – Scoping Review Methodology

2.2.1 – Protocol

A scoping review was conducted to map the literature on male experiences of IPV to identify key concepts, gaps in the literature, and the types of evidence that exist (Tricco et al., 2018). I utilized the PRISMA framework for Scoping Reviews (PRISMA-ScR), which provides a standard guideline for methodology and structure to increase the rigour and consistency of the review (Tricco et al., 2018). The PRISMA-ScR checklist was completed for both the review methodology and the overall structure. It is important to note that this review extends beyond the providers' experience because little specific literature exists on this topic. The broader literature of IPV experiences among men provides essential contextual data with which to understand the challenges and other experiences among providers and men who have experienced IPV.

The following objectives informed this scoping literature review: (1) To understand the prevalence and types of IPV that men experience; (2) To provide an overview of the health and

wellness-related consequences among men who have experienced IPV; (3) To identify the factors that influence men's decision about whether to engage in help-seeking behaviours; (4) To identify what services are available for men who have experienced IPV; and (5) To determine what barriers have been reported in the literature that restrict frontline staff from providing effective care to men who have experienced IPV.

2.2.2 – Eligibility Criteria:

The inclusion criteria for studies within this review were as follows: (1) written in English; (2) published in peer-reviewed journals; (3) published after the year 2000; (4) focused on men who have experienced female-perpetrated IPV or their providers; (5) assessed the prevalence of IPV against men, characteristics of the abuse men experience, and/or factors related to men help-seeking. Articles were excluded if they did not meet the above criteria. I limited the review to publications after the year 2000 to focus on contemporary literature, given the evolving perspectives on the nature of intimate partner violence. A global context was utilized in this review to ensure a breadth of literature given the relative paucity of specific research on men experiencing IPV and the providers who seek to serve them.

2.2.3 – Information Sources and Search Strategy

With the assistance of a Librarian from the University of Western Ontario, the following databases were identified as sources of information: MEDLINE, PsychINFO, SCOPUS, and CINAHL. Concepts were mapped to relevant keywords (see Appendix A), and a search was conducted in all databases for relevant literature. No authors were contacted. Abstracts were examined in preliminary searches to ensure proper subject headings and keywords were captured in the search terminology. The final search was conducted on November 8th, 2019.

The following search strategy from Medline (OVID interface) was utilized for the final search in each of the four databases exactly as shown in Figure 1, utilizing Boolean operators “or” and “and” where applicable. Additionally, references of relevant articles in each database were examined to capture any publications missed by the refined search terminology. No limitations were placed on the search criteria.

Figure 1*MEDLINE Search Strategy with Returns in OVID Interface*

1	Intimate partner violence.mp. or Intimate Partner Violence/	7739
2	Intimate partner abuse.mp. or Intimate Partner Violence/	2221
3	Intimate partner terrorism.mp.	0
4	Domestic Violence/ or Domestic abuse.mp.	6474
5	Spouse abuse.mp. or Spouse Abuse/	7397
6	Spousal abuse.mp.	136
7	Female perpetrator*.mp.	110
8	Female perpetrated.mp.	55
9	female aggressor*.mp.	5
10	female batterer*.mp.	2
11	male victim*.mp.	579
12	abused man.mp.	0
13	abused men.mp.	25
14	battered man.mp.	0
15	battered men.mp.	0
16	battered male*.mp.	3
17	1 or 2 or 3 or 4 or 5 or 6	17424
18	7 or 8 or 9 or 10	165
19	11 or 12 or 13 or 14 or 15 or 16	604
20	17 and 18	71
21	19 and 20	13

2.2.4 – Selection of Evidence and Charting Process

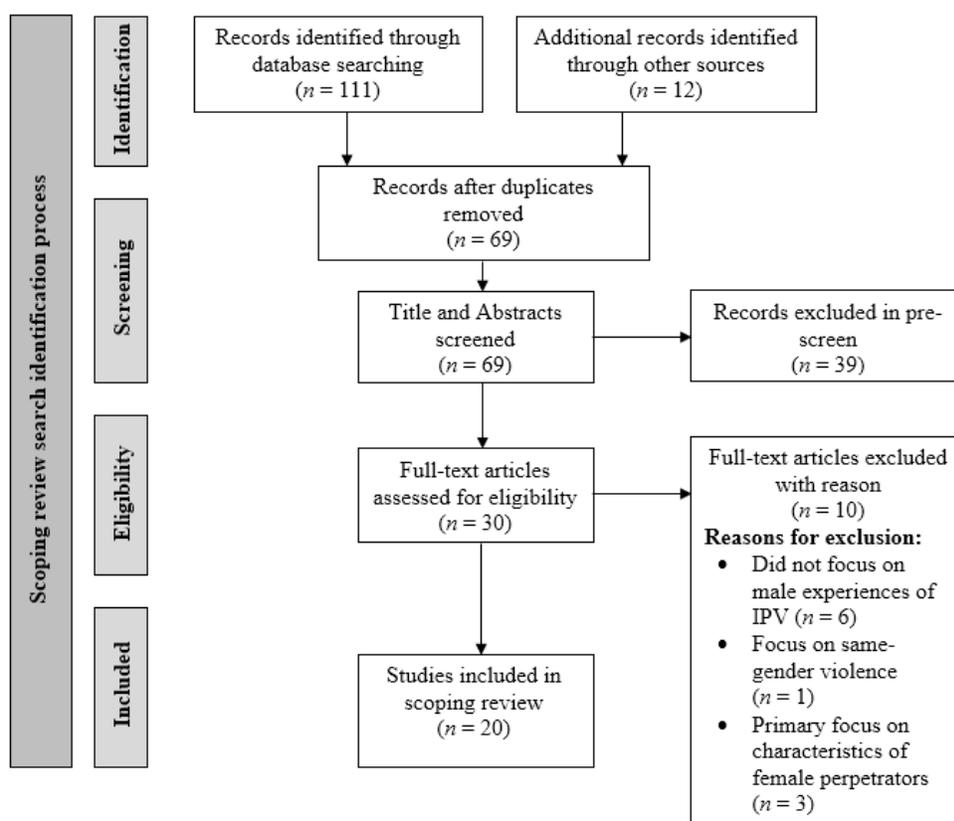
Articles located within each of the databases or through reference list searching were exported to Mendeley with full reference information, abstracts, and full-text documents. Duplicates were removed prior to screening. Screening occurred in two phases: In phase one article abstracts were screened relative to the inclusion criteria, excluding any articles that were not relevant to the review objectives. In phase two, full-text articles were screened, and any articles which did not specifically focus on male experiences of female perpetrated IPV, or their providers, were removed. I independently completed the data charting and analysis processes. Articles were read once in their entirety for screening and to become familiar with the work and its context.

On the second reading, articles were charted (see Appendix B) under the following categories: Reference, Country of Origin, Sample and Purpose, Methods, and Results. The charted data within the results underwent an inductive analysis and was coded to identify notable findings. These findings were compared across the charted data and collated into thematic groupings.

Groupings were then fitted within the framework of existing study questions. Database searches yielded a total of 111 articles and 12 articles were located from reference list searches, for a total of 123 articles exported to Mendeley. A total of 54 duplicates were removed, leaving 69 articles for screening. Throughout the abstract screening phase 39 articles were removed, with 30 articles remaining. After full-text screening 10 articles were removed, yielding 20 articles which were included in the charting process and final review. This process is depicted in a flowchart in Figure 2.

Figure 2

Flowchart for The Selection of Evidence



2.3 – Scoping Review Results

2.3.1 – Study Designs and Sample Characteristics

Overall, 20 studies met inclusion criteria and were included in the review (Allen-Collinson, 2009a, 2009b; Carmo et al., 2011; Cho & Wilke, 2010; Corbally, 2015; Drijber et al., 2013; Hines & Douglas, 2009; Hines & Douglas, 2010; Hines et al., 2007; Hogan et al., 2012; Machado et al.,

2016; Machado et al., 2017; Mele et al., 2011; Migliaccio, 2002; Morgan & Wells, 2016; Nowinski & Bowen, 2012; Perryman & Appleton, 2016; Singh, 2016; Tsui et al., 2010; Walker et al., 2019). Studies originated from a broad range of countries: The United States ($n = 9$), the United Kingdom ($n = 5$), Portugal ($n = 3$), Australia ($n = 1$), Ireland ($n = 1$), and the Netherlands ($n = 1$).

It is important to note that both Allen-Collinson (2009a; 2009b) studies utilized participants from the same sample, however, they reported on different thematic findings and hence were both included. Additionally, two systematic reviews (Nowinski & Bowen, 2012; Perryman & Appleton, 2016) were included in this review as they each included differing aspects of male victimization and utilized different literature sources. When charting the results of these reviews, I focused specifically on their unique findings generated from reviewing their respective bodies of literature. For any sub-studies I included in this scoping review found within these systematic reviews, I focused on their unique findings which were not presented within the systematic review. One additional literature review (Hines & Douglas, 2009) was included as it presented a useful summary on research gaps in the year it was published. Of the remaining studies ($n = 17$) included in this review, there was an even split between qualitative ($n = 8$) and quantitative ($n = 8$) methodologies, with a single study adopting a mixed-methods approach ($n = 1$). Qualitative studies used phenomenological analysis ($n = 2$), narrative analysis ($n = 2$), a topical life history approach ($n = 2$), or a non-specific methodology ($n = 2$). Of the quantitative studies, the majority ($n = 7$) were cross-sectional in design, with the remaining study ($n = 1$) using a longitudinal cohort design. The mixed-methods study ($n = 1$) utilized a cross-sectional design for quantitative data, with open-ended interview questions. These quantitative and mixed-methods studies utilized a wide variety of methods and measures, such as national surveys, medical records, justice system records, and self-report surveys.

Participant ages within the studies ranged from 18 to 86 years with all studies requiring participants be at least 18 years of age. Participants in North American and European research were predominately white; however, diverse racial and ethnic identities were also included. Many articles utilized small, convenience-based samples due to the difficulty of recruiting this population, resulting in varied age ranges, social status, and cultural backgrounds. A systematic review by Nowinski and Bowen (2012) claimed that the diverse origins and focuses within this body of literature suggests that demographic information is not likely to be representative of these

men in general, with few patterns emerging. The results of this scoping review are congruent with this finding.

2.3.2 – Prevalence of Male IPV Experiences

A systematic review by Nowinski and Bowen (2012) found the prevalence rate for men who had experienced abuse in the past year within the United States varied widely, from 0.6% to 29.3%. The prevalence of male victimization differs across studies, which has been presented as a result of differences in sampling sources such as police-reported data, social or health services reporting, or self-reported surveys (Nowinski & Bowen, 2012; Perryman & Appleton, 2016). However, it is widely noted that many men do not share their experiences and would not be included in these data sources, leading to vague prevalence data and a potential underrepresentation of men's experiences. Another study by Carmo et al (2011) found that men constituted 55.4% of reported cases of IPV in Portugal. The prevalence rates of male IPV experiences appear to vary largely across different countries which is likely influenced by cultural differences beyond the scope of this review (Nowinski & Bowen, 2012; Perryman & Appleton, 2016). A common finding in the literature is that men often struggled to recognize that they were experiencing abuse by female partners owing in large part to normative ideas about gender roles and traditional perceptions of masculinity which exclude the possibility of men being subjected to IPV, especially from women, and often leads men to discredit or internalize their abuse (Cho & Wilke, 2010; Hogan et al., 2012; Migliaccio, 2002).

2.3.3 – Male Experiences of Abuse

Men reported experiencing a range of abusive behaviours in the studies included in this review, including psychological, sexual, and physical abuse, as well as coercive and controlling behaviours (Hines et al., 2007; Migliaccio, 2002). In line with contemporary research, psychological and controlling forms of abuse will be presented first, and physical forms of abuse will be presented last. This avoids the privileging of physical abuse over other forms, which is often assumed to be the most harmful, frequent, or valid despite not always being the case.

Men most commonly reported experiencing psychological violence, followed by physical violence, which was demonstrated in qualitative and quantitative research (Drijber et al., 2013; Machado et al., 2017; Migliaccio, 2002; Nowinski & Bowen, 2012; Perryman & Appleton, 2016). An emerging area in this research, especially in qualitative studies, is the use of children as a form of psychological manipulation against men by their female partners (Corbally, 2015; Morgan & Wells, 2016; Walker et al., 2019). Corbally (2015) found the most significant narrative shared by men in describing this particular kind of abuse was the “fatherhood narrative”. Men often feared for the wellbeing of their children, viewed themselves as a poor father for having their children in a toxic home environment, and perceived themselves as unlikely to gain custody of their child(ren) if they attempted to leave the abusive relationship (Corbally, 2015). Children were also sometimes used by female partners to exert coercive control over men through threats of custody battles, which men believed they were highly unlikely to win (Morgan & Wells, 2016; Walker et al., 2019). In a study by Mele et al. (2011) that focused on custody battles among 77 men who filed protection orders against their female partners, no men were able to gain custody of their children indicating this was a realistic concern.

Another form of abuse that men experience is when female partners physically assaults them with the intention of forcing them to physically defend themselves, often mocking the men until this happens (Allen-Collinson, 2009b; Machado et al., 2017; Migliaccio, 2002). Female perpetrators then often called police or social services and framed themselves as a victim, utilizing the perpetrator stereotype of men in IPV to have him arrested, or use the event as evidence to gain custody of children (Allen-Collinson, 2009b; Machado et al., 2017). In these instances, men were unlikely to engage in self-defence due to knowledge of their partners intentions and out of fear of being labelled as the perpetrator by the justice system (Hines & Douglas, 2009; Migliaccio, 2002). These forms of manipulation result in men sustaining severe physical abuse for prolonged periods of time (Hines et al., 2007).

In terms of physically abusive violence, Cho and Wilke (2010) found that despite men suffering severe forms of violence, their rate of physical injuries were low. It was reported that assault against men resulted in minor injuries 76.6% of the time, with most injuries occurring to the upper limbs (35.8%) or the face (23.3%; Carmo et al., 2011). Several studies reported that men

were more likely to be attacked with a weapon or object by a female partner due to perceptions of differing body size and strength (Carmo et al., 2011; Cho & Wilke, 2010; Drijber et al., 2013).

2.3.4 – Stigma, Underreporting, and Structural Violence

One of the most prominent themes within the literature is that men reported feeling stigmatized or shamed when disclosing their experiences of female-perpetrated IPV to social or judicial services, and frequently exercised structural violence (Allen-Collinson, 2009b; Drijber et al., 2013; Hines et al., 2007; Hogan et al., 2012; Machado, Hines, & Matos, 2016; Morgan & Wells, 2016; Tsui et al., 2010). Structural violence refers to the ways in which social structures, such as abuse-related or justice services, harm or otherwise disadvantage individuals (Weigert, 2010). Reporting their abuse to police and social services, specifically domestic abuse shelters, are highlighted as frequent sources of stigma and structural violence for men who have experienced IPV, as they are often stereotyped as the abuser or referred to batterers programs (Hines et al., 2007; Migliaccio, 2002). When attempting to contact the police men have reported feeling ridiculed for being hurt by a woman, disbelieved that the abuse occurred at all, or brushed off because the abuse was perceived by to be minor (Machado et al., 2016; Perryman & Appleton, 2016; Walker et al., 2019). Further, some men have reported being revictimized by the police when they are arrested as the perpetrator instead of being believed as the individual experiencing abuse (Hines & Douglas, 2010). These distressing patterns reflect gendered inequalities related to violence and the historical background that men are more commonly the abusers.

2.3.5 – Help-Seeking and Services

Morgan and Wells (2016) found that men felt their options for coping and help seeking were limited by their gender, with many men indicating they believed both informal and formal supports would be more accepting to them if they were the opposite sex. However, most men reported disclosing their IPV experiences and seeking help through informal support systems, such as friends and family members (Machado et al., 2016; Migliaccio, 2002; Walker et al., 2019). Many men who experience abuse have been found to cope with their abuse through activities that involved self-isolation, or those that allowed them to leave their home and give their partner time to “cool off” (Machado et al., 2017: pp. 518). In a sample of six counsellors who had experience

working with men who had experienced female-perpetrated IPV, all of them felt that the institutionalized perspectives of IPV within abuse social services structurally revictimized men and worked against service professionals attempting to assist them (Hogan et al., 2012). This in turn constrains the ability of men to seek the help they need, often resulting in a process of systemic violence (Baranowski et al., 2019; Drijber et al., 2013). Systemic violence is often defined as the perpetration or sustaining of abuse by the systems and organizations in place that purport to stop it (Drijber et al., 2013).

Tsui et al. (2010) found that out of 76 participants who worked for IPV service organizations in the United States, 66.7% believed that services are designed exclusively for women. Importantly, this indicates stigma may exist towards men from staff within IPV support organization, viewing men as abusers and not considering them capable of experiencing abuse (Tsui et al., 2010). In an article by Morgan and Wells (2016), male participants indicated that their options for help seeking were limited because society's perceptions of masculinity fail to recognize that men can also be vulnerable to abuse. Hines and Douglas (2010) recommended that training for health professionals should include information about men's IPV victimization and that education campaigns centred around abuse should use gender inclusive framing of abuse to begin altering these perceptions. Hogan et al. (2012) interviewed psychiatric counsellors, as they are often the first point of formal contact for these men. Counsellors expressed they required more information on where to refer these men, as a means of improving service provision and reducing the occurrence of structural violence (Hogan et al. 2012).

2.4 – Assessment of Review and Study Objectives

There appears to be a relatively even mix of qualitative and quantitative literature on this emerging issue, however, considering the global scale of this review the body of knowledge remains small with significant gaps. The data obtained and analyzed informed the review objectives in several ways. The evidence presented in the literature informs study objective #1 by providing support for the conclusion that male experiences of IPV are not uncommon, despite a lack of data on male victimization by female perpetrators (Carmo et al., 2011; Nowinski & Bowen, 2012; Peeryman & Appleton, 2016). Multiple studies also highlighted several unique forms of abuse men experience, such as female perpetrators being reported to use men's relationship with their children to

psychologically abuse and manipulate them (Corbally, 2015; Morgan & Wells, 2016; Walker et al., 2019). Additionally, female perpetrators were found to use the gendered perceptions and stereotypes in social services to isolate and control male survivors (Allen-Collinson, 2009b; Machado et al., 2017; Migliaccio, 2002). The abuse men experience also appears, based on the literature, to impact their wellbeing through associated injuries, psychological stress, and reduction in quality of daily living (Hines et al., 2007; Migliaccio, 2002), informing study objective #2. Men also appear to experience more harm to their wellbeing from psychological abuse and manipulation than physical injuries (Migliaccio, 2002; Nowinski & Bowen, 2012; Perryman & Appleton, 2016). However, little empirical research has been conducted on the specific health consequences of these exposures for men, indicating a gap in this emerging literature.

Regarding objectives #3 and #4, social perceptions of gender roles and masculinity, as well as the historical evidence of male perpetration, were found to create a stigma against male survivors of IPV (Drijber et al., 2013; Machado, Hines, & Matos, 2016; Tsui et al., 2010). This stigma has also been noted by male survivors to exist in many IPV-related services, which commonly resulted in revictimizing experiences or stereotyping as a perpetrator (Machado et al., 2017; Mele et al., 2011). Moreover, few services have been designed to specifically aid male survivors in escaping abusive situations or in long-term recovery (Drijber et al., 2013). Male survivors have reported feeling marginalized and revictimized when attempting to engage with existing services (Baranowski et al., 2019; Drijber et al., 2013), creating instances of structural violence which further impacts their wellbeing and likelihood to engage in future help-seeking behaviours.

Regarding objective #5, very little research has been conducted on what factors restrict frontline staff in providing care to male survivors. Only two studies captured by this review considered staff perspectives from organizations who aid survivors of IPV (Hogan et al., 2012; Tsui et al., 2010). The main findings indicate there is a lack of training for providers on how to handle the specific needs of men who are abused, a lack of education on where they should be referred for appropriate services, and a lack of advocacy for the establishment of more appropriate services which could reduce the experiences of stigmatization for these men (Hogan et al., 2012; Tsui et al., 2010).

2.5 – Additional Literature Review in the Canadian Context

The scoping review presented within this chapter was conducted in November of 2019, prior to participant recruitment and data collection for the study outlined in Chapter 1. To ensure a complete understanding and fair representation of the current literature on male experiences of IPV in Canada, I returned to the literature in November of 2020 prior to undertaking my data analysis. Using similar search terminology to the scoping review, I reviewed recently published literature for unique insights not captured within the previous review, specifically within the Canadian context. Seven studies ($n = 7$) were located which were published after November 2019 which examined male victimization in Canada, compared to zero captured in the scoping review prior to November 2019, signifying a notable increase in research on this topic in Canada. Of these studies, three ($n = 3$) were quantitative and four ($n = 4$) were qualitative in nature. The quantitative studies will be presented first, followed by an in-depth overview of the qualitative findings.

