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Exploring the Perspectives of Service Providers Who Assist Men Subjected to Intimate Partner Violence

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by

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Abstract

Intimate partner violence (IPV) has been largely associated with male perpetrators and female victims (Drijber, Reijnders & Ceelen, 2013). Although women are more likely to be victims of IPV, men are also victimized at the hands of their intimate partners (Statistics Canada, 2013). As such, academic literature has tended to focus on the experiences of women subjected to IPV while the experiences of men subjected to IPV remain under explored (Machado, Santos, Graham-Kaven, & Matos, 2017). The limited literature pertaining to the experiences of men has consistently found that men are largely dissatisfied with help-seeking services. Another consistent finding within this literature is that the perspectives of service providers who assist men subjected to IPV have largely been ignored. In order to occupy this gap, this study used semi structured interviews with service providers from various professional backgrounds who have assisted men subjected to IPV. Using symbolic interactionism, constructivist grounded theory methods, and an interpretive paradigm, this study revealed that the treatment of men subjected to IPV is based on a set of connected factors. These factors include; that men are not perceived as victims of IPV and, as such, the formal help-seeking system is not set up to assist men subjected to IPV. These factors have made it difficult to change society's views of men as victims or survivors of IPV and to advocate for the creation of services for men.

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Chapter 1: Introduction

Recently, there has been a growing concern and awareness brought to various forms of male victimization including violence within intimate relationships. Intimate partner violence (IPV) is a social problem which involves sexual, emotional, physical, and/or psychological mistreatment of an intimate partner (Douglas & Hines, 2011; Statistics Canada, 2013). Traditionally, IPV has been regarded in society and academic literature as an interaction involving female victims and male perpetrators (Drijber at al., 2013).

Prior to the 1970s, IPV was considered to be a private matter between couples which took place behind closed doors and partner abuse was considered "a normal part of marriage" (Erez, 2002). In the 1960s and 70s, the Women's Movement, or second wave feminism, sought to bring attention to violence against women at the hands of their male partners (Holliday, 2019, p. 2145). These efforts assisted in bringing awareness to violence against women and led to the development of services designed to assist battered women and children.

Since the release of the first IPV surveys, there has been controversy regarding the extent of violence committed by men and women (Saunders, 2002, p. 1424). Scholars such as Steimetz brought attention to the idea of the "battered husband" in the late 1970s (Saunders, 2002, p. 1424). However, this work was met with controversy and accused of "battered data syndrome" (Pleck, Pleck, Grossman, & Bart, 1977- 1978, as cited in Saunders, 2002, p.1424). By the 1980s, some scholars suggested IPV had become a "falsely framed issue" because the rates of IPV against men and women were similar (Saunders, 2002, p. 1424). The notions of "the battered husband", which recognized that men can be subjected to IPV, and "gender symmetry", which states that men and women experience similar levels of IPV victimization, were considered controversial and led to a divide regarding IPV in academic circles (Dobash, Dobash, Wilson, &

Daly, 1992, 74; McNeely & Robinson-Simpson, 1987, as cited in Saunders, 2002, p. 1424). This controversy still exists today (Saunders, 2002, p. 1424).

Although women have consistently been found to be more likely to be victims of IPV, men are also victimized at the hands of their intimate partners (Statistics Canada, 2013). According to a Statistics Canada (2013) report on family violence, 41% of all female victims experienced abuse at the hands of an intimate partner compared to 12% of all male victims (p. 23). Similarly, the 2014 General Social Survey (GSS) reported that IPV was the most common type of police-reported violent crime against females (42%) compared to males (12%) (Ibrahim, 2014). Given the fact that women have been found to be more likely to be victimized at the hands of an intimate partner, the literature has tended to focus on violence against women while the experiences of men who are subjected to IPV remain an understudied population in academic literature (Machado et al., 2017).

The limited literature that has explored the experiences of men who are subjected to IPV shows that men are reluctant to seek help because male victimization violates traditional framings of IPV and/or they fear they will not be taken seriously (Drijber, et al., 2013; Douglas & Hines, 2011a; Machado et al., 2017; Tsui, 2014). When men do seek formal help, they describe these services as flawed (Douglas & Hines, 2011; Machado et al., 2017), unavailable, (Drijber et al., 2013), and/or unhelpful which have led to negative help-seeking experiences overall (Morgan & Wells, 2016; Tsui, 2014). Another consistency within this literature is that these studies have been largely victim or client focused or have explored the perspectives of service providers who assist women who are subjected to IPV. Therefore, the perspectives of service providers who assist men represents a gap within the literature.

The decision to conduct research with service providers came with careful consideration. The first consideration was accessibility. This population can be difficult to access for research for different reasons. Firstly, the nature of being subjected to IPV is a sensitive topic in general. For men, discussing victimizing experiences can be seen as violating masculine ideals because being a victim is often considered a "feminine quality" (Howard & Hollander, 1996, p. 86, as cited in Magliaccio, 2001, p. 208). With respect to IPV victimization, IPV is typically understood as violence against women perpetrated by male partners. Therefore, when a man is subjected to IPV it is seen as challenging traditional understandings of IPV interactions and violates cultural norms. Another challenge related to accessibility is that men subjected to IPV appear to be a small population when compared to women. According to Statistics Canada, police-reported incidents showed that women were nearly four times as likely to be subjected to IPV, with approximately 483 victims per 100,000, compared to men, with approximately 133 victims per 100,000 (Burczycka, 2016). Although these statistics fail to consider incidents of IPV that are not reported to police, they provide some insight into the size of the male population.

Given these challenges with accessibility, conducting research with service providers became the best way to gain access to the experiences of men. Service providers are on the frontlines in assisting vulnerable populations, such as men subjected to IPV. They are able to provide insider views on the experiences of men, the formal help-seeking system and the societal influences on IPV. In addition to addressing the gap pertaining to service providers perspectives, the decision to conduct research with service providers was also fitting given men's overall dissatisfaction with help-seeking experiences observed within the existing literature.

In order to occupy this gap, I gained insight into the service providers' perspectives and experiences in assisting men who have been subjected to IPV using qualitative methods. Chapter

two of this thesis provides a thematic literature review which identifies and discusses common themes found within the existing academic literature. Chapter three provides an in-depth discussion of the methodologies, such as eligibility criteria, research preparation, recruitment efforts, and data analysis methods, employed within this study.

Chapter four explores the theoretical perspective used to orient this study. My theoretical orientation was guided by an interpretive paradigm, a symbolic interactionist framework, and constructivist grounded theory methods, a symbolic interactionist framework and focused on how service providers acted towards men based on the meanings they attributed to men's experiences (Blumer 1969). Chapter five reports the findings of this study and explores dominant themes and patterns observed within the data. In chapter six, I offer an analysis of the findings by exploring three dominant themes and make recommendations. In order to support my analysis and recommendations, I look to relevant academic literature. The thematic interview guide used with participants is included as an appendix at the end of this thesis. Overall, this research contributes to the existing gap within the literature regarding the perspectives of service providers who assist men who are subjected to IPV.

Chapter 2: Literature Review

This literature review identifies the dominant themes within academic literature on the experiences of men subjected to IPV and on service providers who assist women and men who are subjected to IPV. Beginning with literature pertaining to the experiences of men subjected to IPV, sub themes include; the language used within academic literature to describe men, men's help-seeking experiences, and changing society's understanding of IPV. With respect to literature pertaining to service providers, sub-themes include; a focus on women and/or vulnerable, marginalized, or isolated populations, the impact of assisting those subjected to IPV, challenges associated with assisting these populations, and important considerations. This review will conclude with a discussion of the limited research with service providers who assist men subjected to IPV.

Research on Men's Experience of IPV

Although men subjected to IPV are considered an understudied population within academic literature there is a small body of research which provides insight into men's experiences such as; the problems men subjected to IPV face (Drijber, et al, 2013), men's help seeking experiences (Douglas & Hines, 2011; Lysova, Hanson, Hines, Dixon, Douglas, Celi, 2020a; Lysova, Hanson, Dixon, Douglas, Hines, & Celi, 2020b; Machado et al., 2017; McCarrick, Davis-McCabe, & Hirst-Winthrop, 2016; Tsui, Cheung, & Leung, 2010; Tsui, 2014), and men's experiences in being subjected to female perpetrated violence (Morgan & Wells, 2016). This research is plagued by the 'dark figure of crime' as it is suspected that what is known is limited as the majority of victimization of men at the hands of an intimate partner is never reported to police. This has led to empirical challenges such as a reliance on small or

unrepresentative samples (Drijber et al., 2013; Douglas & Hines, 2011; Machado et al., 2017; Morgan & Wells, 2016).

An important sub-theme identified within the literature is the language used to describe the men who have shared their stories. Within the existing literature, the majority of researchers refer to men who have been subjected to IPV as "victims" (e.g., Drijber et al., 2013; Machado et al., 2017; Morgan & Wells, 2015; Tsui, 2014). However, Douglas and Hines (2011) refer to these men as "men who sustain IPV". Exploring the language used when referring to men subjected to IPV in different articles is important as it could assist in understanding how this population is viewed and understood within the academic community.

Although focusing on the experiences of men subjected to IPV within academic literature has presented empirical challenges, these findings have also provided insight into men's experiences in seeking formal help. In exploring this literature, the reluctance to seek help was a consistent theme (Drijber et al., 2013; Douglas & Hines, 2011; Machado et al., 2017; Tsui, 2014). According to the literature, this reluctance to seek help is based on several factors. Firstly, male victimization by a female partner is considered non-normative as it challenges traditional understandings of IPV (Douglas & Hines, 2011; Machado et al., 2017) in which men are seen as perpetrators of IPV against their female partners. Secondly, some men saw help-seeking as violating masculine ideals which construct men as strong and resilient individuals (Lysova et al., 2020a, p. 11). Thirdly, some men did not seek help because they feared they would not be believed or taken seriously when seeking help (Drijber et al., 2013) and/or they feared the "potential consequences" of seeking help (Lysova, 2020a et al., p. 13). Other factors which prevented men from seeking help included; feeling as though they had "nowhere to go", embarrassment and/or shame associated with victimization, making excuses such as

characterizing an abusive incident as a "mistake", linking abusive behaviour to a partner's "difficult past", and/or focusing on partner's "well-being" rather than seeking help (Lysova et al., 2020a, p. 11-14).

Regardless of this reluctance to seek help, some men choose to seek formal help within the community (Douglas & Hines, 2011; Machado et al., 2017; Tsui, 2014). Specifically, research has shown that resources, programs, and/or policies offered to men are imperfect or flawed (Douglas & Hines, 2011; Machado et al., 2017), unhelpful (Tsui, 2014) or were altogether lacking (Drijber et al., 2013). Men who used these services stated that: they felt service providers were biased, they were mistaken as a perpetrator of IPV, or were told "we only help women" (Douglas & Hines, 2011). Research has also determined that some men preferred seeking informal help, such as support from family or friends, rather than formal help within the community (Tsui, 2014).

Although men subjected to IPV have expressed dissatisfaction with various forms of formal help-seeking, one sector in which men were particularly dissatisfied with is the criminal justice system (CJS). The police and court system are among the most common branches of the CJS used by men subjected to IPV. With respect to men's interactions with police, some men reported that police lacked empathetic understanding, were unwilling to listen, and/or ridiculed them when reporting abuse (McCarrick et al., 2016, as cited in Lysova et al., 2020b, p. 1266). Given that IPV is often associated with violence against women, some men reported that sometimes police, when responding to IPV-related calls, assume that the male partner is the perpetrator (Lysova, et al., 2020b, p.1271). As such, in some instances where police responded to violent interactions, some men reported experiencing "re-victimization" as a result of being mistakenly arrested and removed from the situation (Lysova et al., 2020b, p. 1272).

In terms of the court system, some men described feeling as though they were "guilty until proven innocent" given the CJS's tendency to treat men as perpetrators of IPV, rather than as victims (McCarrick et al., 2016, p. 206). Other experiences with respect to dealing with the court system were referred to as a "battle" and resulted in negative experiences in cases where the "court sided with the abuser based on bias or preconceived notions of guilt of the victims" (Lysova et al., 2020b, p. 1272). Some men also discussed feeling rejection from service providers in the CJS, such as lawyers and/or judges (Lysova et al., 2020b, p. 1272).

The literature has also provided some insight into other resources such as counselling, substance abuse resources, legal services, shelters, and male helplines. One study with men who had sought formal help asked participants to rank the helpfulness of various resources they had used (Tsui, 2014). Shelter services followed by medical services were found to be the least helpful of all services offered to men, while legal services and male hotlines were considered "somewhat helpful" (Tsui, 2014, p.124). The most helpful services were counselling services followed by substance abuse resources (Tsui, 2014).

In addition to issues related to formal help-seeking, the literature has also discussed the need to change how society views men in the context of IPV (Douglas & Hines, 2011; Drijber et al., 2013; Machado et al., 2017; Morgan & Wells, 2016; Tsui, 2014). Currently IPV is often seen as violence against women that involves female victims and male perpetrators. Specific suggestions which could assist in changing how men are regarded in the context of IPV included: educational reforms for future social work practitioners (Douglas & Hines, 2011) and deconstructing IPV as an exclusively feminist issue and approaching IPV from a gender-neutral perspective (Hines et al., 2007; Hogan, Hegarty, Ward, & Dodd, 2012)

Overall, the small body of literature which explores the experiences of men subjected to IPV has been beneficial in different ways. Firstly, this literature has helped to bring awareness to the idea that men are subjected to IPV. Secondly, the literature has provided insight into men's formal help-seeking experiences. These findings are valuable as they have pinpointed challenges, such as a lack of resources available to men and flawed or imperfect services to men, which can assist in making changes to existing programs and/or the development of future programs designed to meet the needs of this population. In addition to identifying these challenges, research on men subjected to IPV has pointed to the need to change society's understanding of men in the context of IPV and has offered suggestions on how these changes could be operationalized.

Research on Service Providers' Perspectives

The perspectives of service providers who assist men subjected to IPV are under-explored in the literature (Hogan et al., 2012). Literature which explores service providers' perspectives has tended to focus on service providers who assist populations of women. Many of these populations are increasingly vulnerable, marginalized, and/or socially or geographically isolated. Some examples of these populations explored in the literature include; "women with severe mental illnesses" (Van Deinse, Wilson, Macy, & Cuddeback, 2019, p. 283) or female "survivors with a mental health disability" (Mengo, Beaujolais, Kulow, Ramirez, Brown, & Nemeth, 2019, p. 181) , "immigrant" (Briones-Vozmediano et al., 2014, p. 1006) or "migrant" women (Moya, Chavez-Baray, Martinez, & Aquirre-Palanco, 2015, p. 29), women living in rural localities (Eastman, Bunch, Williams, Carawan, 2007) or "northern communities (Wuerch, Zorn, Juschka, & Hampton, 2019; Zorn, Wuerch, Faller, & Hampton, 2017), those in Indigenous

communities (Reil, Languedor, Brown, & Gerrits, 2016), and "abused women in Jewish ultra-orthodox communities" (Band-Winterstein & Freund, 2018).

With respect to the impacts on service providers when they assist women subjected to IPV, a consistent finding in the literature was that service providers feel a heavy responsibility toward clients within a vulnerable population (Iliffe & Steed, 2000; Kress, Protivnak, & Sadlak, 2008). For example, client safety was consistently listed as a top priority, which therefore restricts service providers from encouraging a client to leave an abusive relationship (Kress et al., 2008). This restriction is in place because women are at an increased risk of harm, such as stalking or homicide, after leaving an abusive relationship (Kress et al., 2008, p. 5). Therefore, encouraging a woman to leave abusive relationship without a thoughtful safety plan would not be in keeping with client safety (Kress et al., 2008, p. 5).