A study by Barret et al. (2020) examined data from the 2009 Canadian General Social Survey to explore social belonging as a predictor for help-seeking among male and female survivors of IPV. A high degree of social belonging was found to increase informal help-seeking, and approximately 55% of male survivors sought help from at least one informal source (Barret et al., 2020). However, female survivors were reported to have sought help from both informal and formal sources more highly than males, with only 28% of male survivors seeking the assistance of a helping professional compared to 53.25% of female survivors (Barret et al., 2020). Another study by Lysova and Dim (2020) examined data from the 2009 and 2014 Canadian General Social Survey to determine help-seeking behaviours among men in married or common-law relationships between 2004 and 2014. This study found that approximately 17% of male survivors who experienced milder forms of physical violence sought formal help, but this increased to 53% among men who frequently suffered from the most severe forms of physical and psychological violence (Lysova & Dim, 2020). Overall, men were less likely to use formal sources than informal sources of help across all severities of IPV patterns (Lysova & Dim, 2020). Moreover, the majority of men who experienced less severe forms of IPV did not engage in any help-seeking behaviours (Lysova & Dim, 2020).

The most up to date data were presented in a Statistics Canada profile by Conroy, Burczycka, and Savage (2019) on intimate partner and family violence in Canada. This study found that approximately one in five Canadian men experienced IPV in 2018. Of these men, only 20.7% self-reported their experiences to the police, compared to 79.3% of the women, suggesting men are far less likely to engage with police services as a form of help-seeking (Conroy et al., 2019). Additionally, men were more likely to be attacked with a weapon by their partner, but far less likely than women to suffer intimate partner homicide or significant injuries (Conroy et al., 2019). This study also found that the rates of IPV declined between 2009 and 2018 by 13% among women, but only 7% among men. Across these studies, male survivors in Canada were less likely to engage in formal help-seeking than informal help-seeking, and commonly did not seek any form of help for less severe forms of abuse despite experiencing psychological and physical harms (Barret et al., 2020; Conroy et al., 2019; Lysova & Dim, 2020). The help-seeking behaviours among Canadian men are consistent with the findings of the scoping review, which included samples from a variety of countries (Machado et al., 2016; Migliaccio, 2002; Walker et al., 2019).

While quantitative data are important to measure the statistical rates of male help-seeking, qualitative data are crucial to provide contextual insights for the reasons behind these behaviours. A study by Lysova et al. (2020b) conducted 38 semi-structured interviews with male survivors on their experiences with the criminal justice system (CJS) in Canada. These men had a total of 86 experiences with the CJS, with 73% of them ($n = 63$) involving the police and 27% ($n = 23$) involving the court system (Lysova et al., 2020b). When interacting with police services, the men reported that their claims were frequently dismissed and they experienced structural violence through hostile behaviours based on the assumption that they were the perpetrator, rather than the victim (Lysova et al., 2020b). Additionally, in 21% of these experiences the perpetrator called the police, with her accusations being believed, sometimes resulting in the arrest of the male survivor (Lysova et al., 2020b). Within the court system, 87% of the men viewed their experiences negatively, citing biased treatment based on gender, double standards in court proceedings, and that the courts acted as a tool for their female perpetrator to further abuse them (Lysova et al., 2020b).

Another study by Dim (2020) explored male experiences of IPV in Canada through semi-structured interviews with 16 male survivors. The findings of this study indicated that

psychologically abusive behaviours were difficult for men to recognize, but the outcomes of these behaviours resulted in anxiety, fear, depression, and posttraumatic stress disorder (PTSD; Dim, 2020). Additionally, psychological abuse was found to be associated with occurrences of administrative abuse, where a perpetrator used legal services to restrict the rights and freedoms of their partner (Dim, 2020). Administrative abuse resulted in frequent structural violence and stigmatization for these men when engaging with formal services and functioned as a common means through which male survivors were silenced (Dim, 2020). The studies by Lysova et al. (2020b) and Dim (2020) demonstrated how the gendered positioning of many formal services, especially in the criminal justice system, create opportunities for administrative abuse and make men less likely to engage in formal help-seeking. These insights reinforce the quantitative findings regarding help-seeking behaviours by Barret et al. (2020), and Lysova and Dim (2020) and provide context to men's hesitancy to engage in help-seeking with formal services.

In a study by Lysova et al. (2020a), researchers interviewed 41 men from four different English-speaking countries, including Canada, who self-reported victimization from a female partner. The thematic findings from this study examined both external and internal barriers to help-seeking behaviours. Externally, men reported a hesitancy to help-seek due to fears of social stigma and losing their professional livelihood (Lysova et al., 2020a). Many of the men perceived their situation as hopeless, citing a lack of services for male survivors, fears of being falsely prosecuted, and a desire to avoid drawing attention to their abuse due to social stigma (Lysova et al., 2020a). Internally, these men found it difficult to recognize their partners abusive behaviours due to a lack of gender inclusive education around violence, and commonly excused their partners behaviours as the result of personal circumstances in their lives (Lysova et al., 2020a). Most notably, traditional male roles were viewed as contrary to help-seeking and being abused by a woman, resulting in strong feelings of shame and a desire to remain silent about their experiences (Lysova et al., 2020a).

Related to this finding, a study by Brooks et al. (2020) investigated hegemonic masculinities and men's perceptions of IPV by interviewing nine male survivors of female-perpetrated abuse. This study found masculine norms had a strong impact on men's willingness to engage in help-seeking behaviours, as many of the men feared judgment from other individuals who viewed their situations as "unmanly" (Brooks et al., 2020). These men also expressed being

denied assistance from legal or other formal services as their claims of victimization were routinely doubted (Brooks et al., 2020). Overall, men avoided disclosure partly due to the powerful ideological influence of masculinity, causing them feared judgment and legal repercussions. These men also expressed being denied assistance as their claims were routinely doubted by social services (Brooks et al., 2020). However, the men appreciated the opportunity to share their stories and emphasized the desire for a safe, non-judgmental space to share and break the silence around male victimization (Brooks et al., 2020).

These studies provide much needed insights into the experiences of male survivors in the Canadian context. Quantitative research on IPV victimization in Canada indicates one in five men experience violence from their partners (Conroy et al., 2019). The psychological and physical abuse Canadian men experience seems to largely mirror those of men in other countries in terms of severity and harm (Cho & Wilke, 2010; Drijber et al., 2013; Nowinski and Bowen, 2012). Administrative abuse emerged as a key insight in both the study by Dim (2020) and Hines and Douglas (2010). Overall, qualitative research revealed Canadian survivors face a wide array of barriers to help-seeking related to the social constructions of violence, gender, and power in society. Canadian men reported similar hesitations to engaging in formal help-seeking as those found in the scoping review, which were largely based on gendered perceptions of services and stigmatizing or revictimizing experiences (Machado et al., 2016; Morgan & Wells, 2016; Perryman & Appleton, 2016; Walker et al., 2019). According to Lysova and Dim (2020), Canadian men are far less likely to access formal services than informal services when help-seeking and are overall less likely to help-see than female survivors, a similar finding to several studies from the scoping review (Machado et al., 2016; Migliaccio, 2002; Walker et al., 2019). Additionally, the influence of masculine ideologies created feelings of shame and judgment in Canadian male survivors echoing the insights of Tsui et al. (2010) and Morgan and Wells (2016). Masculine ideologies and male gender roles were also found to restrict men's ability to identify their partners abusive behaviours and created barriers to disclosure for being "unmanly" (Brooks et al., 2020; Lysova et al., 2020a).

2.6 – Conclusion

Intimate partner violence has largely been viewed through a gendered lens due to the decades of evidence indicating men commit violence against women. However, emerging research suggests men also experience harmful abuse from their female partners at notable rates. The current body of literature exploring male experiences of IPV highlights how male victimization is largely overlooked and ignored. The gendered nature of violence in society makes it difficult for men to recognize their experiences of abuse in relationships, but also makes it difficult for society to see men as survivors of IPV. Masculinity ideologies and traditional gender roles often cause men to feel ashamed and fearful of judgment from others for the violence they experience, and many men are revictimized when sharing their experiences with informal sources of help. Beyond this, male survivors face numerous barriers to help-seeking and disclosure with formal services due to perceptions that men can not be victims of IPV, often resulting in dismissive or revictimizing behaviours. This creates a hesitancy for men to engage in help-seeking in the future and can also allow female perpetrators opportunities to further isolate the men through occurrences of administrative abuse. Overall, the literature suggests that men feel their options for help-seeking are extremely limited due to a lack of services specifically for them and perceptions that formal services are designed to solely aid female survivors. The consequences of these barriers to help-seeking are that many male survivors remain silent about their partner's violence and choose not to help-seek or share their stories.

Only two studies captured by this review investigated service providers experiences working with male survivors, with neither of these studies in the context of Canada, representing a paucity in the literature. Service providers may be able to provide important insights on the experiences of male survivors and the provision environments where they help-seek. Moreover, providers who interact directly with male survivors could experience courtesy stigma for associating closely with a stigmatized group, which may directly impact their own health and wellbeing. The literature supports the idea that involving provider perspectives within the narrative of male IPV experiences is essential to generating a well-rounded understanding of the structural and social barriers men face when help-seeking, and could contribute to developing a more inclusive provision environment for all survivors of IPV.

Chapter 3

3 – Methodology and Methods

3.1 – Introduction

This chapter features the methodological approach and qualitative framework that informed my study and overall research process. I begin with a discussion of my ontological and epistemological positioning within the field of critical theory, which had a direct bearing on the study design and my preferred methodology of narrative inquiry. I then describe recruitment and sampling approaches, including certain amendments that were required given the unique challenges of doing research during the COVID-19 pandemic. Next, I discuss the process of data collection, my analytical approach, and quality criteria. The chapter concludes with a review of the ethical considerations that informed the design and execution of this study.

3.2 – Study Design

This study was designed using a qualitative methodology which was chosen because it provides the best opportunity to examine the lived experiences of participants and the complex factors that impact their service provision (Ponterotto, 2005). Qualitative research is well suited to ask questions concerning what certain experiences are like and how people create meaning from these experiences, allowing us to elucidate the nature of various social phenomena (Carpenter & Suto, 2008). This work was positioned within a critical ontology, which assumes that a historical reality exists in relation to peoples' lived experiences, which have been shaped over time by intersecting social, political, cultural, and gendered factors (Guba & Lincoln, 1994). Thus, I designed this research with the assumption that the perspectives of people working in service organizations are shaped by the combined factors of government policy, organizational culture, and their own perspectives on these issues as well as the insights of their clients.

Within the research context, epistemology is used to contextualize the relationship between the knower, or research participant, and the would-be knower, the researcher (Guba & Lincoln, 1994). Epistemologically, critical theory is considered transactional because the knowledge generated is co-constructed between the researcher and the participant, each of whom influence each other throughout the data collection process (Guba & Lincoln, 2003). Moreover, critical

theory is subjectivist in nature, as the values and biases of the researcher are embraced in the inquiry process rather than striving for objectivity (Guba & Lincoln, 1994). As such, the knowledge generated is value-mediated and cannot be considered independently from the researcher who engaged in the data collection and analysis processes (Ponterotto, 2005).

I entered the field with the knowledge that gender inequalities and power imbalances exist, and I am aware of the various forms of violence against women and others mediated through patriarchal power systems, which has occurred for centuries. One of my key assumptions in the design of this study was that the gendered nature of IPV causes male experiences of violence to be largely downplayed or ignored. The literature on intimate partner violence, as well as the service provision settings, have until recently not fully addressed or explored male experiences as survivors. My assumptions and the relative silence, socially and in the scholarly realm, were used to frame the study design and methods used to capture different aspects of male experiences in relation to the dominant issues of violence and gender. As participants in this study shared their narratives and answered interview questions, some of them questioned their previously held beliefs regarding violence and gender. I also came to question some of my previously held notions, about the barriers men experience when seeking help, through discussions with my participants. This suggests that myself and my participants engaged in a transformative process regarding our understanding of gender and power imbalances in society (Guba & Lincoln, 1994).

In this study I utilized a narrative inquiry methodology to gather my participants' experiences and perspectives regarding working with men who have experienced female-perpetrated IPV. This type of inquiry positions the participants as narrators, allowing them to weave together their experiences in the process of telling their stories. In doing so, meaning is created, organized, and expressed with the researcher acting as a listener and providing prompts to create further expression; however, the dialogue was led primarily by the participants so they could share their most meaningful insights and direct the narrative in ways that aligned with their unique experiences (Reissman, 2008; Smith & Sparks, 2008). My role as the researcher was to analyze the narratives they shared with me and draw meaning from their experiences to unearth how the complex social constructions of violence, gender, and power impact male survivors of IPV.

3.3 – Researcher Positioning and Reflexivity

When entering the research field, it is important that the positioning of the researcher is clear to gain insights into their perspectives and assumptions. I am a 23-year-old Caucasian male, five-foot-nine-inches tall and of medium frame, and currently completing a Master's in health and rehabilitation sciences at Western University. I was raised in a stable two-parent household with a mother who worked as a veterinary technician and a father who worked in the trades. Following high school, I completed an undergraduate degree in health sciences with biology at Western University. I come from a predominately post-positivist paradigmatic background, meaning I believed the researcher should be objective and detached from the investigation to determine the cause-effect linkages between phenomena (Lincoln & Guba, 2000). However, throughout my upper undergraduate years and my master's degree, I became increasingly aware of how the lived experiences of individuals are mediated by power relations and inequality within social and historical contexts. This awareness led to a shift in my theoretical orientation from post-positivism to critical theory, which contends that the research process has the potential to be a means of emancipation from oppression and create a more egalitarian and democratic social order (Kincheloe & McLaren, 1994). This paradigm also positions the researcher's values as central to the investigation, as opposed to a post-positivist focus on objectivity (Ponterotto, 2005).

I have never been exposed to intimate partner violence in my immediate family, nor have I personally experienced IPV in any of my intimate relationships. My interest in the field of IPV stemmed from courses I took in my undergraduate degree and discussions about abuse with peers. In these settings, I rarely heard any discussions about men who had experienced abuse from their female partners. When I began to investigate the topic and discuss it more openly, I encountered several male friends and distant family members who had personal experiences with this kind of abuse in their heterosexual relationships. I then undertook a literature review in my undergraduate course "Sexuality, Gender, and Health" to further explore male experiences of abuse and barriers to help-seeking. Through this project, I realized that many men have experiences of abuse and that very little research has been undertaken to better understand their experiences. This led me to undertake a master's thesis on the topic so I could contribute to this emerging area of research and potentially improve the awareness around male experiences of IPV. My intent is to bring this often-

overlooked topic into the spotlight and disseminate my research in a way that has positive, real-world implications for these men and their providers.

An important practice in the design and execution of quality qualitative work is engagement in the process of reflexivity (Finlay, 2002; Tracy, 2010). Reflexivity is an ongoing process of conscious self-awareness pertaining to the active construction of knowledge as well as the nature of researcher involvement in the project at hand. Through the practice of reflexivity in all stages of the research process, researchers can achieve a deeper understanding of their data and gain insight into other aspects of doing research that could otherwise remain concealed (Finlay, 2002). Moreover, engaging in a reflexive practice can help augment or strengthen the rigour and quality of the research (Tracy, 2010). I began my journey with reflexivity in the pre-research stage by keeping reflexive notes of my thoughts about the literature and my participants' experiences while designing and conducting this study. Moreover, throughout the process of data analysis and writing this thesis, I created notes with my initial impressions of the data in the margins of my coding documents and early drafts to ensure I maintained my self-awareness pertaining to the active construction of this knowledge.

3.4 – Study Sites, Recruitment, and Sampling

Recruitment for this study began in May 2020, shortly after the beginning of the COVID-19 pandemic. For the purposes of maintaining participant anonymity, pseudonyms will be used in place of each participant's real name, and each organization included in this study has also been assigned a pseudonym. At the outset of this study, I reached out to the Men's Health Agency (MHA), a pseudonym for an organization which has sites in Toronto and St. Thomas, Ontario, and provides counselling, shelter, and peer support services for male survivors of intimate partner violence and their children. After numerous attempts, I was unable to form a connection at the St. Thomas site, however, I successfully formed a connection with the leadership at the Toronto location. This centre was selected as the primary research site because it was the only organization I could locate with a specific focus on male survivors, and it is within a manageable distance from where I live. It was hypothesized that providers in this organization may be more attuned to the barriers and challenges male survivors encounter, and could provide more nuanced insights into

their experiences, than providers who worked at IPV organizations which lack specific services for men and rarely interact with them.

Shortly after the recruitment process began, my main contact at the MHA Toronto location became non-responsive, which led me to revisit my study design. I began searching for other agencies in London, Ontario that I could partner with. During this search I formed a connection with leadership from the Gender Inclusive Agency (GIA), a pseudonym for an agency in London, Ontario, that provides shelter for female survivors of violence and their children, as well as various resources and services for survivors of all genders. After an initial conversation with this agency's leadership regarding the purpose of the study, GIA's range of services, and their experiences providing care to men, it was deemed that they had enough contact with male survivors to be a suitable recruitment site. It was suggested that I also reach out to the Community Support Agency (CSA), a pseudonym for a smaller agency in London, Ontario, that utilizes a community-based peer-support approach to help survivors heal from sexual assault and other forms of violence. I connected with the CSA and learned that many of their clients who use their peer-support program were male survivors of IPV. Both organizations were eager to participate in the study so I returned to the ethics board with an amendment to expand the breadth of my recruitment, which was approved.

Recruitment began purposively at the MHA Toronto location by engaging with the individuals I had previously spoken to. Clark, a name which was assigned as a pseudonym for this participant, was my main contact at the MHA and he volunteered to be interviewed for the study immediately. Following this interview, I provided him the relevant recruitment materials, including e-mail recruitment scripts (see Appendix C), inclusion criteria, and letters of information and consent (see Appendix D), and my contact information, which he sent out as a broad e-mail to employees and volunteers within the organization to initiate snowball sampling. However, I did not receive any responses from other staff members at the agency in terms of taking part in the study, and after our initial interview Clark became unresponsive, which signaled the end of my involvement with the MHA.

For the next phase of recruitment, I turned my attention to recruitment activities at GIA and the CSA. Purposive sampling was employed, and a member of each organization's leadership team volunteered to participate in the study and helped spread the word about the study within

their respective agencies. They were provided with the same recruitment materials as the MHA and also sent out general mass e-mails regarding the study within their organizations. This strategy resulted in one individual interview with an independent practitioner who was associated with the CSA.

Throughout the recruitment process, four service providers ($n = 4$), including managers, were recruited for participation in this study. These participants were: Clark, who volunteered at the MHA Toronto location; Justin, from the CSA in London, Ontario; Hunter, an independent counselling practitioner involved with the CSA; and Lily, a manager from GIA, in London, Ontario. Each participant was over 18 years of age, had at least three months experience providing care to men who have experienced female perpetrated IPV, and had conversational fluency in English. Three of the participants were male, and one of the participants was female. Participant profiles will be provided at the outset of chapter four, where I share my study findings.

This sample size is consistent with previous narrative analyses on male experience of IPV, such as in the study by Migliaccio (2002). Although small, this sample reflects the limited number of providers who work with male survivors of IPV. Also, in qualitative projects the intention is to gather in-depth insights of the issues rather than to provide a representative account of these experiences. Despite the difficulties experienced with the recruitment process, the four individuals who participated in this study had significant experience with male survivors of intimate partner violence. Moreover, the involvement of multiple organizations in this study allows for some degree of triangulation in my data.

3.5 – Data Collection

Consistent with narrative methodologies, the primary means of data collection was through the elicitation of the participants' narratives via individual semi-structured interviews (Reissman, 2008). Each participant was interviewed a single time, lasting between 60 and 90 minutes. Following the interview, each participant was provided with a copy of their transcript to reflect on their responses and ensure their narratives were captured accurately. In addition to these interviews, fieldnotes were recorded throughout the research process in Microsoft word and they helped inform my positionality and reflexivity related to my research.

As a result of social distancing precautions in relation to COVID-19, each participant was interviewed over Zoom, a video-conferencing software program. Prior to the interview, participants were asked if they were familiar with the software and those who were not were provided instructions about how to download Zoom and access the meeting at the time of their interview. If issues occurred with internet connectivity or computer software, participants were provided with my telephone number so I could assist them in resolving issues or proceed with the interview over the phone. However, I did not encounter any problematic issues with Zoom during data collection. Upon meeting the participant, I engaged in introductions and light conversations to build rapport. I began by asking them “How are you doing today?” and followed up with questions about where they were from and how they have been staying entertained throughout the pandemic. I then shared with them information about myself, such as my social and educational background as well as my aspirations for the research project.

After this introductory conversation, I asked each participant if they were comfortable being interviewed over Zoom and reviewed the letter of information and consent with them. Verbal consent was documented due to the digital nature of this research, including permission to use non-identifying quotes and permission to audio record the interview for transcription and data analysis purposes (see Appendix E). I also informed each participant of their right to withdraw at any time, their right to decline to answer any question, and their right to request that the audio recording be turned off temporarily or permanently. I also informed each participant that they would be provided with financial compensation in the amount of ten Canadian dollars per interview for their time.

Given the sensitive nature of this research, I let each participant know that if they needed a break from the interview at any time to let me know and that we could reschedule the remainder of the interview for a later date if they were feeling overwhelmed. Throughout our discussion I frequently checked to make sure the participants were comfortable and if they needed a break. No participants asked for breaks and every participant expressed their comfort in speaking about these topics. As the interview began, I asked the participants if they would like to assign themselves a pseudonym for the research or have me assign one for them. Three of the participants chose to assign their own pseudonym, while one participant had me assign one on their behalf. At this

juncture, I asked the participants if they were comfortable beginning the interview and audio recording, to which everyone agreed.

Each interview followed a standard interview guide (see Appendix F), however, the single participant from GIA followed a slightly modified interview guide due to her managerial role in the organization (see Appendix G). The primary purpose of the interview guide was to outline the important topics I aimed to discuss with the participants. However, in line with narrative methodology, after each question I allowed the participants to elaborate on their stories without being interrupted (Reissman, 2008). I took notes to indicate which questions on the interview guides participants talked about in the natural progression of their stories and asked follow-up questions to clarify points or prompt further detail. At the conclusion of their narrative, I would move to the next question in the interview guide that was not touched upon. In this manner, the interview was more flexible and open-ended than a typical semi-structured interview to allow adequate room for narrative expression.

To begin the interview, participants were asked why they were interested in participating in this study so I could become more familiar with their perspectives of the study issues. I then eased into the interview guides by asking how long they have worked or volunteered with their respective organizations, what their work specifically entails, and how they initially became involved in this work. I generally followed this by asking participants why they think the mission of their organization is important, if they have worked with any other IPV-related organizations in the past and, if so, how that experience compared to their current work. I then introduced questions designed to elucidate experiences of courtesy stigma, such as “Is your work something you share with family or friends?” and “How do others respond to the work you do with this organization?”

Participants were then asked about social perceptions of and how these perceptions are coloured by gender. Participants would often offer personal stories in response to these questions, which allowed me to naturally progress to more in-depth follow-up questions based on the stories they shared with me. The next section of the interview prompted participants to discuss how men experiencing abuse might challenge the dominant ideas of gender and power in our society. They commonly focused on how assumptions about gender and power impacted the service-related experiences of their clients, such as their ability to disclose their abuse or find abuse-related services that were welcoming. My participants shared stories about how their clients often remain

silent regarding their abuse, which led to follow-up questions about their perceptions of how this impacted the men's well-being and sense of self. The conversation tended to then shift to the types of violence these men experienced and how the men often struggled to identify their relationships as abusive.

The next issues that participants talked about related to how men cope with the violence they experience and the catalysts that prompted them to seek informal or formal help. We would then discuss the main impacts of violence on men's physical health and mental well-being, but also on the men's perceptions of their own masculinity and identity. I would begin wrapping the interview up by asking them to discuss the biggest challenges they face in their work and if there were any "success stories" they would like to share with me. I then solicited the participants' input about who needs to hear the results of this study and how the information would be best disseminated.

After this, I ended each interview with a debriefing period where I asked each participant about their experience participating in this study which included determining how they felt about the interview and if they experienced any troubling moments. I also offered them a debriefing form (see Appendix H) with information about several different organizations in their city they could reach out to if they needed to speak about any emotional or triggering moments. I emphasized that they are free to contact me if they believe the interview caused them any harm, or if they wished to clarify any content from the interview. I also inquired if they enjoyed the Zoom interview and if they would prefer it over in-person interviews in the future. Every participant expressed a preference for Zoom, as they were not required to travel and could participate from the comfort of their own home, especially during the COVID-19 pandemic. Additionally, I expressed to participants that they are entitled to a copy of the final findings and results from this study, which would be disseminated through conferences and academic publications. I also explained my intentions to distribute a lay-language booklet of the study results to various organizations if they wished their organization to be included in that distribution. Leadership from each organization expressed interest in this offer and requested a copy of the booklet upon completion.

Lastly, I asked my participants if they had any suggestions on how to improve this project in the future and engaged in some light conversation prior to wishing them a pleasant farewell. The narrative study design typically includes two interviews, and so there was an opportunity for

a follow-up discussion if needed. However, no participants were asked to participate in a second interview as I was able to ask any follow-up questions immediately during the interview, and I felt the data collected were of sufficient depth and clarity.

3.6 – Data Analysis

There are many approaches to analyzing qualitative data and the interpretive techniques employed in this study were inductive, iterative, and carried out in accordance with both the research questions and the emergent findings (Creswell, 2007; Finlay & Ballinger, 2006). The first stage of data analysis began by listening to and manually transcribing the interview data using Microsoft Word, which allowed me to become intimately familiar with the content of the interviews, as suggested by Braun and Clarke (2006). The transcriptions were completely verbatim and totaled approximately 150 pages of typed, double-spaced data. Next, I read each participants transcript multiple times to discern the unique content of each narrative and begin identifying themes that emerged across the sample (Braun & Clarke, 2006).

Subsequently, I imported my transcripts to Quirkos, a qualitative research program that acts as a visual aid to intuitively manage and analyze data. Quirkos represents codes, categories, and themes as coloured nodes which can be placed on a digital canvas to visually represent how I organized my data. Codes are depicted as smaller nodes, grouped under a larger node representing a category. The size of the category node visually increases as more codes are grouped into it. These category nodes could then be placed under a prominent frontal node representing a theme, thereby creating a visual hierarchy of my data organization. However, Quirkos does not engage in AI-powered analysis, meaning all interpretive analysis was manually completed by the researcher. Figure 3 presents an example of my themes on the Quirkos canvas to exemplify the visual component of this process.

Figure 3

Visual Example from Quirkos



I began with a thematic narrative analysis of the text by identifying, coding, and categorizing emergent themes within the data. First, I analyzed each interview transcript in chronological order and assigned long segments of text, usually three to four lines long, to a broad code which was a descriptive label given to represent the main idea and content of that segment of the transcript (King, 2004). When coding long segments of text, I looked for entrance and exit talk to identify when a particular narrative began and ended to ensure I captured the complete story from the participant, in line with narrative methods suggested by Reissman (2008). An example of this is the following interview excerpt from Clark, which was coded broadly as “barriers to help-seeking” in the first round of analysis:

I think it’s hard for men to talk about it, and I think what happens when they do go to a service often the question is “are you abused, have you been abused, or is your relationship abusive?” and men say “no!” because their paradigm is “no!”, that’s their construct. And so, what we know is that if we ask specific behavioural questions, we’re more likely to get the answers that then will identify them as having been in an abusive situation.

Following this, I conducted a second round of line-by-line data analysis to define each broad code into several codes, highlighting more nuanced insights within the participants narrative. Continuing with the following quotation from Clark, “are you abused, have you been abused, or is your relationship abusive?” and men say ‘no!’ because their paradigm is “no!”, was assigned a code “difficulty recognizing abuse.” In this manner, I iteratively refined the initial descriptive idea into a more nuanced, analytical code.

Next, the codes with closely connected ideas were sorted and collated into categories which represented notable, highly prominent subthemes across the data set. These categories were analytically distinct from codes and were assigned a descriptive label to represent the main insight across the group of codes contained within, as per recommendations by Braun and Clarke (2006). The formation of these categories visually and analytically aided in my comprehension of the overall themes within the data set and made essential insights apparent which shaped the formulation of the key analytical themes. Codes which were not related to any existing categories indicated that a new category was required. This process continued until all of the codes were collated into categories. Figure 4 presents an example category from Quirkos, “Men Remain Silent”, with the related codes displayed. The category is represented at the top of the hierarchal tree, and all related codes are represented beneath the category title.

Figure 4

Example Category from Quirkos



Lastly, I grouped the existing categories into main overarching themes which captured the basis of the experience as a coherent whole (DeSantis & Ugarriza, 2000; Nowell et al., 2017). Themes were labeled to reflect the most dominant and representative insights across the data set, even if not directly in line with the research questions (King, 2004). For example, the categories “Difficulty Recognizing and Disclosing Abuse” and “Men Remain Silent” were grouped into the overarching subtheme “Men’s Responses to Experiences of IPV.” The main overarching themes which emerged from this analysis were as follows:

1. Social Constructions of IPV;
2. Masculinity;
3. Men’s Responses to Experiences of IPV;
4. Providers’ Reflections on the Nature of IPV Services;
5. The Effects of COVID-19 on Abuse-Related Services, and;
6. Peer Support as a Model for Healing Survivors.

According to King (2004), themes should not be considered final until all data have been read through and coding scrutinized at least twice. Thus, I returned to my data a second time to re-examine the labels of my codes, categories, and themes to ensure their coherence and explanatory relevance. After reviewing my reflexive notes on each label and the words of my participants within the code, I adjusted several labels in an effort to ensure accurate representation of their narratives.

Saturation is a concept in qualitative research to determine when enough interviews have been conducted and data collection can be stopped based on when no new themes or information emerges from the data (Guest et al., 2020; Hennink & Kaiser, 2019). It is often used to provide an indication of the study quality and data validity (Guest et al., 2020). It is important to note that saturation is difficult to determine in a sample of four and there is much debate over the relevance of saturation in qualitative research (Saunders et al., 2018). Saturation was not an explicit goal of this study due to the difficulty locating providers who work closely with male survivors, and the

few services directed at men which employ these providers. Moreover, this study was exploratory in nature and was intended to generate insights on a previously unexplored topic, and to suggest future directions for more robust research to be undertaken.

3.7 – Quality Criteria

Authenticity is an important consideration in any type of research and has been defined as “research that reflects the meanings and experiences that are lived and perceived by participants” (Whittemore et al., 2001; p. 530). To ensure the authenticity within this work, I utilized member-checking, and the previously examined process of reflexivity (Tracy, 2010). Member-checking is a process of returning data or results to participants to check for accuracy and resonance with their experiences, and is commonly used in narrative inquiries (Candela, 2019; Carlson, 2010). In this study, I offered participants an opportunity to engage in member-checking by providing them a copy of their transcribed data to ensure accuracy and a representation of their experiences that they were comfortable with. However, three of the four participants turned down the offer to receive a copy of the data after the interview due to personal time constraints. The fourth participant requested access to their transcript, but never accessed the secure OneDrive folder to review it.

Authenticity was also achieved through crystallization, which refers to the collection of data from multiple sources, such as interviews, field notes, and multiple study sites through varied theoretical means (Tracy, 2010). I recruited providers from four different IPV-related organizations who provide varied services to men in different geographies. Speaking with providers from these four different agencies generated unique insights in the data due to their different provision environments and introduced a broader perspective of the overall provision landscape. Drawing attention to these varied experiences and narratives allowed me to gather more fulsome insights on the nature of this complex issue. However, I did not use multiple theoretical approaches in the collection of these data which represents a potential limitation in my process of crystallization.

3.8 – Ethical Considerations

Ethics approval for this study was received from the Non-Medical Health Sciences Research Ethics Board delegated review prior to beginning recruitment and data collection (see Appendix I). I utilized process consent throughout this study by securing a free and informed consent at the beginning of my interviews, after reviewing the Letter of Information and Consent, and revisited the idea of consent during and after each interview. Each participant received a letter of information and consent to keep prior to the interview outlining the purpose of the study and the rights, risks, and benefits of participating in this study. I reviewed the content of this form verbally prior to the interview and documented verbal consent. Additionally, the study change and ethical amendment to include additional agencies in the recruitment processes was communicated with participants via e-mail, to ensure they were still comfortable participating in the study. Every individual was also given the opportunity to review their transcripts, allowing them the opportunity to revisit their consent and withdraw some, or all, of their data from the research prior to completion.

Considering the sensitive nature of interpersonal violence, gender, and power, maintaining the privacy and anonymity of participants was of the utmost concern. All identifying information was removed, and each participant selected their own pseudonym or was assigned one. In addition, explicit permission was gained to use non-identifying personal anecdotes that were sensitive in nature within the study. Participants were provided with my contact information prior to the interview and were urged to reach out after the interview about any concerns or wishes to withdraw information from being included in the final presentation of these findings.

Secure storage of data is an important consideration in any research, especially when sensitive personal information is being collected. All of the data, including consent forms, transcripts, and any identifying information was stored on my personal password protected desktop computer in my home and never uploaded to the cloud, other than to provide participants a digital copy of their transcript. The Master list linking participant names to their pseudonyms was stored on a separate password-protected drive on my personal desktop, requiring administrator privileges to access. Backup files of all data were kept and saved on an external hardware-encrypted solid-state drive with a different password than my desktop computer and kept in a hidden location in

my home. Lastly, the Quirkos qualitative analysis software only operates on my local computer and has no communication with cloud-based servers.

3.9 – Conclusion

This chapter described the study design, researcher positioning, recruitment, and data collection and analysis. I utilized a narrative analysis approach to this research informed by a critical theory ontology and epistemology. Data were collected through a semi-structured interview with four participants, each from a different organization which interacts with men who have experienced of female perpetrated IPV. Interviews were transcribed verbatim and underwent an inductive narrative thematic analysis using the software Quirkos. I then discussed important aspects of the study which contributed to its quality, such as reflexivity, member-checking, and crystallization. Lastly, I presented the ethical considerations I utilized to ensure utmost confidentiality to those participating and to ensure the risks of harms to my participants, whether through stigma or emotional triggers, were as small as possible.

Chapter 4

4 – Findings

4.1 – Part One: Introduction of Primary Findings

The study findings reflect complex, compelling participant narratives about the intervening role of gender, power, violence, and the structural as well as social forces that conspire to silence men who experience IPV from the perspectives of their providers. Part one of this chapter features the thematic insights that emerged most often as participants shared their insights regarding various aspects of IPV from working with male survivors, within the context of their personal and professional experiences. The themes within this chapter are organized so that those presented first provide important contextual information on the social context surrounding male experiences of violence through the perspectives of these providers, followed by themes which build on these insights and how they directly affect the men, their providers, and the service provision landscape. This chapter opens with a description of my participants and their expertise within the field of intimate partner violence. I then present the first findings theme, which explores dominant social constructions of IPV. The second theme examines the relationship between social constructions of masculinity and men's experiences with IPV. The third theme fleshes out the way men respond to abusive experiences, including the challenges with recognizing the abuse and dissociative behaviours. Throughout this chapter, men who have experienced IPV will be referred to as survivors, rather than victims, to promote a sense of empowerment for working through a traumatic experience. Moreover, in the initial discussion of these themes, a select number of references will be featured to contextualize important information or provide definitions where necessary.

Participant Profiles:

Clark

Clark volunteers as a program facilitator with an organization in Toronto, Ontario that provides services for men and their children who are experiencing, or have experienced, intimate partner violence. He has worked with this organization for approximately five years and oversees the training of other facilitators to run their respective programs in Toronto, Ottawa, and Calgary. With Clark's explicit permission to disclose this information, he has experienced physical, mental, financial, and psychological abuse in an intimate heterosexual relationship. When he sought help

to deal with the emotional aftermath of this situation, he experienced many barriers related to the lack of services for men in the IPV sector. With support from a community centre, Clark was directed to the organization where he now works, which has well-established peer support and counselling programs. Since then, he has been actively involved with this organization and was eager to participate in this study to bring awareness to the barriers men face in finding appropriate services to heal from their abusive experiences.

Justin

Justin is a volunteer service provider who runs a peer support organization for survivors of intimate partner and sexual assault. With his explicit consent to disclose this information, Justin is a survivor of childhood sexual violence and in his attempts to heal from this trauma he has encountered many challenges in finding appropriate services for male survivors of abuse. For many years, he advocated for more services for male survivors through working with various law firms and the Department of Justice Canada. He also volunteered with IPV-related organizations in London, Ontario. Approximately seven years ago, he helped found a peer support group referred to here as the Community Support Agency, and since then has been facilitating sessions for survivors of sexual and partner violence across the gender spectrum.

Hunter

Hunter is an independent counselling practitioner who has been involved in the fields of sexual and domestic violence for over 30 years. He began with the Children's Aid Society in London, Ontario and developed a clinical specialty with children who have experienced sexual and familial abuse. He has worked with adolescent and adult perpetrators, typically men, who were often themselves survivors of sexual violence. Hunter has also been involved in court-mandated risk assessments for sexual offenders and treatment strategies for male and female survivors of sexual violence. He provided expert advice to Justin in the early stages of the development of his organization and now volunteers on its advisory committee. Hunter advocates for more robust services for male survivors of partner abuse and believes that healing and treatment for these individuals is key to reducing gender-based violence in society.

Lily

Lily is currently working for an organization in London, Ontario that provides a range of gender-inclusive essential and supportive services for abused women, their children, and other oppressed individuals. Lily began her work in this field several years ago when she was completing a PhD degree on gender-based violence. She primarily works in the areas of community-based research, program facilitation, and outreach programming. Lily was interested in participating in this study because she believes that engaging male survivors is an important and often overlooked aspect of violence-related supports and service provision.

4.2 – Social Constructions of IPV

4.2.1 – Challenging Dominant Notions of Intimate Partner Violence

Intimate partner violence is typically understood through a gendered lens that positions women as the primary survivors of abuse perpetrated by men (Nowinski & Bowen, 2012). This form of violence, whether it be physical or emotional, is often linked with a need for men to uphold traditional notions of masculinity and power within patriarchal societies (Drijber et al., 2013; Dutton, 2012). Within these dominant constructions are additional considerations related to who is and who is not considered a survivor of IPV and men, in particular, are rarely included in the category of people who have suffered this kind of experience. Exploring how the service providers position themselves in relation to these dominant social constructions of gender and IPV violence was a key goal of my study. Near the beginning of the interviews, participants were asked “What are some of the social perceptions about interpersonal violence?” Two individuals discussed how gender and power shape dominant ideas of abuse and why it can be difficult to think about men as survivors of this form of abuse. As Hunter explained:

Men are assumed to have more power than women and a patriarchal view of society. How is it then that men can truly be victims, particularly at the hands of women? So, I think it’s hard for people to come to grips with the reality that violence doesn’t always have a gender focus.

Similarly, Clark discussed how some of the terminology that informs the social construction of IPV, including his references to “battered women” and “violence against women”, reflect the

feminized nature of the abuse-related discourse. He also noted how media representations of IPV tend to only depict female experiences of abuse, to the exclusion of men beyond their traditional role as abuser. As he said, these perceptions can skew broader understandings of domestic violence as an experience that only happens to women:

I think social perceptions, just generally, because we called it domestic violence for so long and a lot of the images in the media are of battered women, we even called it battered women, that really, really skews our belief set around what it has to be to be violence.

Clark also reflected on the ways that these normative ideas about gender and violence shaped his own experiences of IPV. He used the example of the markedly different size of his partner compared to himself, which played into the idea that she could not physically hurt him. However, the significant emotional and psychological abuse he suffered at her hands had nothing to do with their size and hurt him tremendously:

I'm a big guy, I'm y'know, 6'2" 250lbs, they looked at us together and they would go there is no way she could hurt him. And in fact, she didn't, not physically... what really harmed me was the other types of abuse that she used against me.

Referring to his work with the men in his program, he indicated that non-physical violence is much more common than physical violence. Also, most men view this kind of abuse as more harmful than that which is physical, an important finding that challenges dominant notions of what violence looks like among male survivors. As he shared: "Of the men that I have worked with, and I don't know the research on this, but the men that we work with in our program, the non-violent typologies of abuse have more of a deleterious effect on the men than the physical violence."

Another participant, Lily, discussed the complex relationship between gender and power within the service landscape. Specifically, she highlighted the ways in which engaging male survivors is complicated by the fact that doing so sometimes comes at the provision of services for female survivors:

I think the work of engaging male survivors is really important and has been politicized and often is done in a way that tries to undercut the needs and support of female survivors. And the reality is that it is predominately female survivors and it is predominately at the hands of men, or male perpetrators.

Hunter echoed this finding and indicated that there is a great deal of hostility and suspicion across different IPV organizations, including between those that adopt feminist practices and those designed for men. He used the military metaphor of “battle lines” when describing the antagonistic relationship between these different IPV services, which evokes a sense of conflict and competition. He noted that there is social distrust towards men’s movements, likely caused by radical men’s activists who aim to reduce the services available for women and redirect them towards men. Moreover, IPV organizations often compete for limited funding and are very sensitive to how the relationships between gender and violence are framed. Hunter emphasized how this competition can make it difficult to challenge dominant notions of gender and violence in ways that balance providing services for men while not being seen as undercutting the needs of others:

Yeah, I think there’s challenges in having a men’s movement for one thing because I think there would be a lot of suspicion. There are some men’s movements out there that I’m suspect and concerned about... I think there would still be too much suspiciousness and too much angst about the direction that men’s movements are going, and it would be difficult then to do something really beneficial to society in the face of that suspiciousness... It’s a community that is very sensitive to battle lines being drawn.