Other impacts on service providers included: feeling a loss of confidence in their abilities to help individuals due to a lack of change; having issues with respecting individuals who were seen as making poor decisions, experiencing personal consequences due to hearing about trauma (Iliffe & Steed, 2000), and frustration with decisions to abandon formal help-seeking (Briones-Vozmediano, Goicolea, Ortiz-Barreda, Gil-Gonzalez, Vives-Cases, 2014). These impacts on service providers can also impact those seeking services. For example, Fugate et al. (2005) described service providers' attitudes as "critical", as negative attitudes could potentially discourage women from continuing with help seeking while positive attitudes could encourage women to start and/or continue with the help-seeking process (as cited in Brione-Vozmediano, 2014, p. 1008).

In addition, according to Van Deinse et al. (2019), behavioral health and domestic violence service providers often struggle with "developing therapeutic rapport" and "conducting

assessments" (p. 287-88). Service providers who work in rural communities discussed both individual challenges, such as struggling to meet the needs of their clients compared to those working in urban areas and to obtain "relevant training", and challenges related to the agencies they worked for, including a lack of funding or resources, the demand outweighing available resources, and increased caseloads despite limited funding (Eastman et al., 2007, p. 708). For service providers who assist immigrant women, a common theme among participants was frustration associated with "victims' decisions to abandon help-seeking" (Briones-Vozmediano et al., 2014, p. 1013). Other service providers who assist immigrant populations, such as "Latino" communities in the Southwestern United States, discussed challenges with talking about sexual reproductive health as this is a topic which is often not discussed within certain communities (Moya et al., 2016, p. 32).

Some studies of service providers discussed the importance of being sensitive to and familiar with various cultural elements about certain populations such as marriage customs and taboos, cultural norms, and relevant historical contextual details, in order to effectively assist these individuals (Band-Winterstein & Freund, 2018; Reil et al., 2016). For example, service providers assisting women in ultra-conservative Jewish Orthodox communities mentioned helping women assess their well-being rather than encouraging them to leave the relationship given religious customs surrounding separation and divorce (Band-Winterstein & Freund, 2018). Similarly, IPV-related services provided to Canada's Indigenous communities must also be culturally aware of Canada's historical mistreatment of Indigenous people when assisting this population (Reil et al., 2016).

Although the majority of literature with service providers has focused on service providers who assist women, Hogan et al. (2012) conducted research on counsellors who work

with "male victims of female-perpetrated violence" to gain understanding of counsellors' experiences and perspectives (Hogan et al., 2012, p. 44). Using semi-structured interviews with six domestic violence counsellors, three overarching themes and ten sub-themes emerged. These themes will be explored below.

The first overarching theme discussed "counsellors' experiences in working with male victims of domestic violence" (Hogan et al., 2012, p. 47). Within this theme, three subthemes were further identified. The first of these subthemes was labeled " [h]ow can this possibly be happening to a man?". This subtheme discussed that, as counsellors, their initial role is to help men realize and acknowledge they had been a victim of abuse (Hogan et al., 2012, p. 47). Other features which contributed to this sub-theme included; the role of masculinity and how this impacted men's ability to recognize themselves as victims and society's social conditioning which encourages men to "keep quiet" about their abuse and to maintain social expectations associated with masculinity (Hogan et al., 2012, p. 48).

The second sub-theme discussed that counsellors saw a lack of recognition and understanding of men as victims of IPV (Hogan et al., 2012, p. 48). Given this lack of recognition and understanding, participants discussed that men seeking counselling services often fear they will not be believed to be the victim, but rather will be mistaken as the perpetrator (Hogan et al., 2012, p. 48). This lack of recognition or understanding also made it difficult for men to seek supports outside of therapy (Hogan et al., 2012, p. 48). In order to change this dynamic, participants discussed the need to reduce stigma surrounding men and IPV and to shift understandings of IPV abuse from a "gendered problem" to a "human problem" (Hogan et al., 2012, p. 48).

The third sub-theme discussed the impact of the counsellor's gender on their work with male victims. Female counsellors who had assisted men who had suffered long-term abuse from a woman described offering their clients "an experience of a trustworthy relationship with a woman" in order to gain their trust and assist them (Hogan et al., 2012, p. 48). For male counsellors, gender was also impactful because male victims feared they would be shamed for their experiences by the male counsellor and/or because they felt being abused as a male violated masculine ideals (Hogan et al., 2012, p. 48).

The second overarching theme explored "the impact on counsellors' sense of self" and identified three sub-themes (Hogan et al., 2012, p. 48). The first sub-theme discussed how counsellors were surprised from their work with male victims (Hogan et al., 2012, p. 48). For example, participants were surprised "by the extent of the violence, mental, and emotional abuse" their clients faced at the hands of a female partner (Hogan et al., 2012, p. 48). Another sub-theme identified was that participants' outlook was continually changing (Hogan et al., 2012, p. 49). For example, some participants discussed changes to their view of gender and their overall perceptions of women and their position within IPV interactions (Hogan et al., 2012, p. 49). The final sub-theme discussed that participants felt like they had been "given a gift" by assisting male victims (Hogan et al., 2012, p. 49). This is because participants felt these experiences were rewarding and felt privileged that their clients confided in them about a sensitive topic (Hogan et al., 2012, p. 49).

The final theme discussed strategies participants used "to cope with work-related difficulties" and identified four sub-themes (Hogan et al., 2012, p. 49). The first sub-theme explored the challenging aspects, such as feelings of uncertainty, frustration, and fearing for client's safety, in assisting male victims (Hogan et al., 2012, p. 49). The second sub-theme

identified was that participants felt they needed supervision or a "safe place for counsellors" to share their experiences in assisting clients (Hogan et al., 2012, p. 49). The third sub-theme discussed the need for counsellors to keep themselves safe or to engage in self-care (Hogan et al., 2012, p. 49). One of the ways participants kept themselves safe was by using coping strategies such as seeking therapy themselves and/or making time for enjoyable activities (Hogan et al., 2012, p. 49). The final sub-theme discussed relying on previous experience to help them assist male victims (Hogan et al., 2012, p. 49). For example, some participants who had experience with female victims drew on those experiences in order to help them assist male victims (Hogan et al., 2012, p. 49). Some participants received training on assisting male victims and therefore drew on the strategies learned during that training in order to assist their clients (Hogan et al., 2012, p. 49)

This study was beneficial in bringing attention to the gap within the literature pertaining to the perspectives of service providers who assist men subjected to IPV and has provided insight into the experiences and perspectives of counsellors who assist men. However, the findings of this study are somewhat limited. For example, this study relied on a relatively small sample size, some participants had limited experience with the male population, and some participants mentioned that the amount of time since working with a male victim negatively impacted their ability to recall these experiences (Hogan at al., 2012, p. 51). In addition, exclusively focusing on one type of service provider, such as domestic violence counsellors, leaves out the perspectives of many others service providers who interact with this population and can therefore, be seen as another potential limitation. Also, focusing strictly on female-perpetrated violence fails to consider abuse that exists within same-sex relationships. Overall, this study serves as a model for future studies with service providers, including the current study.

In conclusion, there is a small body of literature which explores the experiences of men subjected to IPV. Within this literature, several sub-themes were identified and explored. These included; the language used within academic literature to describe men, men's help-seeking experiences, and changing society's understanding of IPV. Given the focus of this study, literature pertaining to the perspectives of service providers was also explored. Although literature which explores the perspectives of service providers who assist men is limited, there is some literature which explores the perspectives of service providers who assist women. Within this literature, several sub-themes were identified and explored. These included; a focus on women and/or vulnerable, marginalized, or isolated populations, the impact of assisting those subjected to IPV, challenges associated with assisting various populations of women, and important considerations. This review also explored the work of Hogan et al. (2012) who conducted a study with counsellors who assisted male victims of IPV.

Overall, this literature review has attended to the common themes within the literature pertaining to men subjected to IPV and the service providers who assist individuals subjected to IPV. Conducting this literature review also presented the gap within the literature with respect to the perspectives of service providers who assist men subjected to IPV. In order to address the gap within the literature, this study conducted semi-structured in-depth interviews with service providers from a wide range of professional backgrounds who have assisted men subjected to IPV. These interviews were used to gain insight into the perspectives of service providers with respect to how they see and define these men and their experiences. The findings of this study help to address the gap within the literature.

Chapter 3: Methodology

The goal of this research was to use qualitative methodologies to gain insight into the perspectives of service providers who have worked with men. The guiding research questions were; how do service providers see men? How do service providers define and describe the experiences of these men? The decision to use a qualitative approach came from the desire to study how service providers "define what is central and important in their experience" (van den Hoonaard, 2012, p.2).

Eligibility Criteria

Prior to starting the recruitment process, I developed a broad definition of a service provider. For the purposes of my research, a service provider could be any person working in a recognized profession that offers a help-related service to individuals in the community. I developed three criteria that my participants had to meet in order to participate in the research. They had to have had experience working in a formally recognized organization or position; they had to be paid for their work in assisting individuals; and they had to have assisted at least one man who was subjected to IPV.

During the initial development of my study, I put forth a geographical area of focus, which was Southern Ontario. Although I wanted to focus on service providers in this area, I went into the recruitment process knowing that I might have to broaden my area focus of if it was difficult to locate participants within Southern Ontario. During the recruitment process it became clear that I would have to broaden my focus because it was challenging to locate participants who fit the criteria. Therefore, my area of focus became Canadian-wide.

Preparing for the Field

Prior to beginning my data collection, I considered some of the potential challenges in doing research with the service provider population. Living with a parent who has worked in social services, I am aware that these individuals often have heavy caseloads, experience high levels of burnout, and often move around within the social services field. I was also aware of the reality of cut-backs and the lack of funding available for community programs such as those for individuals that are subjected to IPV. Therefore, I tried to prepare myself by networking and using multiple gatekeepers in order to secure participants.

With an understanding of the possible challenges of reaching service providers, I approached two family members in the early stages of developing my thesis. The first, was my mother who had worked in the area of early childhood education and various elements of social services. The second family member was my cousin who is a social worker in the area of child welfare and has experience in counselling and assisting families in crisis. Once I discussed my research intentions, rationale, and commitment to ethical research, both my mother and cousin agreed to become my gatekeepers. Gatekeepers are individuals who can grant access to different social worlds (Berg, 2009 as cited in van den Hoonaard, 2012, p.86).

Both of my gatekeepers are considered to be formal, as their positions are, and were, formally recognized in their respective fields. My mother was an early childhood educator for twenty-seven years, and her position was formally recognized in the jurisdictions in which she worked. My cousin is a social worker and her position is formally recognized in the social service area within the Halton region.

In addition to identifying gatekeepers, because my research involved human participants, preparing for the field also meant ensuring sound research ethics. The main ethical concern I had

prior to starting my research was that service providers may be reluctant to share their experiences with men who have been subjected to IPV due to privacy and confidentiality considerations. Although I was not talking to victims directly, I was aware that service providers would be talking about sensitive and controversial issues pertaining to a vulnerable population. Based on my understandings of the existing literature on service providers, I also recognized that there can be a personal impact on service providers, such as heavy responsibilities and personal consequences of hearing about trauma, which I kept in mind when conducting interviews (Iliffe & Steed, 2000; Kress et al., 2008).

In preparation for my research I completed the Tri-Council Policy Statement (TCPS2): Ethical Conduct for Research Involving Humans certification in January 2019. The completion of this certification helped me to operationalize the core principles of ethical research and I carefully contemplated the potential impact of this research for service providers and the men they assist. Although I did not interview men directly, one potential risk I had to consider was whether or not the research outcomes from this study would draw unwanted attention to a vulnerable population (TCPS 2, 2010).

In considering this risk, I looked to the existing literature pertaining to the experiences of men subjected to IPV. The existing literature finds that men who have used help-seeking services have discussed how services are flawed (Douglas & Hines, 2011; Machado et al., 2017), unhelpful or led to negative help seeking experiences (Morgan & Wells, 2016; Tsui, 2014). Men have consistently discussed a need for change regarding how men who are subjected to IPV are understood and regarded in society (Douglas & Hines, 2011; Drijber et al., 2013; Machado et al., 2017; Morgan & Wells, 2016; Tsui, 2014). Based on the literature, my impression was that this

population appeared to be open to research in order to make changes to help-seeking resources and shifting understandings regarding IPV.

Although it seemed that this population would be open to research, I recognized that reporting the experiences of this population could have potential social harms for this group. For example, participants could unintentionally reveal identifiable information, and in order to minimize this risk and ensure the confidentiality of all involved, I reminded participants to maintain confidentiality when I posed questions regarding men's experiences.

Recruitment Efforts

After receiving ethical approval in December 2019, I began recruiting. My approach involved the use of gatekeepers, snowball sampling, and a self-conducted internet scan. I started the process with the help of one of my gatekeepers. They suggested starting with service providers, such as police officers, who are likely to have experience with this population. With their help, I made contact with and interviewed a police officer who fit the eligibility criteria.

After my first interview, I began my self-conducted internet scan. This involved looking for general services available to those who have been subjected to IPV. Then I began searching for services for men. During this process, I found an online resource from the Centre for Addiction and Mental Health (CAMH) which listed services within the greater Toronto area (GTA) for victims of IPV. The resource was split up into services offered to women, services offered to men, and then general resources. Each of these categories listed the services they offered and the specific populations they served. For example, one organization stated that they provided services to men "regardless of age, cultural background, race or sexual orientation" who had survived sexual abuse and relationship violence (CAMH, 2018). Given this description,

I contacted the organization's research contact about participating in my study. However, my attempt was unsuccessful.

Using this online resource from the CAMH, I contacted each of the organizations that assisted men. Although these attempts were mainly unsuccessful, I was able to secure one participant who works with an organization that is dedicated to assisting men and families impacted by IPV.

Another suggestion from a gatekeeper was to network with friends and acquaintances. I reached out to former classmates for assistance. One of my former classmates had conducted IPV research with women and children. She provided me with contact information for some potential participants at the Centre for Research & Education on Violence Against Women and Children at the University of Western Ontario, which eventually led to securing a participant who provides counselling in a psychotherapy setting. Another former classmate worked with men who were transitioning from incarceration to the community. After sharing the informed consent form and eligibility criteria, she agreed to participate.

I also contacted service providers through friends and family who might have had experience with the male population. Although most of these attempts were unfruitful, making contact with service providers allowed me to engage in snowball sampling as many of these individuals suggested organizations or service providers to contact. For example, one service provider suggested contacting local social service agencies and domestic violence shelters. However, many of these suggestions had already been explored or led to service providers who did not fit the eligibility criteria. Some service providers had colleagues who fit the criteria and put me in contact with these individuals. Using this method, I was able to secure two

participants, one was a Crown Attorney who specializes in domestic violence cases and another was a trauma counsellor.

Once I secured some participants, I continued to engage in snowball sampling. After each interview, I asked participants if they could suggest other organizations or individuals I could recruit. If participants were unable to suggest other organizations or service providers at the time, I followed up with these participants via email. The use of snowball sampling was beneficial with a few participants. For example, one participant put me in contact with others working in domestic violence related fields which led to securing another interview. One participant suggested contacting other branches of their organization. In one case this led me to a potential participant, however, they decided not to participate.

In addition to challenges related to securing participants, my recruitment efforts were also greatly impacted by the global COVID-19 pandemic. In March of 2020, Ontario moved towards a stay at home order in an attempt to prevent the spread of the virus. Some services, such as those provided by potential participants, were deemed 'essential' services. Although many potential participants were working during the stay-at-home orders, some service providers were working from home, operating on reduced hours, and/or only completing essential tasks. These factors, in addition to the world's overall distraction from non-essential tasks, made it challenging for me to secure participants after March 2020.

Given these challenges, I had to be flexible with my recruitment goals. Prior to starting my data collection, my thesis committee brought up the possibility of certain recruitment challenges during my proposal defense. We decided that the minimum number of interviews which would allow for proper analysis was eight.