4.2.2 – Social Silence Around Male Experiences of IPV

A common theme raised during the interviews is the silence that surrounds male experiences of intimate partner violence. This silence is linked to various factors, including that as a society we do not acknowledge this issue, which directly impacts how men do or most often do not speak about what they are going through. As Justin said: “I don’t think men are well conditioned to speak about [male victimization] We just don’t, as a society we don’t talk about this stuff.” The silence is also linked with a lack of information about male abuse and victimization. Clark described how a Google search for men in violent situations returns services for female survivors or male perpetrators, but there are virtually no programs for male survivors are displayed. Given the importance of the Internet as a source of information, this is a critical issue to address. As he said:

When you do a search on Google, a google search, and look for “domestic abuse men”, what you get is a lot of women’s shelters and programs for men as perpetrators on the first like 3 or 4 pages. Or have at least, it might be changing now, but in the past it was really hard to even search on Google which is where most people search these days unless they’re getting a referral of some sort.

The lack of information on male survivors can reinforce problematic stereotypes about gendered patterns of violence, which is an issue Clark discussed. When giving a guest lecture in a social services class he said that the instructor had been presenting inaccurate data and was shocked to learn that the prevalence of violence among men is similar to that of women:

I presented the information that is valid research out of Stats Canada that shows that 50% of the people who self-report domestic abuse are men and that 50% are women, give or take, I presented the actual numbers. And the prof was actually just shocked, and she’s teaching social services, and she was shocked to see that that information was true and accurate because she had been presenting to her class that 85% of victims of domestic abuse are women.

Hunter also flagged the issue of silencing in his discussion of how his male clients are often disregarded when interacting with the police, which he linked with the absence of physical injuries. As he said, this can reduce the likelihood of viewing male abuse as a criminal issue:

When I have men who tell me when police arrive on the scene and y’know they’re trying to report to the police that they’ve just experienced an assault or something, and they don’t have bruises or anything, I don’t know how many times they’ve said the police will say “Well there is no way that I can, y’know, take a look at this as a criminal issue”, to that affect or so on. But this one time, the police just told the guy there’s no point in us following up with this. Y’know, because it won’t go anywhere.

Study participants often talked about the ripple effects stemming from the social and informational silence surrounding male abuse, one of which is how it compounds the hidden nature of the abuse and thwarts the ability of IPV providers to refer men to appropriate services. As Clark said, this translates into a situation where his agency is connecting with a minority of the men who need supportive services:

We're not having as many men into our groups as who are eligible to be in the groups. We are just barely scratching the surface on connecting with men who are in abusive situations. It's really difficult to connect with them because of the socialization of the issue, y'know, the social perception of the issue.

Lily mentioned two organizations that support men with experiences of sexual violence. However, the only existing service in London for men involved with domestic violence is designed for male perpetrators and not male survivors of abuse. Later in the interview, she said a paradigm shift is happening in the IPV sector, from a focus on "violence against women" to a more gender-inclusive focus on "gender-based violence." She highlighted some of the tensions that are emerging within her organization during this transition, particularly among the providers who are very focused on the more traditional "violence against women" approach:

I would pull us back to the um, the sort of paradigm shifting that is happening in the sector between violence against women and gender-based violence and how that is really embedded in our staff team right now. I don't want to cite the percentage of how many staff are on each side of that, but pretty divided.

She added that culture and organizational change takes time and is a complex process:

We brought in a tutor at one point, but she showed us some research that said culture takes 7 years to shift. So, y'know, its not going to happen right away. And people have devoted their lives and they're in their 50's, to serving women and kids and that's honourable, and now we're trying to shift to be even more honourable in a different way. But it's hard, there's hard tensions there.

4.3 – Masculinity:

4.3.1 – Hegemonic Masculinity & Its Impacts on Men Who Experience IPV:

Throughout the interviews, the issue of how men who have experienced abuse struggle with their gendered identity and notions of masculinity was raised often. When discussing how their clients struggled in this way, participants often referred to various aspects of hegemonic masculinity. This particular model of male identity is characterised by a sense of emotional control and a denial of emotional vulnerability, qualities that are often linked with women and/or female identity

(Courtenay, 2000). Competence, achievement (Emslie et al., 2006), and self-reliance, even in circumstances of significant harm (Emslie et al., 2006), are additional aspects of this dominant gender model. As shared during the research, the fact that these idealized aspects of masculine identity do not fully align with the lived experiences men who have experienced abuse can generate a great deal of stress and additional trauma among this population.

Lily mentioned how often harmful stereotypes appear in client discussions about IPV among men, including those that position male survivors as being effeminate and having their masculinity delegitimized because they did not maintain control of their relationships:

I bring up that men can be survivors, there's certain stereotypes around who that might be like gay men or young boys... so men who experience it, if they go in to this state of holding that men can experience intimate partner violence, sexual violence, whatever you want to talk about, it will often be men who are effeminate, so it delegitimizes them as not being masculine because only men who are not tough could do that because otherwise you would just defend yourself so it's just reinforcing all of that. Or gay men, as the epitome of the most effeminate, or young boys.

She also drew attention to the ways in which female abusers were stereotyped as sly and manipulative, but never brutish as is often the case with male perpetrators. As she said, this problematic gendered framing supports the idea that male survivors are weak not only because they are not manly but because they are abused by a “weaker” woman:

I mean the reality is young boys do experience it so they might actually be bang on about that, and gay men experience it at higher rates so they might actually be bang on about that, but it's always this mental Jiu-Jitsu thing of trying to make it so they themselves could never actually be the one experiencing [the violence]. Um, and female perpetrators are fascinating because they're never brutish in the stereotype, they're always manipulative and sly and always in, sort of juxtaposed to a very weak man in particular. So that's interesting, just as a stereotype.

Another common theme within the interviews was the impact of hegemonic masculinity on men who have experienced abuse, emotionally and in terms of help-seeking behaviours. Justin, for instance, has worked with some men who secretly disclosed their abuse to him out of fear of

being seen as being “less of a man.” As he said, the stigma surrounding male experiences of abuse is a huge barrier to men coming forward:

I’ve had people, because I’m pretty vocal on this, I’ve people come up to me and say, or quietly send me a message and say, “I too was abused, I don’t want to tell anybody but this happened to me”. I mean it’s a lot. So, I think that the stigma about being judged is a huge component, a huge barrier [to disclosure].

Hunter echoed this and indicated that many of his clients are fearful that their friends will find out that they have been abused by their partners. These fears are more pronounced among “street wise” men whose masculine identity is intimately bound up with notions of strength and peer-sanctioned associations between weakness and homosexuality:

One of the things that men worry about is that their friends are going to find out, particularly some of the guys that are a little bit more street wise guys, are really worried about their reputation. And if their friends were to hear that they were a victim, they would think that, y’know, they would be worried their friends would think they’re perverts now.

Clark reflected on the ways that men often internalize their experiences and believe that the violence occurring in their relationship is their fault. Given that these men often feel like they are or should be responsible for the relationship, they also feel as though they are the cause of their partners’ violence and toxicity:

The vast majority of men I believe internalize it and just keep their mouth shut, and ah believe that it is their fault, that they must be doing something wrong, they’re the man and they are responsible for the relationship, and the fact that the relationship isn’t working well.

Similarly, Justin discussed how his own experiences of abuse made him feel emasculated to the point where he described himself as a “caricature” of what a man should be, which is a powerful framing of this form of violence: “I know that I became a caricature of what I thought a man should be based on my life. That may not be true of all lives. Again, I don’t know, but I’m suspecting in one form or another is because of the fear of being judged and seen as different.” Similar to Hunter’s insights above, he also said that the men he works with often do not share their experiences with friends or family because they feel like less of a man and worry that they will be

revictimized when disclosing their stories: “I think it it’s difficult to say who their sharing their stories with. I can tell you more accurately they often times don’t share it with their family or friends.... and it comes back to fear.”

4.4 – Men’s Responses to Experiences of IPV

4.4.1 – Difficulty Recognizing and Disclosing Abuse

Dominant social constructions of violence, gender, and masculinity play a significant role in shaping how men identify, process, and articulate their experiences of intimate partner violence. A key issue raised by participants was the difficulty men have with identifying their experiences as abusive, which most linked to dominant ideas about abuse as well as the prevalence of emotional over physical violence. As Lily said, these factors combine to make it very difficult for many men to understand their experiences as abusive:

It impacts their ability to name and understand their experiences. Um, so I don’t know that, um, if you can’t name it you can’t seek help. And if you only ever conceived of violence as a man punching a women or pushing her into a wall, the experience of violence that you may have which statistically is unlikely to be physical, it is more likely to be manipulative or coercive, you may just not understand that as violence or think it doesn’t count as enough.

Justin also indicated that his male clients find it hard to register that their experiences constitute intimate partner violence, which was connected with ideas about masculinity and perhaps also love. He provided the example of a man who spoke very highly about his partner, adding that she loved him, but did not label her abusive behaviour towards him as such:

There is one specific individual, I know that he thinks his woman is the greatest thing since sliced bread, she loves him. Until he tells you the part about her doing – behaving inappropriately, smashing his apartment and ripping him off (laughs). He doesn’t connect the dots that it’s not normal. So, I think the short answer to that is that it doesn’t appear that he connects the dots with it being violent behaviour.

Similarly, Clark’s clients often do not identify as having been in an abusive relationship because they have never known that women could be perpetrators and men could be survivors. Although

the men are cognizant that something is wrong in their relationships, it is not until they attend the peer support program and hear other men talking about their abuse that they begin to realize this has happened to them as well:

One is that most of the men who come into our program do not identify as having been in an abusive relationship. In the social world right now, in our communities basically, there's a narrative that says that only women can be victims, and men are only perpetrators, and that has so metabolized in everybody's consciousness that men who are in an abusive relationship know that it feels really bad and that there is something wrong, but they don't even conceive that they are being abused. Even though that when they come to the groups and we talk about what abuse looks like, they go woah, that is exactly what's been happening to me for, whatever, they've never thought of it as abuse before.

Clark also discussed the tendency of the men in his program to dismiss the concerns of friends and family members who recognize the abuse, which he said is bound up with the trauma of the experience and its divergence from normative gender patterns:

Many of the men have been told by friends or family that they were being abused and dismissed or didn't believe it basically. So once the light goes on, and that dawning realization, then they start going back over their life and go 'oh yeah I remember that my brother told me, my mother told me', or this and they start to get that other people could see it, but they couldn't see it. It's called a psychological scotoma, right, it's like a blind spot right.

During the interviews, I asked participants how their male clients articulated their experiences and whether they ever classified them as violent or abusive. Hunter indicated that his clients rarely, if ever, used the word violence: "They don't call it violence. I don't know that I – um, I rarely rarely hear the word violence from men." Clark echoed this finding, saying that the men in his programs do not identify the words violence or abuse until much later in their healing process: "They don't identify with the word's violence or even abuse; they don't even identify with the word abuse." He also said that although many IPV-related services use the terms "violence" and "abuse" in advertisements and screening questions, because men who seek help at these organizations do not think of their experiences as abusive, they often answer "no" to many of these questions.

Clark indicated that screening questions like “Has your partner ever hit you?” are more likely to resonate with men and signal that they are experiencing intimate partner violence:

I think it’s hard for men to talk about it, and I think what happens then they do go to a service that might target them, many don’t but if one did, often the question is “are you abused, have you been abused, or is your relationship abusive?” and men say “no!” because their paradigm is “no!”, that’s their construct. And so what we know is that if we ask different questions of men, if we ask them “has their partner ever hit you, has your partner ever threatened you, has your partner ever thrown anything at you, does your partner demean you?”, so all the questions that are very specific action or behaviour oriented questions, we’re more likely to get the answers that then will identify them as having been in an abusive situation.

However, many agencies do not frame their inquiries in a way that aligns with how men perceive their experiences, this can contribute to the silencing of male IPV at the interpersonal and provision level. Clark did indicate that some agencies are beginning to become more aware of how to screen men for abuse, which is promising:

So yeah, when men present to agencies, either they don’t or they don’t know necessarily that they’re being what we consider to be abused, and then the agencies don’t ask them the questions that would help to identify and filter for that abuse. But agencies are becoming more educated on this, and more and more are doing it, but we still have a long way to go, we’re probably at like 20% of the agencies who really understand.

4.4.2 – Men Remain Silent

Among the most common responses men have in relation to their abusive experiences is non-disclosure. Similar to the discussions above about silence, participants indicated that social constructions of gender and violence reinforce feelings of fear, shame, and delegitimized masculinity among many male survivors. When I asked Hunter about how men disclose their abusive experiences, he reflected that he has never had a man enter his office independently seeking help to escape an abusive relationship or to overcome trauma related to his abuse:

I've never, in all my years of working with men, have had a man come into the office or into therapy with anybody, and say 'I'm tired of being a victim and I need some help to get out of a difficult situation', or 'I need some help overcoming the emotional impact its having on me'. Men do not reach out for that reason in my experience.

He went on to explain that many men are unsure about how they are going to be received if they do seek help for their trauma or for fears related to their experiences. He indicated that many men are worried that they will be ridiculed or revictimized when sharing their experiences, so they instead choose to remain silent: "Men aren't sure of the reception they're going to get when they do disclose, they just may choose not to disclose it to anybody in the fear that they will be ridiculed, won't be believed, or whatever." Clark identified the issue of structural violence when discussing IPV agencies who include information on their websites about men as perpetrators and women as survivors. For men in his programs, this language and gendered framing made them scared that they would be blamed for the abuse they were trying to cope with:

Agencies who deal with domestic abuse, I can tell you men have told me when they go on the websites of these agencies that deal with domestic abuse, if those agencies were say were a feminist organization or "men are perpetrators and women are victims", men won't go and talk to them because, y'know, they are going to be revictimized by that.

Clark also described some of the barriers within the social service context, specifically the police, that make men hesitant to disclose their experiences. He noted that as a "general rule" male clients do not call the police to report violent episodes from their partners because the men are aware that police view IPV as something that predominately affects or hurts women. Moreover, some of the men in his program heard stories of other men who were arrested and charged by the police despite the fact that it was their female partner who was the perpetrator. As Clark said, these stories and experiences made these men even less likely to use police services to help-seek:

As a general rule men are – don't call the police, partly because of that help-seeking kind of behaviour that men have, but also because there is a number of men who are aware that if you call the police in a domestic abuse situation you are likely to be charged so men are likely to avoid doing that.

Clark discussed another troubling element of silence in this regard, which he described as administrative abuse. In this context, administrative abuse is a feminized strategy whereby men's violent partners exploit different social conditions, including the gendered lens through which IPV is viewed, to isolate the men they are hurting and make it difficult for them to help-seek or leave their relationship. Abusive women have been known to make false allegations to the police so that their partners will be arrested, and in some cases, they make claims of child abuse to have men's access to their children restricted. Women have also taken their children to a woman's shelter so the man could not have access to them. In other scenarios, violent female partners make false reports of tax fraud to the Canada Revenue Agency to restrict the man's financial standing. Administrative abuse is common among the men Clark works with and it creates distrust and resentment towards the social systems and representatives who collude with their abusive partners, often unknowingly. As he said, this is yet another instance of why men are reluctant to disclose or seek help for their abuse:

Administrative [abuse] is probably the second biggest impact on men. It's called administrative abuse, but what it means is using the system against men. So women will, ah, make false allegations to the police or to the court, they will use the family law system, they'll use the criminal court system, they'll use the CRA, the Canadian Revenue Agency, and tell the revenue agency that men have cheated on their taxes and therefore they get audited. Or they'll call CAS and make claims of abuse on the children, or they'll take their kids and go to a shelter and then there is a whole system, a shelter system that is designed really, to support women and help them get their kids away from the fathers of the children.

4.4.3 – Male Coping Mechanisms

Individuals who experience abuse or trauma often utilize various coping mechanisms to preserve their emotional well-being and reduce the harm caused by their abuse. Exploring how men reported coping with their experiences to my participants was a goal of this study. Several coping strategies were discussed, including avoiding strong emotions, altering their self-identity, and self-medication with substances. Some men adopt a new kind of self-identity to minimize the emotional harm related to their experiences of violence, often causing them to become isolated and avoid social experiences (Machado et al., 2017). Self-medication is defined as the use of drugs and/or

alcohol in an attempt to reduce feelings of anxiety or provide an emotional release from traumatic experiences (Robinson et al., 2008).

Referring to the men he has counselled in his independent practice, Hunter talked about the “vulnerability shield” some of them erect around themselves to deflect emotions internally and externally. Among his clients who do this, most have a difficult time letting loving feelings in and have lost their trust in relationships:

In some men certainly, they cope with it by putting this what we call vulnerability shield around them. In other words, I’m not going to get hurt anymore so I’m just going to be tough and anything that anybody tries to do is just going to be like water and just bounce back. And I’m not going to feel it, so they stop themselves from feeling it which is bad news for relationships because often then they don’t – their vulnerability shield won’t let loving feelings through either, so they have trouble reading when other people want to take care of them either. So, men lose their trust and what they do is just become very guarded.

Similarly, Clark highlighted that some of the men in his program “take on an identity” to cope with their abuse and internalize their emotional trauma. This adoption of a new self-identity is a way to renegotiate their abusive experiences into something less harmful. For Clark this way of internalizing his abuse actually led him to feel more traumatized than may have been the case had he had an outlet to share his experiences:

Men take on an identify to cope with that abuse. So, they shift the way they see themselves to cope with that abuse. And so, each person does that in a different way. There’s no broadly saying ‘oh this is kind of the way they do it’, it’s more just an identity that is there to protect them against the abuse and to cope with that.... And then they just go internal and they don’t tell anybody and it’s very harmful for them. So they become traumatized and then they retraumatize themselves, because they just go around and around in circles and I can speak to that because I did that for probably a couple of years when I was in that relationship, I was traumatizing myself by not disclosing and not having an outlet for it.

Clark also spoke about the shedding of identities among his male clients as they go through the 12-week program at his organization. Approximately half of the men he sees report that they begin to feel like they no longer know who they are around the 6 to 8-week mark, which signals

the loss of their former identity and the early stages of discovering their newly emerging self. As Clark sees it, this represents a focusing of the men's energies on healing rather than on internalizing their emotions and resisting their trauma:

What I would say then also is that when men begin to shed that cloak and rediscover, discover, whatever you want to say, their authentic identity, they become more empowered because now they are in alignment with their source of power with who they are as a human being and they are not spending a lot of energy with trying to maintain this really, what really is a false identity... I would say probably somewhere in the neighbourhood of 50% of men who go through the program, in the neighbourhood of about halfway through, it's a 12 week programs so somewhere in week 6 or week 8, there will be men who say "I just, I don't know who I am anymore" and that's the beginning of them shedding that cloak.

Another participant, Hunter, found that many of the men he works with employ substance use or addiction as a coping mechanism. Self-medication as a coping strategy may also be a form of self-harm if it is driven by a desire to punish one's self or to trigger an emotional release from a traumatic experience. Hunter found that addiction services, narcotics anonymous, and alcoholics anonymous are all organizations where men begin to realize that their substance use was a way of coping with their traumatic experiences. After this realization, he found many men are referred to his practice or another agency in London to help them address their experiences of trauma:

A lot of men deal with addiction problems, who are survivors. Sometimes in addiction services it gets more talked about, so they often disclose it to maybe AA people or whatever narcotics anonymous... the men in [Community Support Agency] have been more prone to going through the addiction's services and hearing y'know, more and more about issues of survivors that way. Uhm, and get invited out to [Community Support Agency] from that group. So, addictions services are a big source of where people start to realize that it's more than my addiction.

4.5 – Part Two: Introduction of Secondary Findings

Part two of this chapter features the less common findings that emerged from my interviews with service providers who work with male survivors of interpersonal violence. Three themes are discussed, beginning with the IPV service provision context. The second theme examines how COVID-19 has impacted the delivery of abuse-related services. The third theme explores peer-led support groups as a model for promoting recovery and healing among male survivors.

4.6 –IPV Service Provision Context

4.6.1 – Lack of Established Supports for Men

The gendered lens through which IPV is commonly viewed is informed by decades of evidence demonstrating that many men commit violence against their female partners (Migliaccio, 2002). This has contributed to the exclusion of men who have experienced IPV as part of the abuse discourse and within the context of service provision. The absence of services specifically for male survivors was an issue discussed by all participants, including Hunter who said that “over half of [the men]” who he has worked with have significant difficulty finding appropriate services for their needs. Justin echoed this: “Men really have serious reservations and challenges finding supports.” Clark indicated that most of these clients were shocked to find a service directed towards men as survivors and it is likely that many men have given up their search and never come forward:

Most of the men that end up at the centre just go “oh my god, I didn’t think you guys existed, I was looking and I’ve looked and other people have looked and I was just almost ready to give up” which means to me that there’s probably a lot of men who have given up.

Reflecting on his own experiences of looking for resources after leaving his abusive relationship, Clark said that agencies who do encounter male survivors are often unaware of what services to provide or where to direct them:

I was looking for resources to assist me in what I figured was my recovery because I wasn’t able to really function or even look after myself... I ended up going to a hub in York region called the York Region Hub for Community Safety. And they’re really there as a referral hub for people who had been in abusive situations. When I arrived there, I was the first

man that had ever come to their door, and they didn't have any resources for men in particular.