The Interview Process

Using the recruitment efforts described, I secured eight participants. The purpose of in-depth interviews is to "allow people to explain their experiences, attitudes, feelings, and definitions of the situation in their own terms and in ways that are meaningful to them" (van den Hoonaard, 2012, p. 102). These interviews are interactive, "help to uncover the participant's views", and allow perspectives to "unfold as the participant views it" (Marshall & Rossum, 2006, as cited in van den Hoonaard, 2012, p.105). In-depth interviews show the researcher how participants see their social worlds. My interviews were semi-structured as I used "a series of pre-determined, but open-ended questions" and "a variety of probes that elicit further information" (Ayres, 2008, as cited in van den Hoonaard, 2012, p.103). I used this method in the hopes of creating a conversation with participants.

Interview Guide

Using my interview guide, participants were asked about topics such as interactions and experiences with men who are subjected to IPV, thoughts about the challenges, issues, or barriers experienced by the men, accounts of men's experiences, and experience with respect to the services available to men who are subjected to IPV. In order to gain insight into these topics, I used 'how', rather than 'why' questions in order to capture participants' motives and processes (van den Hoonaard, 2015, p. 114). Each question had probing questions to encourage further discussion. Participants were also given an opportunity to add additional input at the end of the interview.

Most of the questions in the interview guide worked well and provided insight into the experiences of men from the perspectives of service providers. In addition to answering the interview questions, one participant also offered a critique of one of the interview questions. The

first question in the interview guide asked participants; *how do you refer to a man who has been subjected to intimate partner violence?* This question was used to gain insight into how service providers see and define the men they assist. One participant offered a critique of the language used within the first interview question which sparked additional considerations. After discussing the term they use, the participant explained that the use of the term *"subject"* (2) was *"...kind of clinical..."* (2) and that men would not *"identify"* (2) with this language.

The critique of the term *"subject"* (2) or *"subjected to"*, as it is framed within the question, is an interesting finding. The use of *"subjected to"* rather than *"experienced"* within the first interview question was used as it is the most neutral way to refer to an individual in this situation. The use of the word *"experienced"* when referring to men was also used by another participant (8). In deciding how I would refer to the men, I came to realize that the word *"experienced"* could be interpreted in different ways: as a man who is a victim; as a man who is a perpetrator; and as a man who is both a perpetrator and victim. Therefore, I decided not to use the words *"experienced"* or *"experience"* during an interview when referring to men who have been subjected to IPV.

Reflections

Conducting interviews with participants was a challenging experience. In my earlier interviews I felt uncomfortable and intimidated. Given my perceived power differentiation between the participants and me, coupled with my lack of personal experience in assisting vulnerable populations, at times I felt out of my depth and as if I was invading into service providers' social worlds. I recognized that although my anxieties may be legitimate, I had to let go of some of the discomfort and own the fact that I was a visitor in their social worlds. I began to look at these interviews as learning opportunities in which there were no stupid questions.

Upon reflecting on these early interviews, I recognized that there were times when probing questions would have been beneficial in encouraging participants to clarify and share details. After this reflection, I engaged in interview preparation which made me more comfortable asking follow up or clarifying questions. The more prepared I was for each interview, the better I felt each interview went. Eventually, I became more comfortable with interviewing.

Interview Length & Setting

Although the interviews were designed to last an hour, the interviews varied in length. As I became more comfortable asking probing questions, the interviews were longer. In terms of interview settings, two of my earlier interviews took place in person in my home and on-campus offices. The rest of my interviews took place over the phone from my home office due to distance and out of necessity due to the global COVID -19 pandemic.

Data Analysis

Using a digital recording device, each interview was recorded and then transcribed verbatim. After transcribing each interview, I engaged in coding using Charmaz's constructivist grounded theory (2006). Constructivist grounded theory involves developing conceptual theories or frameworks by using inductive analysis (Charmaz, 2006). This approach can be traced to the work of Glaser and Strauss (1967) who determined that "systematic qualitative analysis had its own logic and could generate theory" (Charmaz, 2006, p. 5). According to Glaser and Strauss (1967), grounded theory involves continuous involvement with the data collections and analysis, the creation of analytic categories and codes, constant comparison, theory development throughout, memo writing, theoretical sampling, and the development of a literature review (as cited in Charmaz, 2014, p. 7-8).

Coding is the first step in the analytic process and involves "the process of defining what the data are about" (Charmaz, 2006, p.43). To code means to name pieces of data with a particular label which categorizes and accounts for the data (Charmaz, 2006). In grounded theory, coding creates a link between collecting data and developing a theory that explains the data (Charmaz, 2006). Coding allows researchers to define what is happening in their data and to start to understand what the data means (Charmaz, 2006).

Charmaz (2006) discusses that there are two stages of coding. I began by engaging in initial coding in which I coded line by line. When coding, I used verbs to label each code, coded close to the data, and remained open to theoretical insights indicated by my data (Charmaz, 2006). For example, participants were asked how they would refer to the men they assist. One participant stated that; *"...we use the language that men who experienced ..."* (2). I coded this data as; defining men as "men who experienced". Another participant stated *that "...we usually use the term survivor" (5)* and this was coded as; defining men as a "survivor". The initial coding process allowed me to create what Charmaz (2006) calls the "bones" of my analysis (p.45).

The second stage involved focused coding which meant using significant or frequent initial codes to "sort, synthesize, integrate, and organize" the data (Charmaz, 2006, p. 46). The goal of focused coding is to "determine adequacy" of the initial codes and involves decision making regarding which initial codes "make the most analytic sense to categorize your data" (Charmaz, 2006, p.57-58). As discussed by Charmaz (2006), focused coding is a "non-linear" (p. 57) and emergent process where unexpected ideas come to light throughout the coding process I began by grouping and comparing responses for each of the interview questions. At this stage, I created a color code table which allowed me to sort and identify patterns. For example, when

sorting through responses to a question regarding resources available to men, participants' responses fell into various categories including; counselling services, victim services, community agencies and/or institutions, and shelter services. The focused coding stage was an on-going process and involved concentrated and active participation in the process, both of which are consistent with grounded theory (Charmaz, 2006).

Once I identified themes within each question, I was able to synthesize my findings by pinpointing patterns between different interview questions. The main patterns I noticed when analyzing the findings included; men are not seen as victims of IPV, the formal help-seeking system is not for men, the use of different terms for men, and service providers' experiences. Identifying these patterns created momentum in the synthesizing process and allowed me to see the initial codes in a new light. For example, after identifying the main patterns I began to see a connection between certain patterns. In earlier drafts of my analysis I saw these connections as a cycle with three stages; the societal response, men's help-seeking experiences within the system, and the implications of the first and second stages. Although my analysis went through several revisions and I eventually moved away from the cycle analogy, thinking of my findings in this way allowed me to group like data and write my synthesized findings.

Throughout the process of focused coding, my thesis supervisor and I engaged in memo writing. Memo writing is another element of grounded theory which prompts the researcher to stop and analyze codes while allowing active engagement with their data (Charmaz, 2006). This process involves two stages, early and advanced memo writing. In early memo writing, Charmaz (2006) suggests asking; "what is going on in the field or setting, what are people doing, or what is the person saying?" (pg. 80). For example, when filling in the color code table for a question about how participants characterize their roles as a service provider, one participant stated that;

Initially it's [their role] *obviously restore the peace if there's an assault or some kind of disturbance happening. That's initially. And then obviously if there's a criminal aspect we become an investigator because you have to investigate and lay appropriate charges. And then depending on what happened you'll also have to give them resources* (1).

In considering the questions in early memo writing suggested by Charmaz (2006) my memo was;

Here the participant says that they begin by restoring the peace to the situation and then moving on to other steps. They must treat the most important aspects of the interaction first and then move on to the next most important thing.

Advanced memo writing involves more abstract considerations such as describing how a code emerges and changes or comparing data at different points during the interview or with other participants (Charmaz, 2006, p.80). I engaged in advanced memo writing when comparing the responses of how participants characterized their roles. When comparing, I noticed that some participants, like the one discussed in the previous excerpt (1), discussed various aspects of their roles as service providers whereas another participant (3) characterized their role as to provide counselling services.

While engaging in memo writing, I kept a couple things in mind. Given that grounded theory is particularly interested in action or processes, I approached memo writing with the intention to focus on actions or processes. I also considered what Charmaz (2006) refers to as "sensitizing concepts" which can be traced to the work of Blumer (1954). A sensitizing concept "gives the user a general sense of reference and guidance in approaching empirical instances" (Blumer, 1954, as cited in Blumer, 1969, p. 148). Prior to conducting this research, I identified sensitizing concepts within the symbolic interactionist framework. One concept that was important was the definition of the situation which refers to how one defines a situation and

holds that a definition is "true in its consequences". This was especially important when considering how participants defined the men they assist.

The early stages of memo writing took place during initial coding. While coding my interview data, I considered Charmaz's (2006) early memo writing questions. During the initial coding, I also received feedback from my thesis supervisor which included several memos. These memos were recorded using the track changes feature on Microsoft Word and memos from my thesis supervisor were put in a separate word document. My memos were also transferred to the code table I used while writing my initial findings for each interview question. During focused coding and writing my initial findings, my supervisor and I engaged in analytic memo writing. When providing feedback on the initial findings, my supervisor would point to analytic memos which could be useful for my analysis. This process was helpful as it allowed me to look at the data differently.

When synthesizing my findings, I felt I was able to fully engage in analytic memo writing. After creating subheadings within each of my initial findings documents I noticed a pattern which helped me to organize the order of my findings chapter. It began with analytic memos provided to me in feedback from my supervisor. In particular, my supervisor pointed out that some participants discussed how they refer to men and why they use this term or who dictated the use of this term. For example, in receiving feedback on a draft of the findings document, my supervisor pointed out that one participant used the term "we" when referring to the language used. This analytic memo prompted my discussion of the three categories participants used when referring to men.

Given the constructivist grounded theory methods, exploring academic literature during the analysis was an appropriate strategy. While writing my analysis I looked to literature

regarding use of language with men subjected to IPV. My thesis supervisor also shared two

relevant articles which led to discovering additional articles. I also conducted my own scan of

Laurier's databases when searching for literature. After immersing myself in the literature, I was

able to add to my initial analysis and make well-informed recommendations

Chapter 4: Theoretical Perspective

Symbolic Interactionism

For this research I used symbolic interactionism as a guiding theoretical framework to analyze the perspectives of service providers who assist men who have been subjected to IPV. The symbolic interactionist approach is considered a "perspective" rather than an "explanatory theory" (Charmaz, 2014, p. 262). This framework seeks to address how meanings are created through social interactions (Blumer, 1969) and "sees people as active beings engaged in practical activities in their worlds and emphasizes how people accomplish these activities" (Charmaz, 2014, p. 262). The focus of this framework is on subjective meanings rather than objective structure (Carter & Fuller, 2015).

Mead and Blumer

This perspective can be originally traced to the work of Mead (1934), however, it was Blumer (1969) who coined the phrase and developed symbolic interactionism into a complete theoretical perspective. Symbolic interactionism involves three main premises: (1) that humans act towards things based on meanings they attribute to them; (2) the attribution of meanings takes place through the social interaction an individual has with others; (3) meanings shift through an interpretive process as individuals deal with things they encounter (Blumer, 1969). Overall, it is repetitive, meaningful interactions between humans that form society (Carter & Fuller, 2015).

Charmaz's Constructivist Grounded Theory & Extension of Symbolic Interactionism

Constructivist grounded theory methods involve "systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct new theories from the data themselves" (Charmaz, 2014, p. 1). These methods use an inductive approach and focus on action and

processes. Consistent with grounded theory, the symbolic interactionist framework approaches theory as an active and inductive process which inform theoretical insights. Given the inductive, action-focused nature of these methods, the use of constructivist grounded theory methods along with symbolic interactionism come together as a "method-theory package" (Charmaz, 2014, p. 277). According to Charmaz (2014), "symbolic interactionism offers grounded theorists an open-ended theoretical perspective that can inform grounded theory studies" (p. 277). Together these methods "fit, complement, and can advance each other" (Charmaz, 2014, p. 277).

Charmaz (1980) also added three additional premises to "clarify and extend" (Charmaz, 2014, p. 270) Blumer's position. These include: "meanings are interpreted through shared language and communication, the mediation of meaning in social interaction is distinguished by a continually emerging processual nature, and the interpretive process becomes explicit when people's meanings and/or actions become problematic or their situations change" (Charmaz, 1980, p. 25; Snow, 2002 as cited in Charmaz, 2014, p. 270 – 271).

Constructivist Grounded Theory & Sensitizing Concepts

In addition to these premises, I also referred to other aspects of Blumer's (1969) work, such as "sensitizing concepts" which guide ideas and steer researchers to ask participants certain kinds of questions (Charmaz, 2006). The sensitizing concepts that guided my research came from the symbolic interactionist framework, and included: definition of the situation, including objects, and perspectives. Although I recognized the "conceptual baggage" (Kirby & McKenna, 1989, p. 32) I brought to my research, I did my best to enter the field with an open mind, letting go of what I thought to be true about service providers and the men they assist so that it was the participants who informed my understandings.

Given the use of constructivist grounded theory and the symbolic interactionist framework, it was important that I let go of any assumptions I held regarding service providers and the men they assist before entering the field. As discussed, prior to conducting this research, I was introduced to some sensitizing concepts. Although these sensitizing concepts helped me to develop interview questions, I also found myself making assumptions about how participants might answer these questions. In doing so, it was important for me to recognize the "conceptual baggage" I brought to my research (Kirby & McKenna, 1989, p.32).

According to Kirby and McKenna (1989) "conceptual baggage" is a "record of your thoughts and ideas about the research question at the beginning and throughout the research process" and involves stating" "your personal assumptions about the topics and the research process" (Kirby & McKenna, 1989, p. 32). In reflecting on my conceptual baggage, one assumption I held was that service providers from different fields would have experience with men subjected to IPV. Another assumption I held was that many participants would refer to men as 'victims' rather than more neutral language.

How People Define a Situation Is What Matters

According to Blumer (1969), meanings formed through social interaction are held as truths. Related to this notion of truths is the concept of 'definition of the situation' which refers to how one defines a situation and holds that a definition is "true in its consequences" (Thomas, 1937, as cited in van den Hoonaard, 2015, p. 16). In terms of my research, I was open to exploring the terms used by service providers and how service providers define men who have been subjected to IPV. This approach helped me understand the social worlds in which service providers interact with men and how they attribute meanings to these situations.

The definitional process can involve objects. Objects include anything that individuals refer to and can be categorized as physical, social, or abstract in nature (Blumer, 1969). In order for symbolic interaction to take place the symbol must be interpreted, and words are seen as very important symbols (Charon 2007, p. 58). In my research, I was interested in what symbols, in the form of language or words, participants used to define and refer to men who are subjected to IPV.

Perspectives

The second sensitizing concept were perspectives. This concept can be linked to the work of Charon (2001) who developed the idea that humans see reality through various perspectives. Perspectives can include a set of assumptions, values, and ideas held by an individual, and these influence perceptions and subsequent actions in a given situation (Charon, 2001). Within my research, I was interested in service providers' truths or how they see their individual realities through the perceptions they hold, such as assumptions or ideas regarding men who have been subjected to IPV.

Social Life is Complex

Another aspect of the symbolic interactionist framework is that social life is characterized as a complex, non-linear process, rather than as the outcome of a causal or linear relationship between variables. This is represented within the two central ideas developed by Blumer (1969), that thinking, or self-interaction, is central to our actions, and that humans are "active participants" in what they do (Charon, 2001, p. 27-28). These ideas helped to orient my research to the complexities of participants' perspectives.

Chapter 5: Findings

Upon exploring the participants' responses to each of the interview questions, several themes emerged. These themes include; sharing men's experiences in being subjected to IPV, service providers' framing of men subjected to IPV, the social context and its implications for men, the system is not for men, men's identity in relation to IPV, and service providers' experiences. Each of these themes will be discussed below.