The lack of funding is often identified as one of the biggest limitations participants face in their work with male survivors, including Clark whose agency receives no government funding and little private funding. This makes it difficult to retain paid staff and widely advertise their services, which means they rely predominately on volunteers, which can create its own challenges:

The biggest challenge is funding, we don't receive really any funding. Certainly no government funding, everything we do get is private, and there is really not very much funding towards this program in itself. So, if I speak specifically to the domestic violence programming at [MHA], there is almost zero funding directly for that. It leads to a lack of staffing, needing to use volunteers, and there is a high degree of turnover with volunteers because they come, and they go.

Clark also highlighted that increased funding would aid his organization in the larger project of changing the social constructions surrounding violence. With even small amounts of funding, they could retain some paid staff and advertise more widely, which could substantially increase the number of available programs for male survivors. He indicated that providing services to more men would demonstrate that men do experience violence and male-oriented services are required to aid in their recovery:

With more money we could be connecting with more men, we could be changing that social construct about what [violence] is, and we could be delivering services to way more men. I think we're delivering to 45 men a week; Even with a hundred thousand dollars we could make that, y'know, 500 men a week without much work.

Justin stressed the importance of having a space for men to engage in help-seeking and disclosure. He used the term "pied piper", meaning a charismatic person who attracts others to follow them, to draw awareness to the lack of attention given to male survivors and the barriers this creates for men to seek help:

There's been a lot of failures in how we administer finances for supports and services. So, at the end of it all, when the man decides to come forward and there's nothing available for them, what the hell are we gonna do? So that there is the biggest barrier, is if there's no

where to go, where would you go? There's certainly no pied piper leading the way to support services for male survivors.

4.6.2 – Gendered Tensions Within the IPV Sector

The gendered lens through which IPV is typically viewed can create tensions between providers advocating for different groups, including men, because they are perceived of as challenging the dominant notions of violence that position women at the centre of survivor-related discourse and service needs. Hogan et al. (2012) found that this complex aspect of IPV can work against professionals attempting to assist male survivors. The interviews revealed that there are few opportunities for providers working with male survivors to do their important work without appearing misogynistic, which is an unfortunate label that has been applied to several participants. Clark spoke about his experiences in this regard:

There's some very specific, well in the minority, but specific cases where people have just gone 'well men don't need help, what's wrong with you, why don't you put your efforts towards women', or 'you're helping men, you must be a misogynist'. So, I do get some of that.

Justin also talked about these difficulties, which can make it complicated for male providers to advocate for the needs of male survivors without encountering strong pushback:

I've aligned myself and tried to work in the VAW sector which is violence against women, and ah... it grows weary because as I'm sitting here, I'm a guy trying to work with a sector that actually vilifies men for simply being men and it's just an awkward fit. It's difficult to try and – now I haven't given up on this, I think just you and I talking is probably part of the conversation – but short of me becoming a Men's Right Activist, which I don't want to be, how the hell do we create the supports and services that men need? That's the barrier.

One participant, Clark, discussed what is referred to as courtesy stigma in the literature. Courtesy stigma is defined as a process where an individual experiences, or fears experiencing, social disapproval due to his/her association with a stigmatized group (Corrigan et al., 2004; Phillips, Benoit, Hallgrimsdottir, & Vallance, 2011). Clark said he often feels that his business

contacts or individuals in this personal life view him in a negative light given the work he does with men. Given this, he exercises caution in how he talks about and publicizes his work:

I have a little concern that it might affect my business because interestingly enough the clients that I work with in business tend to be more on the progressive end of the scale, and unfortunately while people at the progressive end of the scale have a lot of really good thoughts and ideas around social justice and so on, one area that they aren't open to is hearing that men are abused. They just don't, they shut that down, they think it's misogynist... It takes a lot of energy to try and kind of tip-toe through all of that too and be very careful of what I say and how I publicize what I'm doing.

4.7 – The Effects of COVID-19 on Abuse-Related Services

4.7.1 – Increased Necessity for Service Provision

Recruitment for this study began in May 2020, shortly after COVID-19 emerged within London, Ontario. With the myriad of public health policies and restrictions passed to prevent the spread of the virus, many social services were forced to cancel in-person services and alter their operations to balance public health guidelines and their clients' needs (Government of Ontario, 2021). Complicating this is the rise in IPV numbers observed by many organizations, which has been linked with an increase in close proximity between partners in abusive relationships and the way that global trauma and crises can produce new interpersonal tensions (Boserup et al., 2020; Evans et al., 2020; Warburton & Raniolo, 2020). When I asked Clark how COVID-19 affected his organization, he described how the sudden influx of men seeking help during the pandemic forced them to increase their programs from once to three times per week:

Signiant increase, before this we were running one program a week which we have done for the past four years. We were planning on moving up to two per week, and we ended up with COVID going up to three per week. I wouldn't say we tripled it because we were already planning on moving up to two, but y'know it's at least, y'know, a 30% increase with COVID.

He added that many men who came forward during lockdown appeared to be more desperate for help compared to those who sought help prior to the pandemic:

The other thing is, I notice the conversations with those men that are coming to us now – the easiest term for me to say is that there’s more desperation in those men. They’re more like, “I’m just in this completely untenable situation and I gotta find help, I gotta get out”. Whereas before, there wasn’t as much desperation and I just hear more of that now.

COVID-19 restrictions and physical distancing precautions have prevented many social activities and hobbies, making it more difficult for men to leave the house and get away from their abuser which may have contributed to the increased desperation Clark observed. As he said, being unable to engage in activities outside of the home, which is a form of coping and an escape from abuse, may have intensified the men’s feeling of being trapped with their abuser:

I think it’s true that if any relationship that is abusive, and if you put people into a situation where there is no longer an outlet where one of them can leave and go out for, y’know out to a bar or go to a coffee shop, or go to the library, and now they can’t do that, that it’s going to intensify the, probably the, behaviours of abuse are going to intensify, but also the feeling of being trapped is going to intensify as well.

4.7.2 – Challenges and Opportunities of Digital Provision

During the COVID-19 pandemic, physical distancing restrictions and the increasingly digital aspect of many aspects of life has led to an uptick of digital services (Emezue, 2020). This shift has created new challenges and opportunities for agencies working with survivors of intimate partner violence. Justin indicated that the biggest challenge his organization experienced is that many clients miss having in-person services and live, one-on-one conversations: “Yes, there are still some challenges, some people really miss the live one on one meetings.” Another participant, Lily, reflected on a different challenge her agency experienced. She primarily facilitates sessions with larger groups, which is very problematic over Zoom: “As someone who facilitates larger groups, with really intense conversations around gender, Zoom is really bad for that.”

When discussing a positive outcome of these shifts in the service landscape during the COVID-19 pandemic, Justin mentioned that geography is no longer a determining factor for survivors in terms of service engagement. His agency’s support groups have shifted to online videoconferencing that can be accessed almost anywhere. Justin also indicated that digital

provision has reduced barriers to service access and participation in other ways, including time restraints related to commuting or inclement weather, which has enabled some survivors to attend more easily than in the past:

There are many good things that come as a result of these Zoom meetings. For example, I can include people that wouldn't normally – y'know, geography has nothing to do with whether you're engaged today or not. So, its created opportunities that we didn't have before. Time restraints, if you couldn't drive because the weathers bad, or if you couldn't get a babysitter, you can still participate.

Clark discussed how with the shift to videoconferencing, male survivors from Northern regions of Ontario, other provinces, and even Canadian citizens residing in other countries have begun accessing their services. His organization intends to maintain online services after the end of the pandemic, which was exciting and presented an unparalleled opportunity to reach more men in need of help:

It has really helped us expand geographically because we can now serve men who we couldn't before, because all of our programs were in person previously. So, people who were outside of our driving catchment area, anyone who was more than about an hour away, was not able to access our services. And now we have put our services online, we have men from Alberta, and Montreal, and Northern Ontario, and even someone who is a Canadian citizen but was living in Brazil on a work contract and so he is accessing our services. So, we're really being able to serve a lot more men geographically than before, and it really is the result of COVID and having to respond to that... Given that it's realistic from a public health perspective, we will resume in-person [services], but we will also maintain the online programming.

4.8 – Peer Support as a Model for Healing Survivors

Various service delivery formats exist to support survivors of intimate partner violence, such as individual counselling, clinician led support groups, or psychotherapy (Grobelaar et al., 2020). However, two of the four organizations represented in this study have adopted another approach, that of peer-led support groups. Peer-led approaches are described on these organization's websites as their model for healing, and the quotes within this theme are some the ways these participants

described the structure and benefits of these approaches. These support groups focus on empowering survivors to lead and direct their own conversations with minimal guidance from the group leader, thereby enabling the men to have a self-directed role in the recovery process. Justin described how giving male survivors a safe space and an opportunity to have their voice heard is extremely valuable, and empowers male survivors to share their experiences of violence with other men:

I mean each person is unique and needs an opportunity to share to their best ability what they're comfortable with and feel safe. Being safe enough and feeling comfortable enough to share with another individual what has happened is critical. That's a critical mass of anything we do, is creating a safe space for people. People, men, to be able to share their experiences and what happened to them. I think it's important because it allows people to have a safe space and a voice. And I mean there's many more reasons of course but at it's simplest it's to create a safe space and to empower survivors into having an active role in their recovery.

The organization Clark works with has recently altered their service model from clinician-led support groups to peer-led support groups to promote specific, self-directed recovery actions for male survivors. He shared that some of the men who attend the program expressed a strong preference for the peer-support structure compared to clinical counselling they've had in the past:

So instead of just being there to support men, and this group does support men, it goes beyond that and goes into specific recovery actions to help men... now the peer led [program] is doing very well, and there's a lot of people who have been in a lot of groups for years that are clinician led and come to our group and go "wow, this is way different and I like this" y'know.

Lily also indicated that peer support programs can play a valuable role the recovery process of male survivors. She emphasized that male survivors need validation that their experiences are real and that they matter, which can be facilitated through peer support connecting them with men who have also experienced abuse:

[Community Support Agency] was founded in the middle of my sort of time, and I think that is an immense resource and it's an immense conduit to other resources. So, it's just a

really great community for male survivors... I think men need counselling, they need validation, they need support, they need connections to peers to normalize that this is part of their experience and to normalize how to pursue healthy relationships.

4.9 – Conclusion

This chapter presented an analysis of my participants' experiences of providing care to men who have experienced intimate partner violence. Their nuanced, personal reflections demonstrate how their male clients' experiences often challenge dominant social constructions of violence and gender, which contributes to social, service-related, and personal silence around the abuse. Moreover, the pervasive impact of hegemonic masculinity was demonstrated to have a strong effect on the men's identities, often causing them feelings of shame and a fear of judgment which reinforces their personal silence. These issues also shape how men view their own relationships and their partners behaviours, making it difficult for them to associate with terminology around violence and to register that their experiences constitute IPV.

The dominant constructions of violence and gender directly impact the administration of resources to abuse-related services. Very few financial supports are given to services directed at male survivors, resulting in few paid staff members and little advertising to reach their largely hidden client base. Further, the interviews highlighted how gendered tensions within the IPV sector can create a sense of courtesy stigma towards providers who chose to work specifically with male survivors. Two of the providers in this study drew attention to the divisive nature of the service landscape and how advocating on behalf of male survivors has led to being labelled misogynistic, which can make it more difficult for them to advocate for their male clients.

With the increasing number of men help-seeking during the COVID-19 pandemic, it is important to consider how the lack of available services may prevent many other men from coming forward. Participants noted that prior to help-seeking, many men become socially isolated and altered their identity or self-medicated as independent coping mechanisms. However, for the men who do overcome these numerous social barriers to help-seeking, peer-led support groups were described as very beneficial for their recovery process. These support groups allowed the men to have a safe space and opportunity to have their voice heard, empowering them to share their experiences with other men which reduced their feelings of isolation.

Chapter 5

5 – Discussion

5.1 – Introduction

The primary goal of this qualitative narrative inquiry was to critically examine how service providers navigate the complex social environment when supporting men who have experienced female perpetrated IPV. The study aimed to determine how stigma, social constructions of gender, masculinity, and violence impacted men's experiences as relayed through the perspectives of their providers. Using a narrative inquiry approach, data were collected from four different providers who each worked at different IPV-related organizations in London, or Toronto, Ontario. Four semi-structured interviews were conducted over Zoom to evoke their experiences and narratives related to caring for male survivors. These four research questions informed the study design and data collection:

- 1) What are the lived experiences of service providers who work with these men?;
- 2) Does stigma regarding their abuse emerge as a primary theme when interacting with these men?;
- 3) How does the intersection between gender and masculinity influence the experiences of both the men and their providers?; and
- 4) How do providers navigate the dominate perspectives of violence when providing care to these men?

5.2 – Study Findings & Current Literature

5.2.1 – Violence

The insights of this inquiry highlighted through the lens of service providers that male survivors challenge the dominant social constructions of what violence looks like in heterosexual relationships. The participants in this study expressed that abuse is most typically thought of by the general public as physical assault which results in bodily harm. Moreover, depictions of IPV in media tend to focus on battered women and highlight physical abuse over other forms, reinforcing these ideas in society. Participants also shared that men are frequently assumed to not be vulnerable to physical assault from their partners due to perceived differences in size and strength between men and women, which is an insight shared by multiple studies on male

victimization (Bates, 2020; Carmo et al., 2011; Cho & Wilke, 2010; Drijber et al., 2013). Findings from this inquiry reinforced the existing literature that men do experience physical assault (Allen-Collinson, 2009b; Machado et al., 2017; Migliaccio, 2002), however, they also indicated that emotional and psychological abuse were more common and viewed by the men as more harmful to their well-being. These insights align with numerous qualitative and quantitative studies which suggest that non-physical forms of violence are more prevalent and create more severe harms among male survivors (Dim, 2020; Drijber et al., 2013; Machado et al., 2017; Migliaccio, 2002; Nowinski & Bowen, 2012; Perryman & Appleton, 2016). Furthermore, the claims of male survivors are sometimes disregarded or ignored in the absence of physical injuries when help-seeking with criminal justice services, such as the police. These insights strengthen the work of McCarrick et al. (2015) and Walker et al. (2019) on men's negative experiences with the criminal justice system.

Another important insight from this study was the use of administrative abuse by female perpetrators to isolate men and make it difficult for them to help-seek or leave their relationships. This included cases of perpetrators making false allegations to the police, false claims of child abuse, or false claims of tax fraud to have their partners arrested or isolated from their children. This finding is unique, as there is a paucity in the literature on male victimization concerning the use of administrative abuse by female perpetrators. While Dim (2020) suggested this form of abuse warrants further investigation, to my knowledge no research has been undertaken directly on the prevalence of this form of violence or on the harms it has on male survivors. Overall, these findings are important and indicate that the forms of violence men experience challenge the dominant notions of what violence looks like among men in heterosexual relationships.

5.2.2 – Gender

Findings from this study suggest the abuse-related discourse is highly feminized in nature, with tendencies to only depict female experiences of violence in both terminology and media representations. The participants expressed that men are commonly excluded within this discourse beyond their traditional role as perpetrators and that we as a society do not acknowledge male victimization. This finding is consistent with previous inquiries on male victimization which have identified societal perceptions that men are not vulnerable to abuse from their female partners

(Hines et al., 2007; Tsui et al., 2010). Moreover, providers in this study frequently flagged the issues of social and informational silence surrounding male victimization which often reinforce problematic stereotypes about the gendered patterns of violence, such as those identified by Bates et al. (2018). This study suggests that the silence surrounding male victimization and the gendered stereotypes of violence are driving factors behind men's experiences of structural violence and also thwarts the ability of abuse-related services to properly attend to the needs of these men, reinforcing much of the existing literature (Machado et al., 2016; Perryman & Appleton, 2016; Walker et al., 2019).

Another important finding from this study was how the informational silence surrounding male IPV and the gendered constructions of violence play a significant role in preventing men from recognizing their abusive experiences. Participants indicated that many of their clients did not identify as being in abusive relationships because they never conceived of women as perpetrators or that men could be vulnerable to abuse, reflecting the gendered discourse surrounding violence. This reinforces a common finding in the literature where men struggle to recognize that they were experiencing abuse by a female partner due to normative ideas surrounding gender roles and violence (Cho & Wilke, 2010; Hogan et al., 2012; Migliaccio, 2002). Additionally, this study suggests that men commonly do not identify with the words violence or abuse when articulating their experiences to others or at formal organizations, creating a barrier to help-seeking at many agencies which rely on this language in their service provision. This supports the work of Corbally (2015) who suggested the abusive narrative is difficult for men to articulate in their stories and may have implications for service providers who screen men in this manner. Overall, insights from this study suggest that perceptions of the gendered nature of the service provision landscape are likely linked to non-disclosure and reduced help-seeking among male survivors.

5.2.3 – Masculinity

The findings of this study present evidence for a link between the ideological influence of hegemonic masculinity and provider's perspectives of men's hesitancy to engage in help-seeking behaviours when experiencing abuse from a female perpetrator. Participants highlighted how male survivors commonly felt they failed to live up to aspects of the idealized masculine identity in

society, causing them to feel very ashamed of their experiences and fearful that others would judge them for being unmanly if they found out. These insights suggest that this fear of being seen as “less of a man” caused many of the men these providers worked with to avoid sharing their experiences in both formal and informal settings and created a strong barrier to help-seeking. This evidence reinforces an emerging theme in the literature that masculinity ideologies and male gender norms are notable barriers which reinforce silence among male survivors and make them less likely to disclose their abuse (Dim, 2020; Machado et al., 2020; Morgan & Wells, 2016). Men were also found to avoid sharing their experiences of violence because they believed the male role was to maintain and repair the state of their relationship, and therefore they were responsible for their partners ongoing toxic behaviour. This insight provides support for the findings Lysova et al. (2020a) on men’s desire to maintain the relationship acting as an internal barrier to help-seeking.

A unique finding which emerged from this study was how other men in society perceive the masculinity of male survivors. Providers highlighted how male survivors commonly have their masculinity delegitimized and are positioned as effeminate by other men for not maintaining control of their relationships. This is accentuated by the gendered framing of female perpetrators as sly and manipulative by other men, supporting the idea that male survivors are not weak only for being abused, but because they are abused by a “weaker” woman. No studies that I am aware of have investigated how men in society position the masculinities of men who have been abused by female perpetrators, suggesting this insight adds something new to the investigation of this evolving phenomena.

This study revealed important insights into the potential use of peer-led support groups for promoting empowerment and recovery among male survivors. Participants emphasized that providing male survivors a safe space to have their voice heard and an opportunity to share their stories is extremely valuable to their well-being and healing, which echoes the findings of Brooks et al. (2020). Providers indicated that peer-led support is viewed positively by men in their organizations and provides an important means of validating means experiences, reducing their feelings of isolation, and rebuilding their masculine identity through connections with men in similar circumstances.

5.2.4 – Stigma

Findings from this study have highlighted how the intersections between the dominant constructions of violence, gender, and masculinity in society cause male survivors to experience various forms of stigmatization and structural violence. Providers emphasized that the fears of many men were closely linked with experiences of stigma when sharing their experiences informally with others. Additionally, several providers expressed that their clients held perceptions that most IPV agencies were designed exclusively for women and stigmatized men due to the framing of men as perpetrators and women as survivors on their websites. Many of these men were shocked to find an agency with services specific to their gender and emphasized to their providers experiences of past stigmatization and structural violence at various services. These findings reinforce the work of Tsiu et al. (2010) and Hogan et al. (2012) which suggests that many IPV organizations are perceived to be for women only and that many providers lack the appropriate training and education on how to handle the specific needs of men in the gendered environment of service provision.

Male survivors' experiences with stigmatization also extend beyond the abuse-related services to the broader social and judicial service context. Specifically, providers in this study noted that men fear calling the police because they perceive a stigma against them in the criminal justice system, with police being viewed as more likely to revictimize them than aid them. This concern is prevalent within the literature on male survivors and several studies have found men fear or experience stigma disclosing to the police or other social services (Allen-Collinson, 2009b; Drijber et al., 2013; Hines et al., 2007; Hogan et al., 2012; Machado, Hines, & Matos, 2016; Morgan & Wells, 2016; Tsui et al., 2010). Within this study, these various sources of stigma were found to reinforce silence among male survivors and cause them to endure abuse from their partners for prolonged periods of time.

A unique and important finding from this study was how the gendered tensions within the IPV sector limit the abilities of provider to advocate for this population. Male providers, in particular, who work with male survivors felt there was little space to do their work without appearing misogynist because they were perceived as challenging the dominant positioning of women at the center of the survivor-related discourse. The pushback against their service direction made it difficult for these providers to increase the availability of services to advocate on behalf

of these men. While courtesy stigma among providers did not emerge as a primary finding within this study, one participant expressed a fear that those within his personal or professional life might view him negatively if he made his work known.