Sharing Men's Experiences

During the interviews, service providers were asked to describe some of the situations of IPV that the men had experienced. In this section, I offer some details from these accounts to provide a context for the data analysis. Service providers described some situations in which men were characterized as the sole victim. For example, one participant discussed responding to a call regarding an assault in which a wife had used different household items as weapons to harm her husband. Another participant (2) described a situation in which a man was beaten, burned, and held captive by his wife and adult daughter after failing to come to the dinner table when called. Service providers also described situations in which men were characterized as having taken part in mutual violence, what Johnson (1995) referred to as "common couple violence". For example, one client who served an eight-year sentence for the attempted murder of his abusive partner. On the day of the incident, the couple *"...got into a heated argument..."* (4) which escalated over the course of the day. The incident began with *"...yelling back and forth..."* (4) and then reportedly the female partner initiated physical violence. After briefly disengaging the man started to *"...be physical back"* (4) and lost control. Both parties were; *"...hitting one another until it got to the point where they were in the kitchen and he pulled a knife and he...cut her throat"* (4). Participants also discussed incidents of what Johnson (1995) referred to as

"intimate/domestic terrorism" which involves long term control over the victim with more severe outcomes (Hines & Douglas, 2010). For example, one participant discussed assisting a man who had been subjected to abuse at the hands of this wife *"...his whole married life..."* (2) and discussed the types of abuse this man was subjected to.

The service providers also offered examples of various types of abuse these men were subjected to, including financial, physical, and emotional abuse. With respect to financial abuse, one participant (2) stated that one man they assisted was forced by his wife to quit his job because she wanted to control his everyday whereabouts and access to money. Another participant shared that one of the men they assisted experienced financial abuse during a separation and divorce proceedings. The participant explained that because the abuser was financially dependent;

> *...he ended up kind of paying for most of the divorce proceedings, he ended up giving her a lot more than he had to because she was threatening to kind of drag it out in court and stuff* (5).

In addition to this financial control during the divorce proceedings the participant explained that although the relationship is over, the man often feels like *"...each time he has to make a payment* [for child and spousal support], *he's kind of reminded of being in that relationship..."* (5). Another participant (6), who works for a social service agency that provides financial assistance, described assisting a man who, in addition to being subjected to IPV, struggled with substance abuse. The participant (6) stated that because this couple was considered to be living in a common-law relationship the financial assistance money went to the household rather than to each member of the couple. In this case, the female partner would often withhold money from the man which forced him to engage in illegal activity to support his habit and other basic needs.

Although the partner may have been withholding funds from this individual in an attempt to

protect the family's money from being used on substances, the participant (6) described this

behaviour as financial abuse because they felt that the woman used the money to control her

partner.

Participants also described how men were subject to various types of physical abuse,

including being: assaulted with different household objects; burned with boiling water,

"...punched and kicked...", *"stabbed"* (7), *"cut"* (7), and sustaining *"broken bones"* (7). Several

participants described abuse where a man's objects were the target of the abuse, like vandalizing

the man's car, hiding things that belonged to him, and throwing things: *" ...[h]e was trying to*

pack his suitcase, she kept throwing everything out of his suitcase and sitting in it. Kind of trying

to egg him on..." (5).

Service providers' accounts also suggested that men experienced verbal abuse in the form

of name calling, criticizing the victim, and/or insulting the victim (National Domestic Abuse

Hotline, n.d.). These various types of abuse often intersected in cases of IPV. In the following

account, the service provider describes a situation that involved financial, verbal, and physical

abuse:

> *...he was starting to make his own dinner and his wife became enraged and she knocked*
>
> *the pot of boiling water off the stove in his direction. Some of it hit him on his legs, the*
>
> *boiling water. And then, his daughter was there in the kitchen as well and both his wife*
>
> *and daughter jumped on him and got him down on the floor....and punched and kicked*
>
> *him not in the face, of all places where he was clothed. And, they actually kept him*
>
> *captive in the kitchen for about two hours while they continued to verbally and physically*
>
> *abuse him...* (2).

Emotional abuse can be another consequence for men who are subjected to other forms of abuse, or it can occur independently. Emotional abuse involves things like: isolation from family and friends; an unwillingness to trust; being jealous and/or possessive; humiliation; the withholding of affection; victim blaming; and infidelity (NDVH, n.d.). One service provider described a situation in which a male client was publicly humiliated by his partner when she grabbed *"...his plate full of spaghetti..."* (5) and rubbed *"...it all over his white shirt..."* (5). Some participants described situations in which children were used as a means of fueling emotional abuse. For example, one abuser restricted the man's access to his child in an attempt to punish him for ending the relationship. Other participants described emotional abuse inflicted by adult children who often *"...choose the side of the abuser..."* (2) because they were afraid of the abuser. One man reportedly did not have contact with his adult children because they would leave threatening and hateful voicemail messages on his phone.

Service Providers' Framing of Men Who Are Subject to IPV

Given the symbolic interactionist focus of this research and the interest in understanding the perceptions of the service providers, one of the first lines of inquiry during the interviews was around the language that participants used to describe the men they assist who have been subjected to IPV. Throughout the findings, when referring to participants' responses, the language used by the participant to describe the men is the language that will be used in conveying the findings.

Prior to conducting this study, patterns with respect to the use of language used to describe men subjected to IPV were observed within academic literature. For example, literature regarding the experiences of men subjected to IPV has tended to describe these men as "victims" (Drijber et al., 2013; Machado et al., 2017; Morgan & Wells, 2015; Tsui, 2014). Research with

service providers who assist men has shown that some service providers also tended to refer to men as "victims" of IPV (Cheung, Leung, & Tsui, 2009; Hogan et al., 2012) while service providers from a counselling background often referred to men as "clients" (Iliffe & Steed, 2000; Kress et al., 2008).

Further, a review of the literature suggests that service providers used different terms when referring to women who have been subjected to IPV. They often defined those seeking their services as "survivors" of IPV (Ferranti, Lorenzo, Munoz-Rojas, & Gonzalez-Guarda, 2018; Macy, Martin, Ogbonnaya, & Rizo, 2018; Moya et al.,2016; Wuerch, et al., 2019; Zorn et al., 2017). Other descriptions included "women...who experience IPV" (Van Deinse et al., 2019) or "abused women" (Band-Winterstein & Freund, 2018).

The use of language and how participants refer to men who are subject to IPV reflects how service providers understand and define the men they assist. Terms used by service providers to describe this population include, *"victim"*(1) (7) *,"complainant"* (1)*,"men who experience" (2),"man who has been subject to IPV"*(3),*"client"* (4) (6),*"survivor of domestic abuse*" (5), and *"...someone who has been in a domestic violence situation or experienced domestic violence..."* (8).

Some participants used multiple terms when referring to men who experience IPV. This is exemplified by one participant who uses different terms based on the circumstances of the situation. They explained that they would refer to a man as *"...a victim"* or "*[e]ither a victim or a complainant depending on how the call comes in…if it was going to be a court case, it would probably be "victim"* (1). The language used by other participants was based on their profession or backgrounds. When probing for more information about terms used to describe men, one participant stated that they referred to men as a *"client"*(4) and *"victim"* (4). The participant

went on to explain that these definitions occurred simultaneously because these men *"...were both my client, but they were also a victim. Um, but they also had been victims because of their past traumas"* (4).

Although some participants used multiple terms to describe men based on the situation or their profession, one participant established that they used the same term – victim - to describe both men and women who are subjected to IPV. They explained that "*...in terms of my work with them we use the language of victim. It's the same language we would use uh, with women or with men*" (7). When probing to get more information about the use of the term "victim' over time, the participant responded that *"victim"* (7) is "*the term that I have always used in all of my practice dealing with domestic violence..."* (7).

Some participants offered rationales for why they chose to define men in a certain way. For example, one participant, who runs group support programs for men, stated that they refer to this population as *"...men who experience..."* (2) and described a trial and error process which involved exploring different terms in order to find a term that *"landed"* (2) with the male population. They mentioned that the process began with the term *"victim"* (2) which they *"...found men objected to..."* (2) and eventually shifted to *"men who experienced"* (2) because "*...that seems to be the one that doesn't bring forward objections, men can identify with it..."* (2). This participant also commented on my use of language in the question by stating that the term *"subject"* (2) was *"kind of clinical"* (2) and went on to explain that *"...I think men would not identify with that"* (2).

In addition, a counsellor for men who have experienced sexual abuse and IPV, used the term *"survivor"* (5) when referring to the male population. They explained that the term *"survivor"* (5) is listed in the name of their site and is used to assist men. More specifically they

stated that "...*the victim goes down with the ship, a survivor makes it to shore"* (5) and that the word *"survivor"* (5) is *"...more empowering than just acting like they're helpless victims or something like that"* (5). The participant also commented on the language used in the question by stating that *"...I guess I wouldn't necessarily use the term inter partner violence. It's just probably a bit technical for uh, therapy but we do use terms like uh domestic abuse"*(5). When asking for clarification, the participant agreed that *"survivor of domestic abuse"* (5) or "*domestic abuse survivor"* was *"...the framework that we tend to use..."* (5).

Similarly, another participant, who works for a social service agency providing social assistance, said that they wouldn't use the language put forth in my question by stating *"...I would probably use other language"* (6) explaining that men disclosing abuse *"...don't maybe potentially have access to that type of language..."* (6). The participant went on to describe that the clientele may lack professional language *"just like educationally even"* (6) and that they *"...speak to them in the kind of language and vocabulary that they're using with me"* (6).

Another participant who provides trauma therapy, discussed that they would refer to a man as *"...someone who has been in a domestic violence situation or experienced domestic violence..."* (8) rather than *"victim language"* (8). When probed about the use of the term the participant explained that using this language is a *"personal preference"* (8) and used as a tool to help empower individuals who have *"...already lost their power..."* (8) due to their traumatic experiences.

While some participants disagreed with the language used within the question, one participant, who is a psychotherapist and provides counselling for couples experiencing IPV, stated that the language used within the question matched the language that they would use in their work by stating *"I think that's probably the language that we would use"* and that *"...the*

term (a man who has been subjected to intimate partner violence) *that you've used is uh, is a fine one"* (3).

The Social Context for Men Who Are Subjected to IPV

Based on participants' responses to questions throughout the interview, society's expectations of men play an important role in the experiences of men who are subjected to IPV. These social expectations have created a society in which men are not seen as victims of IPV. Participants referred to social expectations related to gender, stigma associated with men and IPV, and the current social climate which have influenced the way in which male victimization is viewed and understood in society.

Social Expectations

When discussing challenges faced by men subjected to IPV, participants referred to social expectations and stigma as an overwhelming challenge for men subjected to IPV. One of these social expectations is the notion of IPV as a violence against women issue perpetrated by men. As one participant explained, men and women have tended to fall into certain *"roles"* (3) in which women have been traditionally viewed as victims and men have been viewed as perpetrators. These *"roles"* (3) and that fact that it is not socially acceptable for a man to connect with their emotions and feel vulnerable have created a *"tough social environment"* (3) for men who are subjected to IPV.

Stigma

Other participants specifically referred to stigma linked to IPV and the different challenges it poses for men. As one participant discussed, IPV *"...seems to fit the paradigm of femininity..."* (5) which creates challenges for men because being abused goes against society's definition of men and masculinity. This can be a barrier for men in making sense of their

experiences with being subjected to IPV. Another participant discussed that men tend to put off getting help and reporting IPV because of the *"...stigma that's attached to the 'machoness' around the situation"* (4). The participant (4) described that not reporting the abuse can push men to a breaking point which can have serious consequences such as causing serious physical harm to their abuser. Other participants stated that stigma was one of the biggest challenges for men because they *"...don't feel comfortable to talk about it..."* (6) and feel *"embarrassed"* (7) when they do come forward and report abuse. Participants also discussed how stigma plays into the fact that *"...men are strong, and a woman can't hurt them...real men, they can stand up to their women"* (7) and that *"...because they're a man they shouldn't be abused, they don't have a right to their feelings, they don't have the right to talk about it"* (8).

Current Social Climate

In addition to the social expectations and stigma which can influence society's ability to see men as victims of IPV, one participant (5) referred to the current social climate which reflects society's unwillingness or inability to recognize men as survivors of domestic abuse and perpetuates stereotypical understandings of IPV. The participant (5) explained that during the "#MeToo" movement they helped one of their men's groups participate in some of the rallies to bring awareness to the issue of sexual violence and to stand in solidarity with women who experienced this abuse. The participant explained that;

> *...the women's group kind of refused to let the men's group in which I was quite confused because they're trying to talk about just what it feels like to be a survivor and be objectified and feeling like you don't have power and stuff. A lot of the back lash that they were getting from the women's group which ran independent of ours was that they don't get it, they are the side that abuses, they have no idea how hard it is for women. And the*

men seemed to understand, yeah, we're not going to know exactly what it's like for

women but, we do know what it's like to go through something like this...(5).

They went on to discuss the idea that IPV is still seen as an issue within *the "feminist*

community" (5) and that "*...they shut out the male perspective of that or it gets compared to the*

female perspective so, it ends up being seen as less or not that important..." which acts as a

barrier for bringing awareness and understanding of men who experience IPV (5).

Services Unsuitable For Men

Based on the responses to questions throughout the interviews, participants shared

different ways in which men did not get the help they need from the formal system. One theme

within the responses from participants was that men are often not believed or taken seriously

when seeking help or reporting abuse within the system. As one participant explained;

[a] lot of the clients I work with when they do talk about it, they're just not taken

seriously or they're kind of laughed at so, they end up kind holding it in. And I think a big

way it plays out is they, again, they start to think well, people aren't taking this seriously

it means that I should just get over it, that I shouldn't be this worked up about it (5).

Similarly, another participant discussed that when seeking help from *"police"* (2) or *"social*

services" (2);

[a]lmost all of the stories contain some element of men not being treated fairly or having

their issues believed. And so, for me, what that does is that activates my fairness gene

and so I get, I do get frustrated and annoyed at how many stories I hear of the system

really not supporting men and how much of a struggle it is for them... (2).

In cases where men were able to access services within the system, some participants

explained that men were directed to inappropriate services or services that did not suit their

needs as victims. In sharing the experiences of one of the men they had assisted, a participant (2) explained that their client had called the police after being violently attacked and held captive by his wife and adult daughter. When the police arrived, they interviewed the man, his wife, and their daughter and then arrested the man for perpetrating domestic violence. They explained that the man;

> *...told them that he had been beaten and they didn't even ask to look. Once they got up to jail, he was able to show somebody the bruising and so on, and they ultimately let him go with no charges....* (2).

After being released from jail, the man was referred to community resources through Victim Services "*...because they ultimately, they determined that he was a victim, even though there were never any charges against his wife...*" (2).

In addition to telling this man's story, the participant also discussed some features of the man's experience in relation to other men they have assisted. For example, they discussed the reaction of police as *"...almost routinely take the man away...[t]here still seems to be a reluctance to charge women....* (2) because *"[t]hey can see that it's a tumultuous situation and they need to separate the parties and the prevailing mind set is....to get the man out of the house"* (2). They described that once the man is removed from the situation and taken to jail "*...they start actually listening to men, they start hearing their stories and then they refer them to Victim Services"* (2).

Another example of inappropriate treatment by the system is being referred to services and programs designed for perpetrators of IPV. One participant referred to the *"Domestic Abuse Hotline for Men"* (5) (DAHM) which is a crisis hotline that assists men. According to the participant, the DAHM also generates statistical reports using data they have collected from calls

and shares select experiences of men they assist in order to help other understand the challenges men face when seeking help. The participant referred to one story which involved;

> *...a man looking for support around domestic abuse, being violated and everything like that and when the system around him eventually set him up with a group that ended up actually being for perpetrators...*(5).

Another participant described that some men they have assisted have been; *...sent to anger management because they told their story to somebody in a social service agency and other men are...referred to the PARS program which is for men who are perpetrators...* (2). Although these agencies that refer these men to inappropriate services may be trying to assist them, it is clear that they are not listening to men and/or misunderstand their experiences.

The System Is Not For Men

When referring to the system, participants shared different ways in which the formal system is not set up to assist men. Participants discussed the services available to men in their respective communities, the lack of resources available, and how the services available are not suited to the male population. The discussion of these experiences helped to paint a picture of how participants view the formal system with respect to the experiences of men.

Available Resources

Participants discussed the services that were available to men in the communities in which they worked. One of the common resources discussed by participants was counselling services. As one participant described, they provide all victims with a sheet of paper with resources such as *"counselling"* (1). Similarly, two other participants (4) (6) stated that they would refer clients who had experienced IPV to a family counselling centre that offers free counselling for certain populations. Another participant (7) listed a women's shelter in the

community in which they work and a First Nations counselling service as counselling resource for men. Some participants (3) (8) who provided counselling services to men either listed their agency as a therapeutic resource to men or described other counselling agencies in their area that do similar work with men.

Like counselling services, several of the participants listed Victim Services as a resource for men. When asked about Victim Services, one of the participants was somewhat uncertain about whether the same services would be available to men. They stated that;

...we do work with different services sometimes. So, when there's been some kind of criminal act and police have been on scene, Victim Services will approve people for something called the Victim Quick Response program. So... if a woman's experienced domestic violence, or I imagine, if a man's experienced domestic violence they could be approved for funding to get counselling to cover, or to cope with what they've experienced. So, I think that's available (3).

Another participant (8) described Victim Services as their "*...number one people...*" (8) as many of their clients are referred to them through this service. Other participants discussed that Victim Services was a way for them to refer clients to different services. For example, one participant (1) discussed referring all victims to the Victim Services agency in the area in which they work which helps men access counselling. Similarly, another participant described that Victim Services can assist men to access different resources, such as *"...an emergency panic button..."* (7) at various stages of court proceedings. An emergency panic button is a protective tool given to individuals who have experienced repeated abuse or have left an abusive relationship. When these buttons are pressed, police get immediate notification and *"... it's lights and sirens, get there as quickly as you possibly can"* (7).

In addition to counselling and Victim Services, some participants listed shelter services as a potential resource for men. Although some participants discussed that there is a lack of shelter resources for men, some participants discussed that domestic violence shelters for women could provide non-residential resources to men. For example, one participant noted, with some uncertainty, that even though men would not be admitted to the shelter, they *"...would do some safety planning with them..."* (3) and *"...I think that they would talk to him about, you know, how do we help keep you safe..."* (3). Two other participants (4) (7) said that the domestic violence shelter in their area was also a resource because they offer some counselling and programs specifically for men.

Other resources for men included local agencies and organizations. Two participants (4) (6) discussed referring men to a community organization that provides a wide range of social services including support groups for victims of violence. Specifically, one of the participants stated that the organization provides programs like *"...group things, whether it's addictions based, abuse based, financial based"* (6). Similarly, another participant (8) who works in a different region described a similar community organization that could assist men. They also mentioned that the public health unit in their area can be a resource as they can provide;

> *....information on abuse, information on things like that. If, so let's say someone was in an abusive situation, but they're also, like sleeping with people for money. Things like that. They could access condoms, they could access, different health supplies, things like that* (8).

Some participants also listed *"Children's Aid"* societies (4), supervised access visitation centres (7) as resources for men with children, and local legal aid clinics (6) for assistance with legal issues pertaining to the abuse.

In terms of national or provincial resources, the Canadian Mental Health Association (CMHA) was discussed by one participant (8) as a resource for men experiencing IPV. Another resource discussed by a participant (3) was the Victim Quick Response Program. This program is offered in several jurisdictions across Ontario and provides different types of supports and resources to victims of violent crimes, including short-term counselling, travel expenses related to legal proceedings, and assistance with serious physical injuries. Some participants also referred to *"hospitals"* (1) and *"family doctors"* as resources that could assist men with treating *"physical injury"* (8).

Another example of a Canada-wide resource, which is specifically designed for men and families, was an organization that one of the participants worked for. They stated that; *"...I think we are unfortunately, fairly unique. Many of the men who come to us have, say that they have searched and searched and found nothing and that we're the only one" (2)*. Although the organization is located in a major Canadian city and is accessible for some men experiencing IPV, the participant also discussed that their location is a challenge for men living in remote locations. The participant discussed trying to assist men in remote locations but because the programs that the organization runs are mainly counselling and group work based, supporting men who are not able to attend in-person sessions is difficult.

Aside from discussing specific resources available to men in certain communities, one participant discussed providing a list of referral resources that are *"...the same for everybody..."* (1) after the police have responded to a domestic dispute call. In addition to providing male and female victims with the same list of resources, that participant also mentioned that they allow the victims, under certain circumstances, to contact resources when they want to rather than calling on behalf of the victim. Given that these referrals are provided to victims shortly after a domestic

dispute, allowing victims to contact services themselves can allow for victims to get help under potentially calmer circumstances and on their own terms.

Lack of Resources

Some participants discussed what they saw to be the lack of resources from a general perspective. For example, one participant stated that *"...there's not very much money..." (3)* for resources and services for IPV assistance for both genders. When asked about services for men, another participant (8) who provides similar services to men stated that there are limited resources for both men and women experiencing IPV. They stated that; *"[o]ur system is so under-funded and so stretched in every which way that it's just, it's not just a very good system right now, we just need so much more than what's out there...."* (8).

Although there is a lack of IPV resources and services available in general, a few participants discussed specific areas which were lacking for men. Several participants discussed the lack of domestic violence shelter services available to men in the communities in which they work. For example, one participant explained, "*...we have (a domestic violence shelter) for females, what do we have for men? Literally nothing"* (6). Another participant explained that; *"[u]nfortunately, (the city's name) doesn't have a lot [of shelter services] for the amount of issues that they have"* (4) and their city requires a domestic violence shelter specifically for men where they can get *"...the resources they need in order to better themselves"* (4). When asked about shelter services, other participants (8) (5) discussed that they don't know of any shelters for abused men in their area or surrounding region or were unsure about shelter services offered to men. Other services that were lacking were "*...good quality therapy..."* (8) or *"long term"* (8) resources.

In addition to a lack of shelter services, long wait time for services within certain organizations were discussed by some participants as a barrier for men getting the resources they need. As one participant discussed, couples often contact their organization while in crisis and are told *"...we'll call you in two months"* (3) or sometimes longer. When asking another participant about wait times at community organizations, they stated that some clients seeking mental health resources have waited *"...up to six months before they can get like one-on-one assistance from someone"* for issues that are *"immediate"* (4).

Another way in which services are lacking is that some services available are not necessarily suited to men's needs. As mentioned, some participants shared domestic violence shelters as potential resources for men, however, the general consensus was that these shelters do not always provide men with the services they need. One participant felt that shelters are largely unavailable to men experiencing IPV in the community in which they work. They stated that there is a shelter in a neighboring community that is a;

> *...family shelter so, there are females there with their children as well, as well as like complete families, like males and females with their children. And then there is a bed for like males with children* (6).

Another participant described a homeless shelter in the community they work in as a potential resource for men experiencing homelessness however, using this resource is not always ideal because; "*...no one really has a positive experience there I think....I find like people are just around their drug dealers...and they just turn back to substances or self-harm or feel hopeless..."* (8). Similarly, another participant stated that the domestic violence shelter in the community which they work offers programs for men, however they *"...cannot be a male in order to use that service as an emergency shelter"* (4).

The fact that there is a lack of services available to men and that some of the resources and services available are not suited to men's needs can lead to isolation. In searching for assistance within the system, one participant explained that men often seek help from different agencies and *"...just get rebuffed or told that they're the problem..."* (2). After this happens a few times, men become *"...low on resources..."* (2) and eventually become isolated because they; *"....end up back in that same place where they go 'I'm in this alone', 'I don't know what to do, I don't know where to go'. And so, they basically suffer in silence..."* (2). The isolation from not getting the help they need within the system forces men to deal with their abuse on their own.

Although there were challenges within the system for men, some participants discussed their experiences in working within the system and how this experience has impacted them. One participant (6) referred to the challenges due to lack of resources available to men. They described the dilemma of having a man open up about their abuse and *"... you don't have any resources for them, like what do you say to them 'thank you for opening up to me, have a nice day'"* (6). They also stated that:

> *[t]o see a grown man, say like the age of my dad like break down and cry because he has nowhere to go and his partner, on and off partner is, you know, like mentally and physically abusing him and he's like addicted to substances, it's really hard. Like for me like to watch, it's hard for me to offer supports when there isn't any...*(6).

Like this participant, another participant described feeling frustration due to:

> *...the system really not supporting men and how much of a struggle it is for them and in a lot of cases how easy it would be to fix that system but there doesn't seem to be that will out there to do it. So that's a frustration for me* (2).

Here, the participant's frustration stems from a lack of resources and because the fix to this issue would be *"easy"* (2) if society recognized men as victims.

Men's Identity in Relation to IPV

Given society's expectations, stigma, and the treatment men experience when seeking help, men often do not see themselves as victims of IPV. The fact that men do not recognize their experiences as IPV leads to other challenges such as identity challenges and/or an inability to express emotions related to IPV victimization.

Men Do Not See Themselves as Victims

As previously discussed, society's perception of men and IPV has perpetuated the notion that men cannot be victims due to their gender. One participant explained that they see this playing out when assisting men as they see them *"playing a role"* (2) to mask their victimization. They explained that;

> *...they are playing a role that they think is the role that society or that they've learned, you know, whether it's the role that they've learned in their family of origin, with respect to abuse, but they're basically playing a role...* (2).

In addition to playing this role, the participant (2) also discussed that men who experience abuse do not feel heard by informal supports, such as family and friends, or have gone to formal supports, such as social services agencies, and been misunderstood or misdirected to inappropriate services, as previously discussed.

Societal expectations of gender also reflect the ways in which men and women have been socialized. For example, one participant explained that women have been *"socialized"* (3) to identify with the idea of being a victim whereas for men it is *"...not socially acceptable to dig deeper and feel vulnerable"* (3) which impedes men's ability to recognize victimization at the

hands of an intimate partner. Another participant described the *"internal challenge"* (2) men experience. The participant explained that this challenge often creates an *"identity issue"* (2) for men because;

> *...they feel like there's a standard in society about the way a man should be, and they feel like because they've been in the situation that they've been, that they're not living up to society's definition of what a man should be* (2).

In terms of socialization, service providers talked about how men often blame themselves for their abuse. As one participant explained, some men feel *"...stronger, tougher, they were more prepared, they could have prevented it..."* (8). While another participant explained that;

> *...the women* [survivors] *that I work with, at least in my experience,* are *more okay with blaming the domestic abuser and seeing him as kind of the bad guy. Whereas a lot of men* [victims] *I work with kind of view themselves as just weak, like she* [the perpetrator] *wasn't necessarily bad or good, I should have known better, they shouldn't have let her take that type of control* (5).

They explained that men tend to see themselves as a problem and as *"the villain"* (5) rather than recognizing their experiences as victims and acknowledging the perpetrator's role in the victimization. For example, in discussing a client's experience within their relationship with an intimate partner, one participant stated telling clients that they're being abused but having a client make excuses for their abuser's behaviour such as *"... I was kind of being mean too..."* (6).

Given that men often do not identify with being a victim, they can struggle with emotions related to victimization. For example, one participant referred to the specific challenges they felt a specific victim faced which included *"guilt"* (1), feeling as though they had to be

"accommodating" (1), and as if they had an obligation to their abuser after the relationship had ended. Another participant stated that a challenge they often see with men is *"shame"* (8) related to the abuse.

Service Providers' Experiences

When asked about their own experiences as service providers, participants talked about; how their work with men who experience IPV is uncommon; the positive and negative experiences of working with this population; and how men's experiences have impacted them as service providers.

Service Providers' Roles

Throughout the responses, participants discussed their role as service providers. Some participants discussed that they occupied multiple roles in their interactions with the men who experience IPV. For example, two participants, who work in the criminal justice system, described investigating or exploring as part of their role as a service provider. One participant described a shift in their role from initially *"...restoring the peace..."* (1) between an abuser and victim when responding to a call for service and then *"...if there's a criminal aspect we become an investigator because you have to investigate and lay appropriate charges..."* (1). Another participant described their primary service as to "*...prosecute criminal cases...*" (7) and consider if there is *"...a reasonable prospect of conviction..."* (7) based on information about the incident. In prosecuting criminal cases against IPV perpetrators, the participant (7) stated that male victims typically want charges against their abusers dropped. When this happens, the participant stated that they investigate *"...why they want the charges withdrawn..."* and ask *"...questions about the relationship and what led up to the allegations of violence..."* (7). Other participants discussed education as part of their roles as service providers. For example, one of these

participants discussed their frustration with *"the system"* (2) and how men, when seeking help in the community, are often treated unfairly or are not believed. Given this issue, the participant stated that part of their job is to educate the community by; *"...making contacts within the community and educating the community and primarily in the social services community but, the broad community as well..."* (2). Another participant stated that *"educational outreach"* was part of their larger role, although this aspect is not specifically for IPV.

In addition to investigating and education, some participants described providing resources and referrals as an aspect of their role. After initially *"...restoring the peace..."* (1) one participant described that another aspect of their role is to offer resources to men who are experiencing IPV. One of these resources includes *"...domestic violence safety plans..."* (1) for victims to refer to in crisis situations. The use of *"dream boards"* (4) was discussed by another participant in order to help their clients identify and reach goals. Other tools included working with external community supports like *"Victim Services"* (1) or agencies that provide social services, which can help men after they have been in crisis. One participant said that they would refer men to family counselling centers, sexual assault centers, and domestic violence shelters (6). Victim Witness Support Services were also listed by one participant as a resource (7).

Some of the resources that participants provided were programs, such as support groups or counselling. For example, one participant discussed that running the *"...program... for men who have experienced domestic abuse"* (2) is part of their position. The program focuses on helping men to recover from abuse and helping men to *"...feel more empowered..."* (2). Another participant runs *"a clinical group"* (5) in addition to providing individual therapy for men. Specifically, they characterized their therapeutic approach as *"...looking at the therapy of growth beyond this..."* (5) , helping men to *"...build self-compassion for what they've been through..."*

(5), and *"...helping them clinically with trauma symptoms..."* (5). Similarly, another participant described their role as providing couples' counselling services which are *"...primarily psychological in terms of counselling, in terms of safety planning and really helping people psychologically deal with the trauma that they've experienced...."* (3).

While some participants characterized their roles as occupying multiple roles within their positions, another participant saw themselves as occupying one main or a specific role in terms of assisting men. For example, one participant described that the agency they work for is *"....primarily a counselling agency"* (3). They described their agency and the work they do there to be aligned with the *"...violence against women sector..."* (3) and have received funding from different government industries to provide different services to women. Although they provide multiple services to women, their role with men who have experienced IPV has been to provide psychological counselling to couples and individuals.

Another participant described their specific role as *"...a trauma therapist..."* (8) that helps individuals *"...process and let go..."* of their experiences. They explain that their role involves;

> *...talking to people about their rights, talking to people about their experience, the symptoms they are experienced from the domestic violence. So, whether it's low self-esteem, whether it's nightmares, mood swings, anger, fear, sadness, whatever it is, kind of looking at those things and then helping them feel empowered, helping them figure out what their voice should be, helping them do what they want to achieve..."* (8).

They discussed using techniques such as Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioural Therapy (CBT), and Dialectical Behavioural Therapy (DBT) to assist their clients.