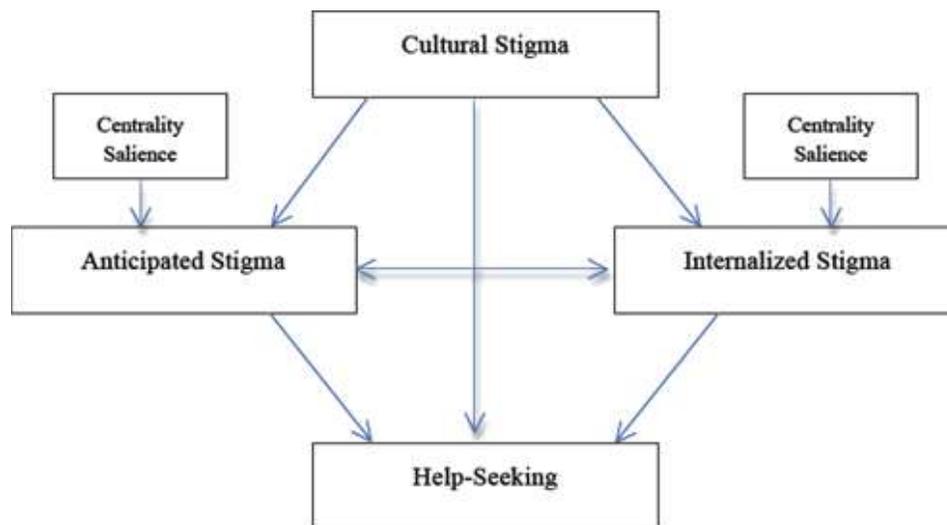
5.2.5 – Digital Research Methods

As a consequence of the COVID-19 pandemic, this study was forced to adapt and utilize digital methods for data collection as a result of social distancing precautions. While narrative research is typically conducted through in-person interviews, I do not believe the digital nature of this research negatively impacted the quality of the collected data. Due to technological innovations increasing the availability and reducing the complexity of video conferencing software, the ease of access to digital methods for participants has remarkably increased (Miller, 2019). Moreover, the COVID-19 pandemic resulted in a rapid increase in comfort levels with video conferencing software to facilitate virtual social gatherings. All four of my participants expressed a positive experience being interviewed over Zoom and noted a preference for digital interviews over in-person interviews, since they could participate from the privacy of their own homes. Conducting interviews over Zoom also decreased the monetary cost and time constraints caused by travelling to interview locations for both the myself and the participants. I experienced no technological difficulties throughout all four interviews and was able to establish rapport with participants through light-hearted conversations prior to beginning the formal interview segments. The overall experience conducting this narrative inquiry digitally was very positive, and I believe technologies such as Zoom present an excellent avenue for inquiries targeting diffuse, hard to reach populations or samples from geographical distanced regions.

5.3 – IPV Stigmatization Model

5.3.1 – Theoretical Framework

This research was conducted without the use of a conceptual theory; however, the findings may be used to strengthen a theoretical framework proposed by Overstreet and Quinn (2013) titled the Intimate Partner Violence Stigmatization Model. This model, shown in Figure 5 (Overstreet & Quinn, 2013), suggests that stigma regarding abusive experiences operates in several different ways to reduce help-seeking behaviours among survivors.

Figure 5*Intimate Partner Violence Stigmatization Model*

Within this model, anticipated stigma refers to the concern or worry about what will happen if others learn about the survivors' experiences of abuse (Overstreet & Quinn, 2013). Internalized stigma is defined as the extent to which people come to believe, or simply consider, that the negative stereotypes others attribute to them based on their experiences of abuse might be true of themselves (Overstreet & Quinn, 2013). Next, cultural stigma highlights how negative beliefs and stereotypes about IPV at the societal level may directly impact the attitudes and behaviours of providers who work with survivors of IPV (Overstreet & Quinn, 2013). Moreover, increased cultural stigma may heighten the effects of anticipated and internalized stigma for those who have experienced violence (Overstreet & Quinn, 2013). Additionally, two other factors may influence the effect of anticipated and internalized stigma. Centrality refers to the extent an individual considers their stigmatized identity to be an important part of their self-definition, while salience refers to the extent which that stigmatized identity is accessible or comes to mind (Overstreet & Quinn, 2013). The operation of stigma through these various mechanisms can have a drastic affect on the help-seeking behaviours of those who have experienced IPV. This section will briefly describe how the findings from this study may indicate the presence of anticipated, internalized, and cultural stigma for male survivors of IPV, however, it will not address salience and centrality as the findings of this study provide limited data to discuss these concepts.

5.3.2 – Anticipated, Internalized, and Cultural Stigma

Findings from this study focused heavily on how male survivors were fearful of others finding out about their abuse and avoided sharing their experiences in both formal and informal settings. Providers noted how many men chose to remain silent about their abusive experiences due to strong feelings of shame and worries that others in their social circles would judge or revictimize them for being abused by a woman, making them hesitant to disclose their experiences or engage in help-seeking. Moreover, these providers have reported that many of the men they work with are hesitant disclose their experiences to police, justice, or other social services out of fear of being revictimized or treated unfairly. These findings suggest that the male survivors these providers work with may experience an anticipated stigma as described in this model, for their identity as a male survivor of female-perpetrated abuse.

Additionally, findings from this study highlighted how providers and their clients recognize stereotypes in society that men should be physically strong, emotionally resilient, and in control of their relationship due to the pervasive ideals of hegemonic masculinity. However, men who experience abuse from their female partners are stereotyped to be weak and unmanly. Many of the male survivors these providers worked with came to internalize these negative stereotypes and felt they were less of a man for experiencing abuse, which made them hesitant to tell others about their experiences. This finding suggests that male survivors experience an internalized stigma related to their perceived failure to align with the ideals of hegemonic masculinity.

Lastly, providers in this study frequently spoke about how the social constructions of IPV commonly frame men as perpetrators and women as survivors of violence. Moreover, IPV is often perceived to only be very harmful if physical violence is involved, compared to equally severe manipulative, financial, emotional, or administrative abuse. Participants in this study suggested that these social constructions of IPV cause providers in various social and justice services to assume the experiences of male survivors are less severe or do not warrant intervention. These participants also expressed that the men they work with sometimes felt revictimized or stigmatized when interacting with many of these services due to the dominant constructions of who violence affects and what violence looks like in a heterosexual relationship. For many of the men these participants worked with, these experiences seem to have reinforced the anticipated and internalized stigma they felt and made them less likely to help-seek again in

the future. These findings suggest that cultural stigma plays a notable role in the experiences of male survivors, providing support for the IPV Stigmatization Model. Utilizing this model as a theoretical framework for future studies may be beneficial to explore and better understand the intersection between stigma and help-seeking in male survivors of IPV.

5.4 – Return to Reflexivity

Throughout the research process I engaged in the on-going process of reflexivity, as discussed previously in Chapter 3. An important part of the practice of reflexivity is the engagement in a transformative process throughout the undertaking of research. At the conclusion of this study, I returned to examine my reflexive notes from the outset of this study to see how my beliefs had changed or grown through my interactions with my participants. Comparing these notes to my current beliefs, I recognize that I have engaged in a transformative process through this research. For example, I have come to question some of my previously held notions regarding the barrier's men experience when help-seeking. At the outset of this study I believed male survivors experienced many direct barriers to help-seeking such as being explicitly revictimized by providers, being turned away at abuse-related services, or being insulted by friends or family for their experiences of abuse. However, through discussion with participants I have come to understand that many of the most common help-seeking barriers men experience are rooted in the dominant constructions of violence and masculinity. For example, these constructions cause intense internal feelings such as shame, fears of being judged, or feelings of isolation which limit their willingness to engage in both formal and informal help-seeking. While I am aware that some men do experience direct barriers to help-seeking, I have become more aware of the nuanced internal and social barriers which make it difficult for men to break their silence.

5.5 – Limitations

The main limitations of this study were the sample size, difficulties with recruitment, and the COVID-19 pandemic. Despite the small sample size of this study, participants were able to shed light on the experiences of both male survivors and the providers who aid them, however, it is difficult to draw strong conclusions on complex social topics in a small sample of experiences. While interviewing providers from four different agencies resulted in broader insights of the IPV service provision landscape, it is possible that interviewing more than one provider from each

organization would have resulted in a deeper understanding of each organizations culture and the effects of this culture on the provider's ability to advocate for these men. Moreover, by interviewing a larger sample of providers it is possible this study may have generated more nuanced insights on how the complex topic of courtesy stigma impacts providers in their day to day lives.

The main challenge with regard to recruitment was the limited number of organizations who work with male survivors of IPV, and the few providers employed by them, making it difficult to access this small population. Moreover, non-responsiveness with the organization most directly involved with male survivors, the MHA, and the general lack of response to repeated invitations and efforts for recruitment limited the number of study participants. It is possible that COVID-19 also had a strong effect on the recruitment process, as most providers were working from home and I was unable to utilize any posters or bulletins within the agency's common areas to increase awareness of the on-going study.

Another limitation of this study was the challenge presented by COVID-19 which necessitated the use of digital methods to carry out this inquiry. While all the participants reflected positively on their experiences being interviewed over Zoom, the inability to physically meet with participants may have affected the development of rapport in unseen ways. Also, due to social distancing precautions during the pandemic I was unable to spend any time at these organizations to engage in observation and the collection of field notes, which may have increased the richness of my data.

5.6 – Recommendations

Several recommendations can be made based on the findings of this study for policy and service implementation within IPV-related services, and for the dissemination of research on this topic. There are five main recommendations, which include increasing funding for male IPV services, implementing behaviour-centered advertisements within IPV services, increasing the utilization of peer-led support services, and improving the lay language dissemination of research on male victimization, and generating more research and data on men's experiences of abuse.

The first recommendation is to provide provincial funding programs and services for men who experience IPV. At the present time, the MHA is one of the only agencies with dedicated services for male survivors of IPV. However, this agency receives no government funding which forces them to rely on predominately volunteer staff with high rates of turnover, thereby creating a significant barrier to expanding the capacity of their services. Currently, men outside of the MHA's area have no options for help-seeking at male specific services and, in light of the various barriers to disclosure presented in this study, they may sustain their abuse in silence. It is essential that the provincial and federal governments allocate funding to support male specific services across Canada to increase the availability of safe spaces for male survivors to seek help.

The second recommendation is to consider the implementation of behaviour-centered screening questions in services such as "has your partner hit you?" or "has your partner degraded you?", as opposed to questions like "is your relationship abusive?". The findings from this study illustrate the challenges men have with recognizing their experiences as abusive due to dominate constructions of violence, gender, and masculinity. Male survivors were reported to not identify with the words violence or abuse until much later in their recovery process, resulting in non-disclosure at agencies which rely on this terminology as part of their screening process. A shift to screening questions centered on precise behaviours may be more successful in promoting disclosure from these men, however, a more focused investigation is required to examine the potential benefits of this model.

The third recommendation is for abuse-related agencies to investigate the potential benefits of using gender inclusive, peer-led support groups in their provision models. Two organizations in this study utilized this model and providers noted that these types of safe spaces seem to be well received by male survivors and may promote disclosure through the creation of a comfortable environment for them to share their stories with others. This type of service may be useful in helping men who would otherwise not engage with formal services to feel more comfortable disclosing their experiences of abuse.

The fourth recommendation is to increase the education on male victimization in the IPV and judicial sectors to reduce the social and informational silence surrounding this issue. If

providers and staff within these organizations become more familiar with the forms of violence men experience, and the social and structural barriers they encounter when help-seeking, it may begin to reduce occurrences of structural violence, stigmatization, and disempowerment when men present at these organizations. Moreover, increasing the mobilization of this research may promote better understanding of this issue and reduce the success of administrative abuse by female perpetrators. I suggest several ways to increase the mobilization of this research by the academic community:

- 1) The academic community should engage in more effective knowledge translation by distributing lay language booklets with study findings to IPV-related agencies when possible. It may also be beneficial to establish a website specifically to disseminate the findings of research on male victimization and to direct male survivors to the appropriate resources.
- 2) Researchers should seek to engage in participatory action research with IPV services on male victimization, or service providers, to foster social engagement and organizational change. This may also serve to reduce the stereotypes surrounding men's experiences of IPV.
- 3) The academic community conducting research on male victimization should organize an international academic conference centred on this issue. This would allow an opportunity for international researchers on intimate partner violence to become more knowledgeable on male victimization and locate common experiences from men in different countries. Moreover, key stakeholders from IPV related services and government agencies should be invited to increase the knowledge translation into these sectors.

The fifth recommendation is based on the limitations of this study and calls for more research and data on men's experiences of abuse through broader and more robust samples. Male survivors are a difficult to reach population given the many barriers which reinforce their silence, and more data is required to truly illuminate the unique aspects of their experiences, such as administrative abuse. Moreover, providers who advocate for these men represent a very small

population. More robust data are required to determine how stigma might affect the wellbeing of these providers and their ability to support these men.

5.7 – Future Research

The findings from this study reinforced the existing literature on male experiences through the previously unexplored perspectives of services providers, but also raised several interesting, yet unexplored, questions for future research. This is particularly the case when looking at providers' experiences working with these men and their positioning within the IPV service provision landscape. One of the findings from this study revealed that these providers felt there was little space in the IPV sector for them to work with male survivors without being labeled as misogynist or encountering strong pushback. Moreover, another provider expressed a fear that his business contacts or individuals in his personal life would view him negatively if his work was made public. These experiences appear to represent a form of courtesy stigma in society and from other providers in the IPV landscape against providers who choose to work specifically with male survivors. It is suggested that future research with more robust sample sizes is required to explore the nature and pervasiveness of this stigma and the effect it has on the providers well-being and social involvement. It is also suggested that future research on service provider perspectives seek to include both participants who work with male survivors and participants who work with female survivors. Hearing the perspectives of those who work with female survivors, or those who are potentially against the idea of working with male survivors, may help refine our understanding of the nature of the tensions within this field.

Additionally, one participant spoke about how administrative abuse is an extremely common and harmful occurrence among the men he works with and often causes distrust and resentment towards social systems who collude with abusive partners. Administrative abuse has been found to be a powerful means of reinforcing silence among male survivors and a common source of revictimization through structural violence (Dim, 2020; Machado et al., 2020). However, there is a paucity of literature on administrative abuse in the Canadian context, besides findings from a study by Dim (2020), and relatively little research on this topic in the global context. Further research is required to understand the role of administrative abuse in reinforcing silence among male survivors and the specific effects on their well-being. Furthermore, a better understanding of

this unique form of abuse is important to improve the ability of both providers and the justice system to recognize and respond to these occurrences in a proper manner.

When discussing male coping strategies, several participants highlighted how male survivors employ self-medication with drugs or alcohol as a coping mechanism for their traumatic experience. For these men, participation in addictions services or anonymous recovery groups leads to them realizing their substance use was a coping mechanism for trauma endured in their abusive relationship, and often results in them being referred to IPV-related services. Future studies should examine these services as potential locations where male survivors may disclose their abusive experiences. Furthermore, the effects of self-medication on the health and well-being of male survivors should be closely examined.

The findings from this study suggest that male survivors of IPV may face stigma from both informal and formal sources for their experiences of abuse. These findings were briefly explored using the IPV Stigmatization Model, developed by Overstreet and Quinn (2013), to examine the suitability of this theoretical framework for understanding the experiences of male survivors of IPV. This model may be useful to examine the intersection between the social constructions of violence, stigma, and help-seeking among men who have experienced abuse in studies with more robust sample sizes. Future research should consider the use of this theoretical framework to examine the effects of stigma on the wellbeing and help-seeking behaviours of male survivors.

Lastly, several providers in this study advocated for the benefits of using peer-led support groups to empower men and enable them to have a self-directed, experiential role in the recovery process. Male survivors expressed a strong preference for peer-led groups in Clark's program because it was a safe space to have their voices heard and share their stories with other men, which reduced feelings of isolation and fears of being judged. A potential direction for future research could be to examine the effectiveness of peer-led support groups, compared to other forms of counselling services, in reducing feelings of isolation and fear among help-seeking men. Generating insights on peer-support as a model for promoting recovery among men could benefit the establishment of effective services and begin to improve access to the provision landscape for this vulnerable population.

5.8 – Conclusion

The primary aim of this qualitative study was to explore the lived experiences of service providers who worked with male survivors of female perpetrated intimate partner violence. Through the stories and narratives shared with me by these participants, I have developed a greater understanding of the social and structural barriers men face when they attempt to seek help or share their experiences with others. Many of these barriers are linked to the deeply rooted social constructions of violence, gender, and masculinity, which create a stigma against male survivors for their contrary experiences to men's role in heterosexual relationships. Moreover, these constructions are strongly embedded in many agencies who provide services to survivors of IPV. While the IPV provision landscape has been incredibly successful in creating opportunities for female survivors to help-seeking and begin a process of recovery, it has been slow to increase the availability and advertising of gender inclusive programming. Male survivors often perceive agencies will not be receptive to their help-seeking attempts, and with their repeated experiences of stigmatization in society, these men commonly choose to remain silent rather than risk being revictimized by others.

The pervasive lack of inclusivity for male survivors within social, judicial, and IPV-related services, is in part due to an institutional erasure of information on male victimization and the barriers these men face. Despite increasing global evidence that men also experience abuse from their partners, virtually no funding has been allocated to agencies attempting to aid these men in Canada. Furthermore, few policies in Canada have been passed to increase the availability of these services for men and hardly any steps have been taken to increase awareness that men can also be survivors of IPV, rather than perpetrators. It is essential that researchers take the necessary steps to disseminate information on male victimization directly to IPV-related organizations, social services, and government agencies through lay language summaries of their findings. Additionally, providing gender inclusive education on violence to the general public is essential to change norms and exert social pressure on the provincial government to devote more resources to addressing this issue. Only through exceptional knowledge mobilization and implementation will we be able to change the deeply ingrained social constructions of violence and reduce the stigma surrounding male victimization for the wellbeing of both male survivors and their providers.

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Appendices

Appendix A: Concepts mapped to key words

Key Concept	Related Terms
Intimate Partner Violence	Intimate partner violence, intimate partner abuse, intimate partner terrorism, domestic abuse, domestic violence, spouse abuse, spousal abuse
Male Victims	Male victims*, abused man, abused men, battered male*, battered men*, battered man
Female Perpetrators	Female perpetrat*, female abuser*, female aggressor*, female batterer

Appendix B: Charting of scoping review results

Reference	Country	Sample & Purpose	Methods	Results
Allen-Collinson (2009a)	United Kingdom	<p>2 men (30's and 50's), however, only data from the man in his 50's was used in this article.</p> <p>To examine a case of IPV at the micro-level as an interactional activity that is locally produced in the domestic milieu.</p>	<p>Qualitative Topical life-history case study</p> <p>Symbolic Interactionist approach.</p> <p>7 in-depth interviews, semi-structured then unstructured.</p> <p>Examination of a life document: His diary.</p> <p>Data examined using Goffman's conceptualizations of "the territories of self" and modalities of violation.</p>	<p>Examination of data revealed 3 specific modalities employed by the female perpetrator to violate the territories of self:</p> <p>1) Violation of informational preserve 2) Physical contamination 3) Interpersonal contamination.</p> <p>These acts were part of a long-term strategy to increase control over the abused husband, and systematically break down his will to resist.</p> <p>Authors found the man was reluctant to hit back or even push their wife away, as it violated their own ethical principles, allows the intimate partner to claim they are the victim of the violence, and exacerbates the attack.</p> <p>Claims no generalizability or representativeness, but results extended theoretical underpinnings.</p>

Allen-Collinson (2009b)	United Kingdom	<p>1 white, middle-aged, senior-professional man who suffered 20 years of abuse.</p> <p>This article aims to examine themes emerging at the microlevel from the abuse of a heterosexual man by his female intimate.</p>	<p>Qualitative Topical life history approach</p> <p>Symbolic Interactionist approach</p> <p>Five 1-2-hour interviews and a participant's diary documenting abuse are examined.</p>	<p>Four main themes emerged from the primary data: Defining physical violence in intimate context, patterns of violence, stigma of abuse, and reasons for non-retaliation in kind.</p>
Carmo, Grams, & Magalhaes (2011)	Portugal	<p>535 suspected cases of male victims of IPV, who were 18 or older, between 2007 and 2009.</p> <p>Aims to characterize the phenomenon of male experiences of IPV in Portugal for the development of preventative strategies and recognition of victims.</p>	<p>Quantitative Cross-sectional</p> <p>Retrospective analysis of the Clinical Forensic and Medicine Department database.</p> <p>Questionnaire for female victims of IPV was adapted and applied to narrow 4646 suspected IPV victims to 535 male victims of IPV with the suspected perpetrator being an intimate woman partner.</p>	<p>This study found men can be victims of IPV and they represent a significant proportion (11.5%). Women were the perpetrators in all cases of male victims. Men had a prior history of suffering violence by partners at 81.6%. The most common form of assault resulted in minor injuries (76.6%) with 35.8% occurring on the upper limbs and 23.3% occurring on the face.</p>