While most participants described their role as assisting men who are subjected to IPV, one participant had a unique explanation for their experience with men who are subjected to IPV. When referring to their experiences, the participant focused not on the men, but on the couple's relationship, and its dynamics, rather than on their experience with a victim. They stated that their agency has *"...a practice of really listening closely to what's been happening in the couple relationship..."* (3). After a couple has sought services, the agency the participant works for uses a specialized team to assess the couple's needs:

> *...[o]ur agency has a committee of couples' therapists who really have spent time together talking about the research on domestic violence and assessing for safety, and safety planning, and...the contra-indications in couples' counselling* (3).

The participant explained that upon exploring the relationship *"...we're trying to look at what has happened in the couple's relationship and what's been the meaning of that..."* (3). The participant saw couples counselling as a *"a complex phenomenon"* because *"...sometimes they're fighting together and so, it's mutual..."* (3) which is consistent with Johnson's (1995) common couple violence typology. This participant's resistance, which could be a reflection of the agency stance on IPV, to discuss men as sole victims of IPV was unique in the findings.

An Uncommon Occurrence

Some participants stated that assisting men experiencing IPV is not very common in their work. For example, a police officer responded to this question by stating *"[i]t doesn't happen a lot in my experiences. I've dealt with two that come to mind"* (1). The participant went on to provide details about one of these interactions and stated that the situation "*...turned into a huge, I would say, on-going for approximately three years"* (1). Another participant, who works for a social service agency providing social assistance, stated that their work with men who

experience IPV was *"...definitely not that often..."* (6). They went on to describe their experience by providing the ratio of men who experience IPV to the total number of clients they assist: *"...I would say like my experience is maybe only like five to ten people out of like a hundred and thirty caseload..."* (6).

Positive Experiences

Many participants also discussed how their experiences with assisting men were positive in different ways. One participant attributed his positive experience to what he saw to be the outcome for the male victim. When asked about the *"on-going"* (1) interaction with a male victim, the police officer described the interaction as;

> *....positive in a way because the male on this part was thankful that we intervened because he was being assaulted. And it was a volatile setting, situation. So, he was positive in that regard because he was relieved. For a little while anyway* (1).

Another participant, who provides counselling for men who have been subjected to sexual abuse and IPV, also described their experience to be *"positive"* (5) because they felt that their position was "... *a privilege"* (5).

Although some participants defined their experiences as "positive" for the men that they assisted, one participant described their experience as leading to a personal positive outcome. This participant described that listening to men disclose abuse and knowing that there are few, if any, resources available to them made the SP feel *"uncomfortable"* and *"a little anxious"* (6). The participant explained that although these interactions might make "...*you uncomfortable but it's an uncomfortable that will help you grow..."* (6). As such, the personal growth created from these interactions is seen by this participant (6) as a positive outcome.

Other participants felt that their work with men was *"rewarding"* or *"fulfilling"* due to assisting men to feel empowered, progress or recover from their abuse. One participant stated that their work with men was; "*...very rewarding...in part that's because of the program that we run which is one of recovery. So, seeing men grow and recover and feel safer and feel more empowered is very fulfilling..."* (2). Similarly, another participant, stated that their work with men (and women) is *"very rewarding...it's a matter of educating them that what they're going through, they're not alone"* (7) and that;

> *...the fact that they're finally reporting it doesn't mean that I think any less of them, that somehow, they're less of a person, or they somehow, they're responsible for what has happened to them. So, I find that part of it rewarding* (7).

Another participant, who provides counselling to men, described their work with men as *"very rewarding"* because they are able to hear "*...their experiences and helping them feel comfortable enough to be honest about it"* (5).

In addition to these positive experiences, one participant offered a unique perspective with respect to preventing barriers for men within the court system. They explained that part of their job is to prevent barriers in the court system for those who experience IPV. Given that the participant was not *"aware"* (7) of any barriers they felt that they were successful in this pursuit.

Negative Experiences

In contrast to the positive outcomes described, service providers also acknowledged negative aspects of working with male victims, using descriptors like *"negative"* (1), *"hard" (3)*(6), *"a struggle"* (6), *"difficult"* (6)*, "personally challenging"* (2)*, "feeling frustrated"* (2)*, "frustrating" (5), and* "*ultimately negative"* (1).

Participants also shared specific challenges, such as trauma, which made their experiences negative. For example, one participant stated that working with men was frustrating because even though trauma *"...seems to land quite similarly to both male and females..."* (5) who experience IPV, this is not recognized in today's *"socio-cultural context"*. While another participant stated that assisting men who have experienced trauma can make their work *"hard"* as it takes an *"emotional toll"* (3). Similarly, another participant explained that this work can be *"personally challenging"* (2) because *"...there is some triggering for me of my own PTSD symptoms that can happen when I'm hearing stories"*(2).

Other challenges were related to dealing with conflicting situations which can arise when working with a vulnerable population. As one participant discussed, although sometimes the public is not aware that IPV is an issue for men, those who are aware of this issue often lack practical understandings of how these problems should be addressed. They explained;

> *...I struggle with how people seem to not care about how complex it is here, there is some growing awareness, a raising awareness of victimization, but, at times it's overly simplistic and so, sometimes I struggle with how do I engage in discussions with people on Facebook. You know, I know some people who are passionate about men are victims too and why isn't this in support of men...people who ask that question sometimes aren't aware of the history. Certain services that are available to women right now weren't, didn't magically appear overnight. Women had to fight for them (3).*

In referring to the fight women faced in getting services for IPV they suggest that in order to see similar resources become available, men, as a community, must take action to create change which is often overlooked by those who do not work within the system.

According to another participant, a challenge they face in assisting vulnerable groups is the struggle with balancing their desire to help clients while taking care of themselves. They explained that;

> *...it's hard to be like okay, at four thirty I'm done, but like some nights I'll come home, and I'll be thinking about it until I fall asleep and then if I fall asleep. Like so many things like that, that really stick with you...* (6).

Although the participant is aware that they need to *"...turn it off at one point..."* (6) , they discussed that this is *"...definitely easier said than done..."* (6). Another challenge service providers discussed was dealing with assumptions made by clients about their intentions in working with vulnerable populations. Services providers stated that they experience a *"guilty feeling"* (6) because some clients believe that they are *"...just here for your pay cheque..."* (6) even though the service provider is committed to helping others and making a difference.

Another participant discussed the barriers they experienced within the organization that they worked under, one being a lack of effective training for certain tasks. The participant stated that part of their job during night shift was to answer crisis calls from a local hotline. The crisis line was available for anyone in the community in distress which included experiencing IPV. The participant explained that there wasn't any specific training for answering crisis calls which meant that callers might not be getting the most informed assistance.

Scheduling was another barrier that the participant discussed. They explained that the organization never planned for staff absences, so there were;

> *...situations where if I was working a nightshift and the two people who were supposed to come in in the morning, one called in sick I was not able to leave until they found a replacement to come in. So, I could work from eleven pm until three pm the next day if we*

couldn't find someone to come in and cover their shift. At that point it gets a little

dangerous because you're tired, you've been up for how many hours? And you're kind of

just there to be there but you're not able to fully focus on individuals because you're just

exhausted (4).

Working long hours to cover shifts was something that *"...happened quite a bit..."* (4) and was a

barrier because staff were unable to assist clients after working long hours.

Changes in Understanding IPV

In addition to positive and negative aspects, participants also discussed changes in

understanding victimization. As one participant shared, they felt that their understanding had

"...changed a little bit..." (1) and they agreed that it has helped them to see victimization in a

broader sense. Two other participants stated that their understandings of victimization had

"definitely" (5) (6) changed after assisting men. Another participant stated that their

understandings had changed *"so much"* (8) as a result of working with this population. Whereas

another participant discussed that they *"...had a pretty good understanding of victimization*

before I met my first male victim" (7) and "*...I don't think it's changed my understanding of*

victimization..." (3).

One consistent theme was that participants felt their work with men had been eye-

opening in various ways. For example, one participant said that their experience had challenged

the stereotypical understandings of IPV in that prior to their work with a male client who had

experienced IPV;

...I had never heard of a woman being the initial instigator. I've always heard stories of

the men being the initial physical so, that was my first experience with a female spouse

being the initial instigator physically... (4).

The participant also felt that it was eye-opening to see that men experience IPV "*...just as much, but it's just not reported...*" (4). Whereas another participant explained that seeing men being abused by their partners has been the *"...biggest eye-opener..."* (6) because it goes against everything we are *"conditioned"* (6) to understand about IPV.

Some participants felt that their work was eye-opening because it made them aware of the universality of IPV. One participant described that assisting male victims *"...makes you think that it could really happen to anybody"* (1). Another participant discussed that assisting this population has shown them that *"...anyone can be in a situation like that"* (5). In reflecting on their sheltered upbringing, another participant reflected on how they felt this work has made them realize *"...if one of my decisions was different in life, I could potentially be the person sitting in front of me..."* (6). Similarly, another participant discussed awareness, but in the context of realizing the prevalence of IPV. They explained that although they were aware of statistics, their work with clients has shown them how *"common"* (8) this issue is.

Other ways this work was eye-opening was that it made one participant (6) aware of how little help there is for men in the formal system. One participant discussed that they now recognize *"...how little support..."* (6) men have and how *"...men fleeing domestic violence with children..."* (6) have no safe place to go which can make leaving abusive situations almost impossible. According to another participant, working with this population has brought attention to the systemic failings. They explained that;

> *...it's been a long time of working in social services so, much of my experiences have changed me, I guess. For me the biggest thing is really like seeing the systemic failings. Like when I first got into the profession, like I really thought yeah, we really had it*

together, there were shelters, there were all these things and now I really realize our

system is a bit of a disaster (8).

They went on to explain that although there are some services for men, funding is limited and often goes to larger organizations which is a huge barrier for those who need help.

Other changes included developing the ability to see situations from different points of view. One participant (4) shared the story of a man they assisted who served a prison sentence for fighting back against their abuser. They explained that learning about the client's background and abuse has allowed them to be able to *"sympathize"* (4) in some ways with violent offenders because they understand a fuller picture of their experiences.

The notion of personal growth due to working with men who experience IPV was another way in which participants explained their work had changed them. In reflecting on how this work had been impactful, one participant explained that this work has pushed them to *"...look at the deeper reasons..."* (5) men act the way they do when experiencing IPV. They also discussed developing an ability to show *"more compassion"* (5) for men as they learned about how little support there is available to men. Similarly, another participant (6) discussed that their experiences helped them develop a greater sense of empathy.

Other participants discussed growth in terms of developing new skill sets that will help them in other aspects of their lives. As one participant explained, working with a male victim who had been incarcerated taught them a lot about personal *"...safety and security..."* (4). Another participant shared that this work has changed how they view relationships and has heightened their ability to see *"red flags"* (8) and abusive patterns within relationships.

Chapter 6: Analysis

As previously discussed, the goal of this study was to gain insight into the perspectives of service providers who have worked with men that have been subjected to IPV. The guiding research questions were; how do service providers see men? How do service providers define and describe the experiences of these men? The findings of this study can be placed into three dominant themes. The first theme explores terms used by participants in defining and referring to men. The second theme explores the societal response to IPV, responses to help seeking, and implications for men and society. The third theme discusses recommendations based on participants' accounts and academic literature. Each theme will be explored below.

Service Providers' Definitions of Men

The first theme observed within the findings was that service providers used different language or terms when referring to or defining men. When comparing the terms used to describe men, there was little consistency among the terms used. The important distinction is that the majority of participants see men as victims of IPV. While some participants discussed how – prior to assisting these men – they were aware of the fact that men could be, and are subjected to IPV, other participants discussed how their interactions with men have been impactful in that it changed their earlier understanding of IPV so that they came to see it as not strictly an issue for women. These shifts in understanding are important as they exemplify how perspectives can change through interaction which is consistent with Blumer's (1969) third premise of symbolic interactionism. This premise explains that meanings shift through an interpretive process as individuals deal with things they encounter (Blumer, 1969).

Aside from the general comparison between society's and service providers' understanding of men, the language and terms used by participants fall into three categories. The

first category included terms that were dictated by the institutional culture. For example, one

participant indicated that they use *"survivor of domestic abuse"* (5) or "*domestic abuse*

survivor"(5) as these terms are *"...the framework that we tend to use..."* (5). Another participant

explained that "...*we use the language of victim" (7).* The discussion using the term "we"

indicates that this is not a personal decision on the part of the service provider, but rather a term

that they use in accordance with their workplaces' cultural norms and expectations.

The second category refers to terms that are chosen by the service providers themselves.

As one participant shared, they use terms such as *"...someone who has been in a domestic*

violence situation or experienced domestic violence..." (8) rather than *"victim language"* (8).

This participant explained that the use of this language was a "*personal preference"* (8). Given

that this participant is working within private practice, their use of language is likely not directly

dictated by the specific norms or cultures of a given workplace, but rather a framing that they

have chosen to use, perhaps because of the influence of the philosophies of the larger

professional field.

The other category of terms were those that privileged the preferences of the men who

have been subjected to IPV. One participant shared that they use the term *"...men who*

experienced [violence]" (2). They explained that men tended to object to victim language and

preferred the term *"...men who experienced..."* (2) as they can *"identify"* (2) with this language.

The notion of men identifying with certain terms while rejecting others indicates that for this

service provider, the view was that men should be the ones to determine how they want to be

defined and referred to.

Although each participant discussed language or terms used when referring to men, one

participant (3) had a unique response. Originally, they agreed that the language modeled within the question, which used the term *'man who has been subjected to'*, was the language they would use when referring to men. However, there was some resistance from this participant to understand men's experiences as exclusively victimizing. Rather than using the term *'man who has been subjected to',* this participant (3) tended to refer to men in the context of mutual violence in which both members of a couple engaged in IPV. The resistance to understanding men as being subjected to IPV likely reflects the participant's (3) interaction and experience as they tend to assist couples, rather than individuals, who experience IPV within their relationships.

The use of different terms is important to consider as the use of language has implications for men. Looking to academic literature, one study examined the connotations of the terms "victim" and survivor" in referring to women who have been sexually assaulted (Papendick & Bohner, 2017). Using a sample of English and German-speaking individuals, participants discussed that the term "survivor" indicated more strength, positivity, and activity compared to the term "victim" (Papendick & Bohner, 2017). Additionally, "survivors" are often seen as "better and stronger and more active" whereas victims were seen as "less positive, less strong, and more passive" (Papendick & Bohner, 2017). Papendick and Bohner (2017) also discussed how the term "carries attributes" such as agency and initiative. In line with these findings, in explaining their use of survivor language, one participant in my study stated that;

> *Something that I talk about with men is the victim goes down with the ship, a survivor makes it to shore. I think a lot of men find it more empowering than just acting like they're helpless victims...*(5).

Here, the participant (5) is suggesting that framing men as a victim of IPV ultimately removes men's power and impacts their ability to heal from these experiences. Overall, given the negative connotation associated with victim language, service providers' use of language, in particular survivor language, is important in empowering and assisting men.

Exploring The Big Three

There are three common themes that are evident in service providers' accounts of the experiences of men who are subjected to IPV. First, they see these men as living in a society where men are, for the most part, not seen as victims of IPV. Secondly, they see men's help-seeking experiences as being met with two types of approaches which include being told they are not victims of IPV because they are male and/or being referred to inappropriate services. Thirdly, they talked about the implications for men, such as struggling to understand their experiences, and larger society, such as struggling to advocate for change in a tough social environment.

Men Are Not Perceived as Victims of IPV

Based on participants descriptions, it is clear [suggests?] that society does not see men as victims which has created challenges for men who are subjected to IPV. There are several relevant factors to consider. The first factor involves the traditional understandings of IPV which portray men as perpetrators of IPV against their female partners. The second factor is masculinity or prescribed masculine ideals such as denying pain, refusing help, and/or being dominant, especially over women (Harris, 1995; Messner, 1997, as cited in Migliaccio, 2001, p 206). The final factor is the current social climate. Social movements, such as the #MeToo movement, have created a politicized social climate which has the potential to shut out men's voices because the message of this movement focuses on bringing awareness to sexual violence and/or harassment experienced by women (Canadian Women's Foundation, n.d.).

In addition to the findings, these factors have also been explored in academic literature over the last several decades. Beginning with society's understandings of IPV, violence against women, and men, became a controversial topic for discussion after the publication of the first domestic violence studies (Saunders, 2002, p. 1424). Beginning in the 1970s, scholars such as Steinmetz published research which brought attention to the idea of 'battered husband syndrome' (Saunders, 2002, p. 1424). This concept was explored into the 1980s and some literature expressed that "...men were just as victimized as women" (McNeely & Robinson-Simpson, 1987, as cited in Saunders, 2002, p. 1424). The notion that men experience the same amount of violence as women is sometimes referred to as "gender symmetry" (Dobash et al., 1992, 74). At the same time, other scholars have suggested that female perpetrated IPV is defensive or reactionary violence (Saunders, 1988, as cited in Saunders, 2002, p. 1424). The debate between these two opposing views still exists today.

Generally speaking, the literature has focused on violence against women by discussing the disproportionate prevalence of female victimization at the hands of male partners while criticizing the research portraying gender symmetry theory. As Dobash et al. (1992) discussed, arguing gender symmetry, which states that men and women experience similar levels of IPV victimization, "...ignores a large body of contradictory evidence indicating that wives outnumber husbands as victims..." (p.74). Several studies, including those in the US, Canada, and the UK, found that wives are far more likely to experience IPV victimization than husbands (Dobash et al., 1992, 75). More specifically, according to a 2013 Statistics Canada report, women accounted for nearly 80% of IPV related incidents reported to police making women 3.5 times more likely to be subjected to IPV compared to men (Beaupré, 2014). Additionally, women are also at a higher risk of homicide at the hands of their male intimate partners (Canadian Femicide

Observatory for Justice and Accountability, n.d.). Given the prevalence and disproportionate rates of female victimization, society tends to regard IPV as a violence against women issue, rather than an issue that impacts both men and women.

In recent years, academic literature has shown that some men are subjected to IPV; however, some scholars continue to resist the possibility of men as solely victims in cases of IPV, and have made several counter arguments (e.g., Migliaccio, 2001, p. 208). One of these arguments is that men are injured in mutual exchanges or by women's self-defense (Migliaccio, 2001, p. 208). In cases of mutual violence, men would be considered both the victim, as they are subjected to violence, and the perpetrator because they are technically engaging in violence in responding to the abuse. Another argument is that research on abused men is biased because of misinterpretations of findings and the use of invalid measuring tools (Migliaccio, 2001, p. 208). For example, an article by Saunders (2002) discussed that many studies which show higher rates of violence perpetrated by women are usually crime or police studies and, therefore, focus on "the most injurious cases" (p. 1441). Additionally, studies which portrayed equal rates of violence between men and women fail to account for certain factors. One factor that some studies have not taken into consideration are self-defensive acts. As Saunders (2002) discussed, "women tend to use violence in self-defense more than men" and these incidents are typically classified as assaults against men (p.1441). The final argument considers men's physical size and strength compared to women (Migliaccio, 2001, p. 208) and makes the case that because men are typically stronger and larger than women, women cannot perpetrate violence against a man. Overall, those who disagree with the idea of men being abused in intimate relationships see IPV as male dominance over women (Migliaccio, 2001, p. 209).

These understandings of IPV have, in a sense, taken away from the experiences of men who are subjected to IPV and have also created the stereotype of "the violent male" (Migliaccio, 2001, p. 209). However, there is truth to the violent male stereotype because women have been, and continue to be, victimized more frequently at the hands of male partners. Although there is truth to this persona, the idea of men perpetrating violence against female partners has been generalized to all men. This generalization makes it difficult for men to be recognized as victims.

In addition to this stereotype of men's violent persona, ideas around masculinity also contribute to society's view of men in relation to IPV. As individuals, we are conditioned to see the world through a "gendered lens" and label things as either feminine or masculine (Bem, 1993, as cited in Migliaccio, 2001, p. 205). Although gender expectations are learned behaviours, they are not simply learning about what to do (Migliaccio, 2001, p. 205). In referencing Harris (1995), Migliaccio (2001) argued:

> [w]hile a man can master a number of lessons about what it means to be a male and/or masculine, the socialization process is less about internalizing what is masculine and more about ascertaining what behaviours are not masculine (p. 205).

In other words, masculinity is defined by what is not masculine more so than what is considered masculine (Magliaccio, 2001, p. 205).

Masculinity and the process of internalizing what is and is not masculine are important concepts to consider in the context of IPV. Masculinity in North American society has serious influence on how men behave, the attitudes men hold, and how men present themselves. Masculinity is important to consider because it often influences men's willingness to seek help within the formal help-seeking system. As one participant shared;

[m]en...don't tend to report things as much as women do because of the stigma that's attached to the 'machoness' around the situation. Where they'll just take it, take it, and take it to the point where they break and then something serious happens instead of dealing with it when it initially occurs (4).

Here, the participant discussed how men resist getting help because there is a stigma associated with not being seen as masculine (or masculine *enough*) if a man comes forward as one who has been subjected to IPV .

Masculinity can also be seen as contributing to society's understanding of IPV as violence against women perpetrated by male partners. Given that women are the ones most often victimized in IPV exchanges, IPV has become associated with violence against women. Therefore, IPV victimization is considered a 'feminine' quality. When a man is subjected to victimization, including being subjected to IPV, they are "feminized" and therefore, considered non-masculine (Howard & Hollander, 1996, p. 86, as cited in Magliaccio, 2001, p. 208). Crossing the "male-gender boundary" is highly stigmatized and is seen as unacceptable within society (Bem, 1993, p. 149-50, as cited in Magliaccio, 2001, p. 206). Violating these cultural norms often leads to marginalization (Magliaccio, 2001, p. 209). Overall, expectations around femininity and masculinity have created social consequences for men who are subjected to IPV in that their masculinity is called into question and they are less likely to be identified as victims.

The final factor to consider is the current social climate which has brought attention to various social problems. In particular, the #MeToo movement has brought awareness to sexual violence experienced by women. However, one participant (5) referred to a negative experience associated with this movement. In organizing a group of men to join in protesting against sexual violence at a local #MeToo event the participant explained that;

...the women's group kind of refused to let the men's group in, which I was quite confused [by] *because they're trying to talk about just what it feels like to be a survivor and be objectified and feeling like you don't have power and stuff. A lot of the back lash that they were getting from the women's group, which ran independent of ours, was that they don't get it, they are the side that abuses, they have no idea how hard it is for women. And the men seemed to understand, yeah, we're not going to know exactly what it's like for women but, we do know what it's like to go through something like this* (5).

The participant (5) went on to explain that sexual violence and IPV are still considered feminist issues, and therefore the men's perspective gets shut out and/or gets compared to the women's perspective. Given that there is still a lot of work to be done in order to assist women who are subjected to IPV, male victimization is often *"...seen as less or not that important..."* (5) which leaves men feeling as though they have no place to talk about their experiences. Overall, these factors come together to create a society that is reluctant to recognize that men can be subjected to IPV. In line with this trend, the system is not designed to serve the needs of this population.

Responses to Help Seeking

Before exploring men's experiences in seeking help, it is important to define what is meant by help-seeking behaviours and the formal help-seeking system. According to Machado, Hines, & Matos (2016); "help-seeking is a complex and multifaceted behaviour that varies on the basis of a range of individual, interpersonal, and sociocultural factors" (p. 256). Although the literature has not provided a universal definition of the formal help-seeking system, several articles which explored the help-seeking behaviours of men have discussed different ways of understanding and classifying these supports and resources.

Articles that discussed help-seeking experiences sought to define the system by labelling which services were considered informal and which services were considered formal and therefore part of 'the system'. For example, Tsui (2014) considered family, friends, internet resources, and religious leaders to be informal supports available to men (p. 126). While medical doctors, mental health professionals, the police, and larger social services were considered to be formal supports and therefore, part of 'the system' (Tsui, 2014, p. 128). Similarly, Machado et al. (2016) considered family, friends, co-workers, and "other individuals you know" to be informal supports and considered health professionals, social or victim services, police, justice, and legal advice as formal supports (p. 259).

In addition to IPV-related literature, defining the formal help-seeking system has also been explored by other areas of study. Literature that explored mental health help-seeking experiences also sought to define what constitutes formal help-seeking. Similar to studies related to IPV-related help-seeking, Rickwood and Thomas (2012) discussed that help-seeking experiences are broken down into formal and informal categories (p. 174). According to Rickwood and Thomas (2012), informal support comes from within one's "social networks" and includes family and/or friends, whereas;

> [f]ormal help-seeking is assistance from professionals who have a legitimate and recognized professional role in providing relevant advice, support, and/or treatment. Formal help-seeking in itself diverse and includes a wide range of professions (p. 174-75).

Essentially, a formal help-seeking relationship is not a personal relationship, but rather a professional one in which the service provider or professional does not have previous personal attachment to the help-seeker.

Based on these classifications of the formal system within IPV-related and other related literature, the formal help-seeking system involves any services, supports, and/or resources offered to men that are provided by a recognized professional, organization, and/or institution. A recognized 'professional' refers to a service provider, such as a counsellor or social worker, who is formally trained, within a post-secondary and/or institutional setting, and are paid for their work in assisting men. Organizations and institutions are a formal group of professionals who work together to assist individuals. An example of an organization within the system are women's shelters which, as some participants discussed, provide limited assistance to men. Whereas an example of an institution would be the criminal justice or health care system.

It should be noted that participants' responses regarding 'the system' referred to the formal help-seeking system, rather than informal supports such as family, friends, co-workers, religious institutions and/or other individuals. Therefore, the treatment of men within the informal system was not explored. Although understanding the experiences of men within the formal help-seeking system could be important in making appropriate changes to better serve the needs of this population, future research exploring the informal help-seeking experiences of men is also recommended.

Given that society tends to not recognize men as victims of IPV, when men seek help they typically do not get the help they need because the system is not set up to assist men and their unique needs. Based on participants' accounts, common help-seeking experiences of men very often lead to outcomes which are not supportive. For example, one participant (2) described a situation in which a man had been burned by boiling water, beaten, and held captive in his home by his wife and adult daughter. Eventually, the man was able to escape from the house and call the police. When the police arrived, the man told the police what had happened; however, he

was arrested and taken to jail for the night even though; *"...he had been beaten...they didn't even ask to look. Once they got up to jail, he was able to show somebody the bruising and so on, and they ultimately let him go with no charges..."* (2). The participant went on to explain that this man was referred to Victim Services *"...because they ultimately...determined that he was a victim, even though there were never any charges against his wife..."* (2). According to this participant, police almost;

> *...routinely take the man away...[t]here still seems to be a reluctance to charge women....*
>
> (2) because *"[t]hey can see that it's a tumultuous situation and they need to separate the parties and the prevailing mind set is....to get the man out of the house* (2).

This discussion of the reluctance from police to charge women in IPV related incidents is interesting as mandatory charging policies have sought to address these issues. In Ontario, mandatory charging is a policy which "places the onus on police officers to lay charges against violent partners where there are reasonable and probable grounds to do so thus removing this decision from victims" (Johnson & Conners, 2017, p. 1).Regardless of these policies, this participant (2) discussed that, based on their interactions with men subjected to IPV, men are often removed from the situation by police in IPV related incidents. Although the prevailing theme observed is that the formal help-seeking system is not for men, the participants in this study were an exception to this trend because they acknowledged the men as having been victimized and they tried to support these men.

Many of the participants also shared how interactions with the formal help-seeking system when trying to assist men brought attention to certain issues within the formal help-seeking system. For example, one participant (8) explained although they once thought there were services available to men, when faced with trying to connect with certain resources, they

became aware of how the formal help-seeking system is lacking in certain areas. Overall, it is important to note that these participants, based on their experiences with men and the formal help-seeking system, have unique perspectives and therefore may work within the formal help-seeking system, but do not contribute to the formal help-seeking system that does not support men.

The Availability of Services. In exploring the discussions of the system, the system has two general approaches when dealing with men. The first approach involves denial of victimization. During these interactions, men are either not taken seriously when disclosing having been abused or are told they are the problem. Some examples of this approach include; men being laughed at or belittled when disclosing abuse to police or other service providers or being told that they have some ownership in their abuse. Ultimately, denying men's experiences in IPV victimization can lead men to question whether or not they have been subjected to IPV. While attributing blame can lead men to question whether or not they are a victim, perpetrator, or engaging in mutual IPV.

The other response is that men are referred to certain resources or services however, these supports may be inappropriate, not suitable for those who have been subjected to IPV or, may provide fewer or different services to men than to women. One example of inappropriate referrals included men being referred to programs for male perpetrators of IPV or anger management programs. In other cases, men may be referred to different community organizations, such as women's shelters, that have programs that assist men. Although accessing supports through women's shelters are better suited to assist men than seeking support through other agencies, they do not offer the same types of services for men as they do for women. For example, two participants (3) (4) explained that some domestic violence shelters will assist men

with counselling or safety planning, but do not provide residential shelter services to men. The fact that men do not have the option to use shelter services can be interpreted in different ways such as men do not require shelter services because they are men or because their experiences do not warrant physical protection. Overall, when men are misdirected or do not receive the types of services they require, it sends the message to men that the formal help-seeking system is not set up to assist them.

Implications

For Men. The compounding impact of society's understanding of men in the context of IPV interactions and the treatment of men who experience IPV within the system, puts these men in a difficult position. One participant (2) described this position as an identity issue in which men struggle to understand their experiences; men question whether or not their experiences constitute IPV victimization. When sharing the experiences of one client, a participant explained that;

> *[w]hen someone experiences a situation when they feel powerless, they self critically*
>
> *reflect on it. They can also flip into having intense boundary issues, not letting anyone in*
>
> *or in his case, kind of really building this masculine front* (5).

As discussed, victimization is often associated with femininity (Howard & Hollander, 1996, p. 86, as cited in Magliaccio, 2001, p. 208) therefore, the idea of building a masculine front could be seen as an attempt to compensate for being victimized. Based on the accounts from participants, being male and being a victim are two identities which are at odds both in terms of the dominant societal view and in terms of what services are available to provide support. This situation can work to make men question whether they 'count' as legitimate victims of IPV.

For Society. The treatment of men who experience IPV also has larger societal implications. For example, the data suggest that the combination of the social view of men and the realities of how men are treated within the system has created a space in which men, and others, do not feel comfortable advocating for the creation of specific services for men. The importance of self-advocacy was discussed by one participant (3) who referred to the historical experiences of women in fighting for domestic violence services. The lack of services available to men implies that IPV is not an issue for men. This also means that men do not get the help they need.

Recommendations

Based on participants' accounts of men who have been subjected to IPV, changes at the societal and institutional levels are required. At the societal level, factors such as traditional understandings of IPV, masculinity, and the current social climate have come together to create a society which does not see men as potential victims of IPV. On an institutional level, participants shared that the system has responded to men by denying their experiences, placing the blame on the men, and/or referring them to services that do not suit their needs. By looking to the academic literature, recommendations will be made on how to potentially address these concerns and make important changes in understanding and assisting men who are subjected to IPV.

Addressing the Societal Response.. In considering ways to address the societal response to men subjected to IPV, it is important to look to academic literature for recommendations. Given this study's focus on language and service providers' definitions of men, one area considered within academic literature was the use of language with men subjected to IPV. In looking to the literature, a recent study explored the use of a "...non-gendered synonym for IPV" in order to gain insight into the experiences of abused men (Walker, Lyall, Silva, Craigie,

Mayshak, Costa, Hyder, & Bentley, 2020, p. 214). In exploring men's experiences with IPV, help-seeking, and reporting behaviours, this study used the term "boundary crossing" rather than IPV (Walker et al., 2020, p. 214). The aim of this term was to reduce stigma for men who are subjected to IPV in hopes of encouraging men to disclose abuse (Walker et al., 2020, p. 221). Using an anonymous online survey with open-ended questions, participants shared the type of abuse they were subjected to, their interactions with informal and formal supports, and their experience with reporting their abuse (Walker et al., 2020, p. 213). Overall, this study found that the use of "boundary crossing" was "...a useful tool for eliciting information from men..." (Walker et al., 2020, p. 213).