Cho & Wilke (2010)	United States	<p>2,462 females and 298 male victims 18 and over from a Nationally representative sample between 1987 and 2003.</p> <p>Examines whether female perpetration is different from male perpetration, and whether the effect of batterer arrest on revictimization is different between males and females.</p>	<p>Quantitative Longitudinal cohort design</p> <p>Examined longitudinal data from the National Crime Victimization Survey from 1987 to 2003 to compare the target population of male victims to female victims.</p> <p>Chi-square analysis and logistic regression analyses were used to examine differences in IPV between males and females.</p>	<p>Arrest of female perpetrators had no effect in reducing male revictimization, while arrest of male perpetrators significantly reduced the odds of female revictimization. This may have been due to males underreporting IPV from female partners.</p> <p>However, perpetrator arrest reduced the odds of female victimization by 45%.</p> <p>More female perpetrators used severe violence and weapons than male perpetrators, but women were still injured more frequently than men</p>
Corbally (2015)	Ireland	<p>Purposive sampling of 14 men from a support group in Ireland between September 2007 and January 2008. Only 3 cases are presented in this paper.</p> <p>Aimed to reveal the social processes that influence how men experiencing IPV account for their experiences.</p>	<p>Qualitative Narrative Analysis</p> <p>Social constructivist perspective</p> <p>Open narrative interviews using two sub-sessions to elicit the participants narrative, followed by deeper questioning.</p>	<p>Data analysis revealed 3 major narrative strategies used by men in accounting for their IPV experiences: The fatherhood narrative, the good husband narrative, and the abuse narrative. The fatherhood narrative was revealed to be the most impactful and important aspect of male narratives of IPV.</p> <p>The authors conclude broad questioning by professionals</p>

				regarding fatherhood may be the most helpful in promoting disclosures of IPV if suspected.
Drijber, Reijnders, & Ceelen (2013)	Netherlands	372 adult male victims of domestic violence in the Netherlands, between May 2008 and August 2009.	<p>Quantitative Cross-sectional</p> <p>Constructed a website linking to a questionnaire on male victims of IPV, advertised in media sources.</p> <p>Utilized logistic regression techniques to analyze the data.</p>	<p>Found men can be victims of domestic violence and female perpetrators are prone to using objects to threaten and attack their male partners. Only 9% experienced solely physical violence, with a combination of emotional and physical violence (67%) or solely emotional violence (25%) more common. Men did not report the violence to the police out of fear of not being taken seriously, but would talk to people around them they felt they could confide in.</p> <p>Men were not provided the same social supports as female victims, which impeded their help-seeking.</p>

Hines, Brown, & Dunning (2007)	United States	<p>Describes 190 male callers to the Domestic Abuse Helpline for Men (DAHM) between January 2002 and November 2003 who experienced physical abuse or controlling behaviour from a female intimate.</p> <p>Aims to present descriptive data on male callers to the DAHM to gain preliminary knowledge of male victims of IPV and the dynamics of their relationships.</p>	<p>Quantitative Cross-Sectional</p> <p>Data was collected from call sheets of 2 volunteers to the DAHM. Based on the criteria of the call sheets, characteristics of the callers and their abuse was collected and analyzed.</p>	<p>Much of the abuse male victims experienced mirrors the forms of abuse female victims experience.</p> <p>Female batterers were able to use the domestic abuse support system to their advantage because male victims are not recognized.</p> <p>The current system for IPV support is inadequate to help male victims, is difficult for them to access due to patriarchal perspectives of abuse, and often revictimizes the men who do attempt to access it.</p>
Hines & Douglas (2009)	United States	<p>Purpose is to summarize various estimates of the extent to which women use IPV against male partners and how strict feminist viewpoints have hampered the ability to develop programs to address this issue.</p>	<p>General summary and review</p> <p>No prescribed methodology</p>	<p>Research in this area needs to go beyond who perpetrates IPV more and who suffers more consequences, as most studies are comparative in this manner.</p>

Hines & Douglas (2010)	United States	<p>A help-seeking sample ($n = 302$) of men suffering IPV was recruited from a variety of sources. A community sample ($n=520$) was recruited for comparative purposes. All men were between 18 & 59, spoke English, and lived in the US.</p> <p>Tests Johnson's theory of intimate terrorism, claiming men are the only perpetrators of intimate terrorism by studying men who have sustained IPV and sought help.</p>	<p>Quantitative Cross-sectional</p> <p>Core questionnaires were used for both groups to obtain demographic data and information regarding abuse. The help-seeking group received questionnaires regarding help-seeking experiences.</p> <p>A Revised Conflict Tactics Scale was used to measure the extent of perpetration, aggression, and injuries in their relationships.</p>	<p>Female perpetrators of the help-seeking sample fit Johnson's criteria of Intimate Terrorism.</p> <p>The frequency that men sustained violence was similar to battered women samples. Additionally, help-seeking men engaged in violent resistance at similar rates to battered women.</p> <p>Training for members of helping professions should include information about men's IPV victimization and education campaigns should be sex inclusive.</p>
Hogan, Hegarty, Ward & Dodd (2012)	United Kingdom	<p>6 counsellors with experienced with male-victims of female-perpetrated IPV 3 male, 3 females, between 34-60 years old.</p> <p>Obtained through snowball sampling and self selection.</p> <p>Attempts to examine the personal and professional impact on counsellor's</p>	<p>Qualitative Interpretive Phenomenological Analysis</p> <p>Semi-structured interviews with three open ended questions of participants lived experiences Engagement in reflexivity.</p>	<p>Men's perceptions of masculinity made it difficult to recognize their own victimization.</p> <p>Counsellors experiences centered on working against a lack of recognition that can be victims, impacting client's ability to acknowledge their victimization.</p> <p>Counsellors were unaware of sources of support available for male victims and often felt that were</p>

		wellbeing working with male victims of female-perpetrated domestic abuse.		working against a system that revictimized these men. In most cases, counsellors were the first and only person victims spoke to about their abuse. This brought a sense of responsibility.
Machado, Santos, Graham-Kevan, & Matos (2017)	Portugal	<p>Clinical Forensic Sample. 10 male victims (aged 35-75) who sought help for IPV after unidirectional abuse.</p> <p>Aimed to explore the experiences of men who had sought help for their victimization: Types of violence dynamics of violence, impact of IPV, coping, and type and quality of help-seeking.</p>	<p>Qualitative Demographic form for relationship characteristics. Semi-structured interview of 21 open questions. Inductive and thematic coding, along with constant comparative analysis of the data. A second independent coder analyzed 50% of interviews to ensure reliability.</p>	<p>Majority of men reported psychological violence as more significant to them than physical injuries. To cope men who engage in isolated activities, attempt to talk their partners down, and sought informal help. Men reported police typically failed to respond or ridiculed them. They also experienced bias and double standards in social services and the judicial system.</p>

Machado, Hines, & Matos (2016)	Portugal	<p>89 men over 18 years of age who self-identified as victims of IPV.</p> <p>Aims to predict help-seeking behaviors from men who recognize themselves as victims, explore why some do not seek help, and what their needs are.</p> <p>Hypothesized that men would not seek help due to internal barriers, and that men would rate formal sources of help as hindering.</p>	<p>Quantitative Cross-sectional</p> <p>Utilized demographic information, the CTS2 for IPV severity, and a Victimization Against Men in Intimacy Survey. Performed a series of regression analyses, either OLS or logistic depending on the variable.</p>	<p>91% of men reported at least 1 abusive behaviour against them, 84.3% reported at least 2, and 33.7% reported 3 to 5 in the past year.</p> <p>Most common form of IPV was psychological (85.4%), then physical (47.2%), then sexual (29.2%).</p> <p>76.4% of men did not seek help. Of those who did, informal supports were the most utilized.</p> <p>None of the men found the police, justice system, or social/victim services very helpful.</p> <p>Men's help-seeking is constrained by external barriers.</p>
Marie, James, Loren (2011)	United States	<p>Examines 77 men who obtained a PFA against a female intimate. Compares the 21 men who withdrew their PFTA to the 56 men who did not.</p> <p>Explores the characteristics of men who obtain a protection order against abusive female intimates, the reasons for doing so, and the types of relief</p>	<p>Quantitative Cross-sectional</p> <p>Systematically coded items found throughout PFA petition, withdrawal, and disposition forms as individual dichotomous variables. Opened ended questions were coded separately by response characteristics. Chi-square tests were used for all between group categorical variables</p>	<p>71.4% of men who filed experienced more than one act of abuse.</p> <p>82.1% of men filed due to physical abuse. 28.6% of men claimed a history of psychological or emotional abuse.</p> <p>All who filed a PFA were granted a no abuse, stalk, or threaten relief from a judge. Only half were granted a no contact relief. No men were granted temporary child custody.</p>

		granted by the courts.	and Mann-Whitney U tests were used for all between group continuous variable.	<p>Only 12 out of 44 men were granted the defendant's eviction, and only 4 out of 20 men were granted the defendant's release of firearms.</p> <p>Due to disposition form requirements, making any systematic study of men's reasons for withdrawal was impossible.</p> <p>Those who did not withdraw their PFAs perceived their abuse situations as more serious based on number of incidents and/or child issues.</p>
Migliaccio (2002)	United States	<p>Nonprobability sampling located 11 heterosexual men abused by their female partners. 1 internet narrative as used to supplement the study.</p> <p>Focuses on an assessment of the similarities and differences between the stated experiences of abused men and abused women.</p>	<p>Qualitative Narrative Analysis</p> <p>Unstructured, open-ended interviews.</p>	<p>Size and strength are not significant factors for men to prevent abuse by their partner</p> <p>Verbal abuse was often described as more harmful than the physical abuse.</p> <p>Men often attempted to rationalize the causes of their abuse.</p> <p>Men dealt with violence through avoidance, placation, disassociation, physical intervention, and denial of injury.</p> <p>Men experienced structural violence by external institutions such as the police and</p>

				<p>domestic violence shelters. Men often felt a duty to their children and remained in the relationship out of fear of losing them.</p> <p>This study shows male experiences of partner violence have many similarities with female victims, indicating the patriarchal view of partner violence requires change.</p>
Morgan & Wells (2016)	United Kingdom	<p>7 men who had been in self-defined abusive relationships in the past but currently are not.</p> <p>Aims to explore how male victims make sense of their own experiences without imposing an existing framework on what men said.</p>	<p>Qualitative Constructivist paradigm stance. Interpretive phenomenological analysis</p> <p>Semi-structured interviews conducted over telephone at the request of the participants. Interviews transcribed verbatim using the Jefferson system and analyzed.</p>	<p>Participants emphasized a pattern of abuse occurring over time. Emphasis on events, not the emotional impact. Felt children and social isolation were used as forms of control. Just under half the sample felt their partner used existing stereotypes around abuse to control and isolate them.</p> <p>Participants felt options for coping and help were limited because they are men. They felt they did not get help because they are men.</p>

Nowinski & Bowen (2012)	United States	<p>Focused on the experiences of heterosexual and gay male victims of IPV to move beyond the argument about who perpetrates more IPV and suffers a greater consequence, to gaining a better understanding of their needs.</p>	<p>Systematic Review</p> <p>Searched PsychINFO, Scopus, Science Direct, and Academic Search Complete with relevant keywords to male victims of IPV. Additionally, examined the references of relevant papers. In total identified 92 studies. 54 were included in the body of their paper.</p>	<p>Men and women experience similar rates of IPV over the lifetime, but that men experienced significantly more in the past year. Men reported more physical IPV than women. Participants classified as African-American or Black generally experienced more IPV than White men.</p> <p>Male victims tend to be well education, well paid, hold traditional gender views and hostile attitudes, are likely to have suffered or witnessed violence abuse, or have been maltreated during childhood.</p> <p>Men more commonly experience psychological IPV than women.</p>
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Perryman & Appleton (2016)	United Kingdom	<p>Aimed at identifying the types and range of domestic abuse experienced by men, the effect on their physical and psychological health, determine risk factors for male victimization, what formal and informal support systems are accessed and the efficacy of these networks, and determine what facilities male disclosure of domestic abuse victimization.</p>	<p>A systematic approach positioned within a critical theoretical paradigm.</p> <p>Searched CINAHL, MEDLINE, BNI, PsychINFO, Web of Science, and the Cochrane Collaboration 1678 articles were screened, 19 were included in the final paper. Data were analyzed inductively and thematically.</p>	<p>Some men are victims of intimate terrorism, experiencing control and coercion, making them feel unsafe in their relationship. Psychological harm was the most significant health effect.</p> <p>Low numbers of men in the studies in this review disclosed abuse to formal agencies such as police or healthcare agencies due to shame and embarrassment or fears they would not be believed.</p> <p>No validated domestic abuse screening tool has been determined for use with men.</p>
Singh (2016)	United States	<p>Two samples of men aged 18-59. Sample one included 611 men who had sought help for female perpetrated IPV. Sample two included 1601 who were representative of the US population.</p> <p>Aimed to assess the mental and physical health problems of men with female-perpetrated IPV, and to compare</p>	<p>Quantitative</p> <p>Used validated measures on IPV, injuries received, substance abuse, social support, physical health conditions, and mental health outcomes to compare the two sample groups.</p> <p>Bivariate χ^2 and multivariate logistic regression, log-binomial and robust Poisson analyses were performed</p>	<p>The help-seeking sample had higher average age, education, and lower percentage of racial/ethnic minorities. They also had higher rates of all forms of IPV victimization, substance abuse, childhood neglect, sexual abuse, and violence exposure.</p> <p>Help-seekers had increased likelihood of depression, PTSD, high blood pressure, asthma, and STDs.</p>

		these health indicators among help-seeking men and those in a population-based sample		
Tsui, Cheung, & Leung (2010)	United States	<p>76 participants working for service organizations in domestic violence in the US.</p> <p>Aimed to answer two questions: What are the reasons for male victims not using social services provided by the community, and what suggestions can help improve services for male victims of partner abuse?</p>	<p>Mixed-methods Cross-sectional</p> <p>Administration of a survey with closed-ended and open-ended questions. Providers completed the survey on behalf of themselves, friends, family, or clients. Open-ended data was coded into thematic units, organized into themes for further analysis.</p>	<p>25% of respondents indicated male victims did not utilize social services at all. 66.7% indicated perceptions that services are designed for women prevented help seeking. 46.7% indicated men were reluctant due to shame, and 26.7% indicated stigma was an obstacle.</p> <p>60.5% of respondents stated services for male victims are not sufficient. 65% indicated there is a need for advocacy that IPV affects men and women.</p> <p>Low response rate (7.9%) may indicate few agencies provide services to abused men.</p>

Walker, Lyall, Silva et al. (2019)	Australia	<p>258 men aged 18 to 77 obtained through an online men's support site and social media platforms.</p> <p>Investigated men's experiences of IPV in the Australian context and the implications for policy for male support services and societal perceptions</p>	<p>Qualitative Snowball Sampling methodology</p> <p>Survey using closed-ended demographic information and open-ended questions pertaining to experiences of intimate relationships, including partner violence (referred to as boundary crossing).</p> <p>Inductive, thematic analysis.</p>	<p>55.4% of participants reported experience of IPV. Of these men, 91.6% reported disclosing their abuse to family and friends. 51% reported the abuse to the police. 27.3% chose not to report due to not being believed or being ridiculed by police.</p> <p>Police appeared to have gender-stereotypical perspectives on IPV leading to inadequate support for male victims.</p> <p>Men often experienced secondary abuse by authorities and police.</p> <p>Female-perpetrators were often cited as using the perspectives of women as victims to their advantage and used children as a means of manipulation and control.</p>
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Appendix C: E-mail recruitment scripts for snowball sampling



Organizational E-mail Announcement for Recruitment

Subject Line: On-going research study at Western University

Colleagues,

This announcement is regarding an on-going research study our organization is participating in with researchers from Western University, titled “Man Up”, on the important work we do with intimate partner violence.

This project is being conducted by Dr. Treena Orchard, the principal investigator, and Xavier Borsato, the student investigator. Briefly, the study is investigating service providers’ experiences working with men who have been abused (verbally, physically, emotionally) by a female partner. Participation involves an individual interview with the student investigator, ranging from 45- to 60-minutes. There is also an optional second interview, ranging from 30- to 45- minutes. The interviews will be conducted over telephone or through the videoconferencing software Zoom.

To participate in the study you must meet the following criteria: 1) be 18 years of age or older; 2) have conversational fluency with the English language; 3) have some experience working with men who have experienced abuse; and 4) have paid or volunteer employment with the [REDACTED], [REDACTED], [REDACTED].

Anyone who participates will be compensated \$10 by the research team for each interview you participate in, even if you do not fully complete either of the interviews. Additionally, you can withdraw your participation from the study at any time should you feel uncomfortable and none of your interview data would be used in their reports.

If you are interested in participating in this study after reviewing this information or would like to learn more about what participation entails, please contact the student investigator with some potential dates and times that work best for you. His e-mail address is [REDACTED]. I will send a reminder e-mail out regarding this opportunity in two weeks’ time.

Thank you all very much for your time,

Appendix D: Letter of information and consent



Letter of Information and Consent

Project Title: “Man Up”: A Narrative Inquiry of the Experiences of Service Providers Working with Men who Have Experienced Female-Perpetrated Intimate Partner Violence

Document Title: Letter of Information and Consent – Service Provider Participants

Principal Investigator + Contact:

Dr. Treena Orchard, Ph.D.
Associate Professor & Undergraduate Chair
School of Health Studies
Western University
[REDACTED]

Student Investigator + Contact

Xavier Borsato, MSc student
Health and Rehabilitation Sciences
Western University
[REDACTED]

1. Invitation to Participate

You are being invited to participate in this research study about how service providers interact with men who have experienced abuse by a female partner, and the challenges they face in doing so. There is one study group included in this project composed of providers of any sex who work for the [REDACTED] Toronto location, [REDACTED], or [REDACTED]. You are being invited because you have important experiences and insights in this area as a self-identified member of the population of interest who works with [REDACTED] or [REDACTED].

2. Why is this study being done?

Intimate Partner Violence (IPV), sometimes referred to as domestic abuse, involves any abusive act meant to control a partner through physical, social, psychological, or sexual means. Women have historically been the primary victims of this kind of abuse; however, it is suggested up to 40% of IPV cases in North America occur against men. Few services exist for men to seek help because society often fails to acknowledge that men can be abused by female partners. Providers may experience judgment or exclusion in social circles from working with these men, which may impact their own wellbeing.

The purpose of this qualitative study is to gather in-depth data about how service providers navigate this complex social environment when caring for these men. The primary aim is to gain knowledge about the challenges providers experience when working with these men and mobilize this knowledge to create more inclusive and less stigmatizing environments for providers and their clients. We are interviewing a total of six individuals who directly engage with men who have experienced abuse.

The following questions are conceptualized using stigma, gender, and masculinity, to facilitate our study aims: (1) What are the lived experiences of service providers who work with these men? (2) Does stigma regarding their abuse emerge as a primary theme when providers interact with these men? (3) How does gender and masculinity influence the experiences of both the men and their providers? And (4) how do providers navigate the dominate perspectives of violence when servicing these men?

3. How long will this study take?

This study has two study activities for the provider participants to take part in. The first is a one-on-one interview which will explore your experiences working with these men, which may take between 45 to 60- minutes. The second research activity is optional. It is a one-on-one interview to reflect on the experiences you've shared in further detail, which could take between 30 to 45- minutes.

4. What are the study procedures?

You will take part in two one-on-one interviews, the first of which will take approximately 45 - 60 minutes in length with the student investigator. The purpose of this discussion is to generate meaningful dialogue about your lived experiences working with these men, the challenges you've encountered working with these men, how they are shaped by gender and masculinity, and the ways this work impacts your life.

The second individual interview is a follow-up to discuss the first interview and confirm the accuracy of your transcribed data. It will also be an opportunity for you to add any additional insights you did not think of during the first interview. This will take approximately 30 to 45 minutes. The interviews will be conducted by the student investigator, with guidance from the

principal investigator whose expertise in conducting qualitative research about complex, sensitive issues are important to ensuring these discussions are of the highest quality.

Both interviews will be conducted over Zoom or telephone in response to COVID-19 social distancing precautions. The interviews will be recorded on an audio recorder with your explicit consent and will be typed out word for word on a computer by the student investigator. If you do not wish to be audio-recorded, your responses can be recorded in a word file stored on an encrypted and password protected solid-state drive stored in the student investigators private home. Fieldnotes may be taken by the student investigator during the interview or afterwards in private on a word file, which will also be stored on an encrypted and password protected solid-state drive.

The principal and student investigators are the only individuals who will have access to this information, and your identity will be kept confidential through the use of a pseudonym in publications, reports, and presentations of this study. The electronic data will be stored on an external encrypted and password protected solid state drive, at the student investigator's private residence. After a period of seven years both sets of data will be destroyed. There is no plan for any secondary use of the recorded or transcribed interview data.

5. What are the risks and harms of participating in this study?

There are possible risks and harms to you in this study. Some of the interview questions may trigger negative or uncomfortable feelings and reactions such as stress or anxiety, particularly if you have not been able to openly discuss the challenges you have encountered in the past. If you experience distress during either interview session, you will be encouraged to take your time answering any questions, to skip over difficult questions, or to reschedule an interview if needed. Participants will also have space and time to share additional feelings about the interview process and/or certain issues during the debriefing process after the interviews.

Local service information will be provided to each participant:

Reach Out: Reach Out is a confidential 24/7 information, support and crisis service for people living with Emotional trauma, distress or relapse, mental health or addictions concerns in Elgin, Oxford, Middlesex and London.

Web Chat: [REDACTED]

Phone: [REDACTED]

CMHA The Support Line: The Support Line provides confidential listening and support to individuals 16+ any time of day or night. Whether you are anxious, depressed, lonely, overwhelmed or just need to talk something through with someone, you will find a supportive and caring person at our end of the line.

Phone: [REDACTED]

6. What are the benefits of participating in this study?

This study will provide a supportive setting for you to discuss challenges you have encountered when working with clients, and topics such as violence, masculinity, and stigma. This may provide therapeutic benefits to you, including relief and a sense of calm that comes from being listened to in a safe, non-judgmental manner. However, there may be no direct benefits to you for participating in this research.

The possible benefits to society may be creating a more inclusive service provision environment for men who have experienced IPV. Also, the knowledge from this study may be important in reducing the stigma these men, and their providers, experience regarding their abuse. Our study is the first in Canada to examine service providers experiences working with this population and contributes to the small but growing field of research on men's experiences with abuse.

7. Can participants choose to leave the study?

If you want to withdraw from the study at any time, you have the right to request (i.e., written, phone call) the withdrawal of all data collected about you. If you want your data removed please let the researcher know and they will be destroyed from our records. However, once the study has been published, your information will not be able to be withdrawn.

8. How will participants' information be kept confidential?

Anonymity and confidentiality of the information that you disclose is of the utmost importance, and it is respected and protected. I will not report any information that identifies you and all information obtained will be made and kept confidential. This includes any personal names you may share during the interviews which will be changed when your data is analyzed into reports, presentations, or publications. Contact information will be collected for the purposes of compensation and interviewing and will be kept confidential on an encrypted and passworded protected solid-state drive.

You will be asked to read this information and sign the consent form, and after that you may chose a pseudonym to use for these purposes. Representatives of Western University's Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research. The principal investigator will keep any personal information about you in a secure and confidential location for 7 years. A list linking your pseudonym with your name will be kept on an encrypted and password protected solid state drive on a separate disc from your study file, only accessible by the student and principle investigator.

While we do our best to protect your information there is no guarantee that we will be able to do so. If data is collected during the project which may be required to report by law, such as data that discloses information about someone being a harm to themselves or others, we have a duty to report. The information that should be reported to authorities is only that which is legally required to be reported, or that which the participant requests assistance in (i.e., regarding fearfulness about

partner or friend). Given the nature of the research, it is foreseeable this type of information could be disclosed, but unless the researcher is legally obligated to report the information it will remain confidential.

9. Are participants compensated to be in this study?

You will be compensated \$10 for your participation in each interview of this study. If you begin but do not complete an interview you will still receive the full compensation for the research activity you take part in.

10. What are the rights of participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your employment status, or access to social services.

You do not waive any legal right by consenting to this study. In order to ensure that you fully understand the nature of your participation we encourage you to read through the letter of information and ask me any questions you may have, which will be answered immediately.

11. Whom do participants contact for questions?

If you have questions about this research study, please contact:

Student Investigator + Contact

Xavier Borsato, MSc student
Health and Rehabilitation Sciences
Western University



If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics [REDACTED], email: [REDACTED]. The REB is a group of people who oversee the ethical conduct of research studies. Everything that you discuss will be kept confidential.

12. Consent

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

I agree to be audio recorded during the first individual interview of this research

YES NO

I agree to be audio recorded during the second individual interview component of this research

YES NO

I consent to the use of unidentified quotes obtained during the study in the dissemination of this research

YES NO

_____ _____ _____
 Full Printed Name of Participant Signature *Date (DD-MMM-YYYY)*

My signature means that I have explained the study to the participant named above. I have answered all questions.

_____ _____ _____
 Print Name of Person Signature *Date (DD-MMM-YYYY)*

Obtaining Consent

This letter is yours to keep for future reference and we will maintain a copy for our study records.

Appendix E: Documentation of verbal consent

Study Title: “Man Up”: A Narrative Inquiry of the Experiences of Service Providers Working with Men who Have Experienced Female-Perpetrated Intimate Partner Violence

Principal Investigator: Dr. Treena Orchard [REDACTED]

Documentation of Verbal Consent

Thank you for your interest and participation in the research study “Man Up” at Western University.

As a result of the current COVID-19 pandemic, the researchers conducting this study will be conducting interviews via videoconferencing or telephone call, instead of in-person interviews. There are two interviews in this study. The first interview is 45- to 60-minutes in length and seeks to learn about your experiences working with men who have been abused. The second interview is optional, ranging from 30- to 45-minutes in length, and allows you an opportunity to reflect on what you shared in the previous interview and add additional insights.

Like online shopping, telephone or videoconferencing technology has some privacy and security risks. It is possible that information could be intercepted by unauthorized people (hacked) or otherwise shared by accident. These risks cannot be completely eliminated, which is something we want to make you aware of. The research team will confirm your identity at the beginning of the call by asking a few short questions OR we may ask to see a piece of government-issued ID during the session.

A) Video sessions can be conducted using your cell phone, tablet or personal computer enabled with a camera/microphone and internet connection. Do you have one of these devices available?

No

Yes

If no: Is there a time we could contact, you when you would have access to one of these devices?

No

Yes

If no: If a video session is not possible, is there a different time we can contact you for a telephone interview?

No

Yes

If no to both: Unfortunately, we are unable to conduct this interview without a telephone or video call at this time. We thank you very much for your patience and time and wish you good health in this pandemic.

If yes to A, move to question B.

- B)** To use Zoom, we need to send you an email, which will include the instructions for how to log-in. For the session, please try to find a quiet place where you will not be disturbed and use earphones if you can. It's a good idea to test out the system a few minutes before the session to make sure the connection and sound are working. It is recommended that you use your home computer or personal device, and not a shared or work device to ensure privacy.

Do we have your consent to send you information by email? The security of information sent by e-mail cannot be guaranteed.

No

Yes. Email Address:

Please do not communicate personal sensitive information by e-mail. Please do not use e-mail to communicate emergency or urgent health matters – please contact your clinician or family doctor. If it is a medical emergency, call 911.

If no: Without your e-mail consent, videoconferencing will not be possible. Would you prefer to conduct the interview over the phone?

No

Yes. (Continue with verbal consent process)

If no: Unfortunately, we are unable to conduct this interview without a telephone or video call at this time. We thank you very much for your patience and time and wish you good health in this pandemic.

If Yes to either of above questions, proceed to C.

- C)** The rest of the information about this study is included in the Letter of Information and Consent which was forwarded to you after our previous conversation.

Have you had an opportunity to review this document?

No

Yes

If no: We are going to take 5 minutes to review this information together

If yes: Do you have any questions?

No

Yes. Questions:

- D)** Do you consent to the information reviewed and agree to participate?

No

Yes

If no: Unfortunately, without your consent to the information provided in this letter we will be unable to interview you for this study. We thank you very much for your patience and time and wish you good health in this pandemic.

E) If yes: Do you agree to be audio recorded during the individual interviews within this study?

No

Yes.

If no: Without your consent to be audio recorded, I will document your responses in a word document to be stored on a password protected and encrypted solid-state drive. Do you have any questions about this process?

No

Yes. Questions:

F) Do you consent to the use of unidentified quotes obtained during the study in the dissemination of this research?

No

Yes

G) Originally, the research team would provide you with the study compensation of \$10 after each interview in person. You will still receive the same compensation for participating, but it will be by e-transfer or postal mail.

Would you prefer to receive the compensation by mail or email?

Mail. Confirm mailing address:

Email. Confirm email address:

H) We would like to provide you with a transcript (verbatim recording of our conversation) of what we've talked about today, which will include your name, the study title and the other information you have provided over the phone regarding the consent process. Can we provide you with this via a secure OneDrive folder the researcher will give you access to, or by letter mail?

Mail. Confirm mailing address if not confirmed previously:

OneDrive. Confirm they have access to the OneDrive folder.

Pseudonym:

If you have questions, you can contact the researcher in charge of that study who is Dr. Treena Orchard at [REDACTED]. If you have questions about your rights as a research participant or want to speak with someone who is not involved in this study, you can call the Office of Human Research Ethics (OHRE) at [REDACTED].

Name of Participant

Date of Participant Verbal
Consent

Name of person obtaining
consent

Signature of person obtaining consent

Date

Appendix F: Semi-structured interview guide for service providers

Introduction:

Welcome and thank you; review the screening form to determine eligibility; distribute and provide an overview of the LOI & Consent Forms (including debriefing); ask about audio-recording; mention that we will be jotting down anonymized fieldnotes; and discuss the format of the Interview (i.e., 45-60 minutes).

Let participants know that the interview is a safe space and if they need to do self-care during the discussion, they are free to do so. Ask if they are ready to begin and when they indicate ‘Yes’ the audiotape is pressed. If they do not want to be audio-recorded, then the fieldnotes book is poised for immediate use.

Questions:

1. What interested you in participating in this study?
2. How long have you worked or volunteered with the [REDACTED]?
3. What specifically do you do with the [REDACTED]?
 - a. If a service provider/counselor probe questions about client #s and profile
 - b. What are some of the dominant issues you observe among clients?
4. How did you get involved with the [REDACTED]?
5. Why do you think the mission of the [REDACTED] is important?
6. Did you work for or volunteer with other domestic abuse organizations before the [REDACTED]?
 - a. If so, where and how does that experience compare to that at [REDACTED]?
7. Is your work with [REDACTED] something you share with your friends, family, others?
 - a. How do they respond to your work with this organization/client group/issue?
8. What are some of the social perceptions about interpersonal violence in our society?
 - a. How about in terms of men experiencing abuse (emotional or physical)?
 - b. How about men experiencing abuse at the hands of women (emotional or physical)?
9. Do you ever feel that your work is impacted by these social perceptions?
 - a. Not taken seriously (i.e., men can’t be abused, especially not by women)?
 - b. Personally ridiculed?
10. When men experience interpersonal violence, does it challenge these dominant views?
 - a. If so, how and which views?
 - b. If so, are these challenges important to address or talk about? (at work, in society)
11. Do any of these societal views impact the service-related experiences of your clients?
 - a. Their ability to access services?
 - b. Their ability to disclose their abuse?
12. Do they affect how your clients think about themselves, as men?
 - a. If so, how?
13. Have your clients expressed difficulties finding abuse-related services for men?
14. Who do they commonly disclose their abuse to?
15. Do they ever keep quiet about their abuse?
 - a. If so, how does this influence their health/well-being?

16. Violence is likely one of the main issues you discuss among your clients. How do they talk about it?
 - a. The kinds of violence?
 - i. Are some types highlighted over others?
 - b. Who the perpetrator is?
 - c. Their role in the violence?
 - d. Do they call it violence or something else?
17. How do men cope with the violence they experience?
 - a. In the immediate situation and over the long term
 - b. What is the main issue they come to you for help with?
18. What are the main impacts of violence on the men's health and well-being?
19. What are the biggest challenges you have experienced in your work with [REDACTED]?
 - a. Service provision: funding, staff training and retention, policy
 - b. Social constructions of violence and gender/masculinity
20. Are there any 'success stories' within your practice or your volunteering with [REDACTED] that you'd like to share?
21. Who do you think needs to hear the results of our study and how should we get this information out?
22. How did you find doing the interview? Did anything unanticipated emerge for you?

Debriefing Script:

“That concludes our interview. Thank you so much for your insights! How are you feeling about the interview?”

“Do you think participating in this research was valuable for you personally?”

“The topics and issues we discussed today are very important but can also be really difficult to discuss. Is there anything you would like to talk about that the interview questions raised?”

“Did you experience any emotionally triggering, upsetting, or stressful moments during the interview?”

“Sometimes these issues can trigger us at a later on in the day, or even days later. You are always free to contact me for further discussion about the impact the research had on your wellbeing.”

“Would you like to receive some information about local community organizations, which provide professional therapeutic and counselling services, where you could talk about any emotional or triggering experiences we discussed today?”

“Do you have any suggestions for ways we can improve upon or expand on a future project?”

“Again, thank you very much for taking part in this research! I encourage you to watch for project updates communicated to you via e-mail.”

Conclude the interview with a pleasant farewell

Appendix G: Semi-structured interview guide for managerial staff

Introduction:

Welcome and thank you; review the screening form to determine eligibility; distribute and provide an overview of the LOI & Consent Forms (including debriefing); ask about audio-recording; mention that we will be jotting down anonymized fieldnotes; and discuss the format of the Interview (i.e., 45-60 minutes).

Let participants know that the interview is a safe space and if they need to do self-care during the discussion, they are free to do so. Ask if they are ready to begin and when they indicate ‘Yes’ the audiotape is pressed. If they do not want to be audio-recorded, then the fieldnotes book is poised for immediate use.

Questions:

1. What interested you in participating in this study?
2. How long have you worked or volunteered with [REDACTED]?
3. What specifically do you do with [REDACTED]?
 - a. If a service provider/counselor probe questions about client #s and profile
 - b. In your role, do you ever interact with men who may have experienced abuse?
4. How did you get involved with [REDACTED]?
5. Why do you think the mission of [REDACTED] is important?
6. Did you work for or volunteer with other domestic abuse organizations before [REDACTED]?
 - a. If so, where and how does that experience compare to that at [REDACTED]?
 - b. If so, were either of these organizations accessible for men who experience abuse?
7. Is your work with [REDACTED] something you share with your friends, family, or others?
 - a. How do they respond to your work with this organization/issue?
 - b. Do you ever share experiences you’ve had working with men who may have been abused?
8. What are some of the social perceptions about interpersonal violence in our society?
 - a. How about in terms of men experiencing abuse (emotional or physical)?
 - b. How about men experiencing abuse at the hands of women (emotional or physical)?
9. Do you ever feel like your work is impacted by these social perceptions?
 - a. Do you find men who reach out are potentially not taken seriously or disbelieved?
 - b. Do you find it difficult to direct men who do reach out to the appropriate services?
10. When men experience interpersonal violence, does it challenge these dominant views?
 - a. If so, how and which views?
 - b. If so, are these challenges important to address or talk about? (at work, in society)
11. Do you think these societal views impact the ability of men who experience abuse to access services or disclose their abuse?
 - a. What affect do you think this might have on men who experience abuse?
12. Have you ever worked with a man who experienced difficulty in finding appropriate abuse-related services?
 - a. If so, what difficulties did the man express?

- b. Could this difficulty make men remain quiet about their abuse?
- 13. Violence is likely one of the main issues you discuss within your organization. Is violence against men something that is talked about?
 - a. If so, what kinds of violence?
 - b. What effects might this violence have on men?
 - c. How might men cope with these forms of violence?
- 14. What are the biggest challenges you experience when a man reaches out to your organization?
 - a. How do you navigate these challenges?
 - b. Are there any organizational or policy changes that should be made to help overcome these challenges?
 - c. What are the major concerns when a man contacts your organization?
- 15. What other social or organizational changes could be made to help men seek help when experiencing abuse?
- 16. Who do you think needs to hear the results of our study and how should we get this information out?
- 17. How did you find doing the interview? Did anything unanticipated emerge for you?

Debriefing Script:

“That concludes our interview. Thank you so much for your insights! How are you feeling about the interview?”

“Do you think participating in this research was valuable for you personally?”

“The topics and issues we discussed today are very important but can also be really difficult to discuss. Is there anything you would like to talk about that the interview questions raised?”

“Did you experience any emotionally triggering, upsetting, or stressful moments during the interview?”

“Sometimes these issues can trigger us at a later on in the day, or even days later. You are always free to contact me for further discussion about the impact the research had on your wellbeing.”

“Would you like to receive some information about local community organizations, which provide professional therapeutic and counselling services, where you could talk about any emotional or triggering experiences we discussed today?”

“Do you have any suggestions for ways we can improve upon or expand on a future project?”

“Again, thank you very much for taking part in this research! I encourage you to watch for project updates communicated to you via e-mail.”

Conclude the interview with a pleasant farewell.

Appendix H: Debriefing document for study participants



Project Title: “Man Up”: A Narrative Inquiry of the Experiences of Service Providers Working with Men who Have Experienced Female-Perpetrated Intimate Partner Violence

Principal Investigator:

Dr. Treena Orchard, Ph.D.

Associate Professor & Undergraduate Chair

School of Health Studies

Western University



Thank you for your participation in this study. The purpose of this study was to gather in-depth data about how service providers navigate the complex social environments when interacting with men who have experienced abuse. This was carried out by conducting a one-on-one interview to learn about your experiences in relation to gender, violence, stigma, and masculinity. You will be compensated \$10 for each interview you participated in. If this is your first interview, we will schedule a second interview two to three weeks from now to reflect on some of the experiences you shared.

Some of the interview questions may have triggered negative or uncomfortable feelings and reactions such as fear or anxiety, particularly if you have not been able to openly discuss the challenges you have encountered servicing this population in the past. If you are feeling emotionally triggered, or would like to talk a professional about your experiences the following support services might be useful:

The Distress Centre: Offers access to emotional support from the safety and security of the closest telephone. Callers can express their thoughts and feelings in confidence



Gerstein Crisis Centre: 24-hour community-based crisis services for adults 16 in the City of Toronto who are dealing with mental health, concurrent, or substance use issues and are currently in crisis.



2 Locations:



██████████

Reach Out: Reach Out is a confidential 24/7 information, support and crisis service for people living with Emotional trauma, distress or relapse, mental health or addictions concerns in Elgin, Oxford, Middlesex and London.

Web Chat: ██████████

Phone: ██████████

CMHA The Support Line: The Support Line provides confidential listening and support to individuals 16+ any time of day or night. Whether you are anxious, depressed, lonely, overwhelmed or just need to talk something through with someone, you will find a supportive and caring person at our end of the line.

Phone: ██████████

Here are some references if you would like to read more on the challenge's men and their provider's encounter:

Morgan, W., & Wells, M. (2016). "It's deemed unmanly": Men's experiences of intimate partner violence (IPV). *Journal of Forensic Psychiatry & Psychology*, 27(3), 404–418.
<https://doi.org/http://dx.doi.org/10.1080/14789949.2015.1127986>

Hogan, K. F., Hegarty, J. R., Ward, T., & Dodd, L. J. (2012). Counsellors' experiences of working with male victims of female-perpetrated domestic abuse. *Counselling and Psychotherapy Research*. <https://doi.org/10.1080/14733145.2011.630479>

Perryman, S. M., & Appleton, J. (2016). Male victims of domestic abuse: implications for health visiting practice. *Journal of Research in Nursing*.
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If there are any portions of this interview you were uncomfortable with and would like to discuss, please do not hesitate to contact either of the investigators on the project.

Thank you for much for your time and insights to these topics,

Xavier Borsato, MSc student

Health and Rehabilitation Sciences
 Western University

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Appendix I: Western university ethics approval



Date: 15 May 2020

To: Dr. Treena Orchard

Project ID: 115789

Study Title: "Man Up": A Narrative Inquiry of the Experiences of Service Providers Working with Men who Have Experienced Female-Perpetrated Intimate Partner Violence

Short Title: "Man Up"

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 05/June/2020

Date Approval Issued: 15/May/2020 12:59

REB Approval Expiry Date: 15/May/2021

Dear Dr. Treena Orchard

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Debriefing Form 15-04-2020	Debriefing document	15/Apr/2020	1
Documentation of Verbal Consent 01-05-2020	Verbal Consent/Assent	01/May/2020	2
Interview Guide and Debriefing Script 15-04-2020	Interview Guide	15/Apr/2020	1
Letter of Information & Consent 01-05-2020	Written Consent/Assent	01/May/2020	2
Man Up Research Plan 01-05-2020	Protocol	01/May/2020	2
Organizational E-mail Announcement for Recruitment 15-05-2020	Recruitment Materials	15/May/2020	2
Organizational Reminder E-mail Announcement 15-05-2020	Recruitment Materials	15/May/2020	2
Recruitment E-mail 03-05-2020	Recruitment Materials	03/May/2020	2
Recruitment E-mail when Participant Expresses Interest 03-05-2020	Recruitment Materials	03/May/2020	2
Recruitment Reminder E-mail 03-05-2020	Recruitment Materials	03/May/2020	2
Telephone Script 15-04-2020	Recruitment Materials	15/Apr/2020	1
Verbal Consent Script 15-04-2020	Verbal Consent/Assent	15/Apr/2020	1

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Curriculum Vitae

Name: Xavier Borsato

Post-secondary Education and Degrees: The University of Western Ontario
London, Ontario, Canada
2015-2019 B.H.S.c

The University of Western Ontario
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2019-2021 M.S.c

Honours and Awards: Province of Ontario Graduate Scholarship
2020-2021

Western Graduate Research Scholarship
2020-2021

Related Work Experience Teaching Assistant
The University of Western Ontario
2019-2021