In addition to these findings, this study also discussed potential limitations and the need for future research. In terms of limitations, the authors considered that the term "boundary crossing" may not be effective in other cultural contexts (Walker et al., 2020, p. 221). However, the importance of these findings is that the use of non-gendered language was useful in getting information from men about their experiences (Walker et al., 2020, p. 221). The authors also made three recommendations. The first recommendation includes extending these findings through future research (Walker et al., 2020, p. 221). The second recommendation involves educating service providers about the "...prevalence of female-perpetrated IPV..." in order to "...enable an appropriate, unbiased response to male victims reporting IPV" (Walker et al., 2020, p. 221). The final recommendation is "...that policy and funding of IPV at a societal level be non-gendered to ensure that men have the same opportunity as women to access help and support" (Walker et al., 2020, p. 221).

Aside from using non-gendered language when conducting research with men, another study looked at current theories of IPV and called for an integration of family violence and

feminist theories (Anderson, 1997, p.665). As discussed by Anderson (1997), feminist theories

of IPV argue that "domestic violence is rooted in gender and power and represents men's active

attempts to maintain dominance and control over women" (p. 677). Whereas family violence

researchers contend that the patriarchal influence is merely one "variable" to consider in IPV

exchanges (Gelles, 1993; Straus, Gelles, & Steinman, 1980, as cited in Anderson, 1997, p. 665).

Anderson (1997) goes on to explain that "...aspects of the structural environment influence an

individual's propensities for domestic assaults" (p. 677). Resource theory, which contends "that

violence is an ultimate resource used to derive power within relationships" (Goode, 1971, as

cited in Anderson, 1997, p. 657). Each of these theories was explored and tested.

In exploring the need for an integrated theory, Anderson (1997) examined relationships

between "gender, sociodemographic factors, status resources, and domestic assaults" (p. 656)

using a national study of co-habiting or married couples. In terms of the family violence

perspective, the analysis of the survey data indicated that "...structural characteristics influence

violent behaviour within families" (Anderson, 1997, p. 662). Other findings indicated that

similar sociodemographic factors, such as race, cohabitation, and age, are predictors of violence

perpetrated by both men and women although, these factors are greater predictors of perpetration

for men (Anderson, 1997, p. 662). As for resource theory, the findings showed that resource

theory was helpful in understanding male-perpetrated violence but was unable to explain female

perpetrated violence.

The findings of Anderson's (1997) study determined that the family violence perspective

and the resource theory are valid explanations. As Anderson (1997) explains;

> [e]lements of the structural environment – particularly age, race, cohabitation, and
>
> education and income resources – are associated with domestic violence. These same

structural characteristics, however, do not necessarily influence men's and women's

violence in a similar fashion. Gender interacts with structures of race, marital status, and

socioeconomic status to influence power within relationships and propensities for

domestic violence (p.667).

The importance of this discussion is that factors, such as age, race, cohabitation, and

education/income are important in terms of domestic violence, however, these factors may

influence men's or women's perpetration of IPV differently. Although men's experiences in

being subjected to IPV have been explored in academic literature in recent years, there are still

gaps within the literature.

According to Anderson (1997) other studies have failed to consider cultural

considerations of gender and/or female-perpetrated violence (p. 677). These findings have

provided some insight into why men and women perpetrate IPV; however, more research is

required in order to better understand why women engage in IPV (Anderson, 1997, p. 677).

Specifically, Anderson (1997) suggests that this integration must focus on sociodemographic

factors which cause IPV (p. 668). This integration would assist in understanding both male and

female perpetrated violence while also bringing awareness to the fact that IPV is perpetrated by

both men and women. Overall, this theoretical integration could assist in changing society's

understanding of IPV.

Academic literature and theory are important tools in fostering change to how society

understands IPV. Beginning with the literature, Walker et al. (2020) recommended

future research replicating their study in order to extend their findings and further explore the use

of non-gendered language. Although the use of non-gendered language could be useful in

eliciting information from men regarding their experiences and expanding the definition of IPV

to include men, the use of non-gendered language is not always beneficial. While there are some aspects of IPV victimization which are common among both men and women subjected to IPV, such as feelings of isolation and trauma as a result of victimization, there are some dynamics which are specific to the experiences of men subjected to IPV. For example, in comparing their work with male and female survivors, one participant discussed that *"…*[women] *don't really deny their own sexuality or femininity which a lot of men struggle with in their situation too, to believe that they are masculine"* (5). Here, the unique dynamic is related to men's desire to live up to masculine ideals, whereas, at least from this participant's (5) perspective, women are not as likely to question their femininity in the context of IPV victimization. Given that there are dynamics related to IPV victimization which are unique to each gender, some aspect of gender specificity is important. Therefore, the approach to understanding IPV must involve a combination of both gender neutrality and gender specificity. More specifically, gender neutrality could assist in expanding the definition of IPV victimization to include men, while gender specificity could highlight the unique dynamics of IPV victimization for both men and women which could assist in the creation of gender-specific services and resources.

Other suggestions include the creation of an integrated theory, which would assist in understanding both male and female-perpetrated violence, and continuing to explore female perpetrated violence through research. These efforts would provide insight into female perpetrated violence against male partners while adding to the literature on the experiences of men from a different, non-victim perspectives. Overall, these recommendations could assist in changing society's understanding of IPV. In addition, changing society's understanding of IPV could also assist in bringing awareness to the needs for services for men within the formal help-seeking system.

Addressing Services. As revealed in the findings, men seeking help are either told they are not victims, are blamed for their victimizing experiences, or are referred to supports that do not meet their needs. In order to make changes to how the system responds to men, change is required on different trajectories including; increasing and improving the services available to men, and offering better training and education for those providing these services. Together these changes could greatly improve the help-seeking experiences of men.

Based on the discussion of help-seeking experiences by participants, services are not set up to assist men. These findings are consistent with academic literature which has found that services for men are; imperfect or flawed (Douglas & Hines, 2011; Machado et al., 2017) and/or lacking (Drijber et al., 2013). Other findings indicated that men are often seen as perpetrators or told "we only help women" (Douglas & Hines, 2011) and their attempts to access resources within the formal help-seeking system led to negative help-seeking experiences overall (Morgan & Wells, 2016; Tsui, 2014). The general consensus is that men require more IPV-related supports and that these services must be designed to meet the specific needs of this population.

In the current study, participants shared that one of the largest areas of need was for residential shelter services that are specifically designed for men. For example, three participants (3)(4)(7) listed local women's shelters as potential resources for men as they provide *"safety planning"* (3)*,* counselling and other services to men. However, these shelters do not provide shelter to men. In discussing the lack of resources available to men, some participants (4)(6)(8) shared that they were either unaware of shelter services for abused men or they believed that these services were non-existent in the communities in which they worked.

The need for shelter services has also been explored in the literature. A study that explored the help-seeking experiences of men in Portugal found that *"having security"*, such as a

safe place to stay after abuse, was one of men's help-seeking needs (Machado et al., 2016, p. 260). However, another study which explored the help-seeking experiences of men subjected to IPV, found that men considered shelter services the least helpful of all services offered to men (Tsui, 2014, p. 127). Although Tsui's (2014) findings regarding men's satisfaction with shelter services is important, the study provided few details regarding these shelter services. As discussed in the current study, women's shelters often provide limited and/or non-residential services to men which could account for men's dissatisfaction with shelter services. Overall, men's use of shelter services requires further investigation however, the discussion of shelter services in the current study and the notion of required security discussed by Machado et al. (2016) indicate that shelter services could be important in assisting men.

In addition to increased services, such as domestic violence shelters for men, several participants discussed the importance of counselling services for men. Some participants (2) (3) (5) (8) provided counselling, such as group, couples' or individual counselling, as part of their position as a service provider and other participants listed counselling agencies as resources they would refer men to. The use of counselling services with men has also been explored in the literature.

Tsui's (2014) study of help seeking experiences reported that counselling services were among those most used by men and were considered to be "a helpful service" (p.127). However, Tsui (2014) noted that there were some inconsistencies between the quantitative responses and qualitative comments regarding counselling experiences (p.127). He stated that "...some respondents found counselling effective whereas others did not. Some noted the importance of the careful selection of a counsellor..." (Tsui, 2014, p. 127). Based on the notion of careful selection, it is possible that some men within Tsui's (2014) study who sought counselling

services encountered a counsellor that they perceived to be not helpful or did not meet their needs in some fashion. Therefore, these findings indicate that there is potential room for improvement to counselling resources.

Based on the fact that there are some inconsistencies regarding the helpfulness of counselling and shelter services, it is important that these areas be explored in future research. The study by Tsui (2014) was mainly a quantitative study but it included some qualitative data. These qualitative data are what led to determining the inconsistency of the effectiveness of counselling services and the need to carefully select a counsellor (Tsui, 2014). This study also reported that men found shelter services unhelpful but failed to provide details about the shelter services available to participants (Tsui, 2014). As discussed by participants in the current study, some women's shelters provided counselling, but did not provide residential assistance to men. Details pertaining to the type of shelter or services men were accessing would have provided a more accurate picture of the help-seeking experiences of men. Although these are important findings, the study did not provide enough detail. Therefore, future research could be conducted in order to gain more insight into the viability of shelter and counselling services for men who have been subjected to IPV.

Tsui (2014) also explored other help-seeking services; including medical and hospital services, legal services, substance abuse resources, and helplines (p. 124). As discussed, shelter services were among the least helpful according to men while medical services, legal resources and helplines were considered to be "somewhat unhelpful" (Tsui, 2014, p. 124). Out of all of the formal services available to men, "services related to substance abuse" were ranked the most helpful followed by counselling services (Tsui, 2014, p. 125). The findings of this study

indicated that men perceived services available to them as non-helpful overall (Tsui, 2014, p. 124).

Based on the findings of this study and academic literature, services require change in order to effectively assist men who are subjected to IPV. Another study that explored the help-seeking experiences of men who were subjected to IPV determined several reasons men did not want to seek services within the formal system and offered recommendations in order to improve services (Tsui et al., 2010, p. 773-5). The most common reasons men did not want to seek services included; service target, shame and embarrassment, self- denial, stigmatization, and fear (Tsui et al., 2010, p. 773). The recommendations of the study fall into four general categories including; creating public awareness, gender-inclusive services and practice, training for service providers, and others such as funding and research (Tsui et al., 2010, p. 775).

In exploring ideas around changing society's views of IPV, the use of non-gendered or gender inclusive practices and creating awareness through research efforts was explored and recommended. Creating public awareness and training for service providers are other important recommendations which have to do with improving the formal help-seeking system. In addressing public awareness, one of the main recommendations was for education. Educational recommendations ranged from educating the general public using service providers and/or public service announcements to educating youth and college students about male victimization (Tsui et al., 2010, p. 775). Other recommendations included challenging assumptions and discouraging victim blaming (Tsui et al., 2010, p. 775).

One example which could create increased public awareness is through using public service announcements (PSAs) during highly televised events. There are hundreds of PSAs which depict domestic violence interactions. Many of these announcements are made by national

organizations and/or police departments who are committed to ending violence against women. For example, during the 2015 Superbowl the National Football League put out a PSA which depicted a woman calling 911 and pretending to order a pizza (No More, 2015). At first the 911 operator is confused by the call, but eventually understands that the woman is in danger and begins to ask yes or no questions in order to get information (No More, 2015). At the end of the video, the caption reads: "when it's hard to talk, it's up to us to listen" (No More, 2015).

The message of the PSA is that organizations are there to listen and encourages women to come forward even when it is difficult to do so. The message of this PSA is arguably very powerful given the platform during which it was shared – a sporting event that attracts approximately 102 million viewers worldwide (Pallotta, 2020). The fact that the features of the woman's identity, such as race and age were never revealed is important because it allows a wide variety of women, and perhaps men too, to identify with the situation. Although the situation did not show a male perpetrator, the viewer is led to assume that the woman was in fear of her male partner. This PSA is important and serves as a potential model for creating PSAs to raise awareness for male abuse. Creating a similar PSA depicting a man calling for help after an abusive incident would send a powerful message. These two PSAs could be played back-to-back or could alternate between different ads and commercial breaks. With millions of people watching, showing this PSA during the Superbowl, and other popular events, would help to get this message across to a large audience. Overall, promoting this PSA would bring awareness to the fact that both men and women are subjected to IPV.

With respect to educating service providers, Tsui et al. (2010) recommended more training, and specialized training. Generally, all service providers who could potentially interact with men, such as those in social services, medical professions, and law enforcement, require

more training on how to respond to and assist this population (Tsui et al., 2010, p. 775). This training should involve topics such as men in violent relationships including heterosexual, same-sex, and transgender relationships and information about female partners with different challenges including mental health or substance abuse (Tsui et al., 2010, p. 775). Other recommendations included; designing training in order to specialize in male abuse and distinguishing between traditional categories of violence such as "common couple violence" and "traditionally defined battering" (Tsui et al., 2010, p. 775).

The findings of the current study and the research within academic literature indicate that the formal help-seeking system requires changes at various levels. As discussed, changes to the system should begin with shifting society's understanding of IPV and challenging dominant assumptions. The findings of this study have shown that, from the perspective of service providers, the system requires more and better-suited services to assist men. Based on participants' accounts and findings within the literature, creating domestic violence shelters and counselling services for men are areas that should be explored in greater depth in order to better understand and subsequently serve the unique needs of this population. In addition to making changes and increasing the supports offered to men, creating public awareness and educating service providers are other areas in which responses to men who are subjected to IPV can be improved. By adopting these strategies and employing the recommendations made, great improvements could be made to the formal help-seeking system.

Significance of the Research

Although IPV has often been framed as an interaction involving female victims and male perpetrators, men also experience IPV victimization (Statistics Canada, 2013). The literature has found that men are largely dissatisfied with formal help-seeking resources and services (Douglas

& Hines, 2011; Machado et al., 2017; Drijber at al., 2013; Morgan & Wells, 2016; Tsui, 2014).

Exploring the perspectives of service providers who assist men subjected to IPV has provided

both an insider view and a larger picture of men's experiences while also highlighting some of

the realities for this population. More specifically, the findings of this study revealed that men

are not perceived as victims of IPV, and the approaches to dealing with men within the formal

help-seeking system are largely missing. Overall, the findings of this study could help to educate

service providers about men as victims of IPV and/or could assist in developing or altering

policies, programs, and resources for men.

Limitations & Future Research

The findings of this study are beneficial; however, this research is not without limitations.

In particular, this study relied on a small sample size, and for this reason the findings of this

study cannot be generalized to the perspectives of all service providers who assist men subjected

to IPV. Although this study has helped to occupy the gap in the literature pertaining to the

perspectives of service providers who assist men subjected to IPV, additional research with

service providers is required. Future research could replicate this study by conducting in-depth

interviews or using other qualitative methods, such as participant observation or focus groups, to

continue to explore the perspectives of service providers who assist men subjected to IPV.

Chapter 7: Conclusion

In conclusion, the findings of this study, as explored in Chapter five, identified and explored six dominant themes and patterns found within the data. This research has several key findings. The first is that men are not perceived by society as victims of IPV. This perception is linked to three main factors including; traditional understandings of IPV, masculine ideals, and the current social climate. The second key finding is that the formal help-seeking system is not set up to assist men. Specifically, men seeking help are either told they are not a victim and/or are referred to inappropriate resources. Finally, both society's perceptions of men in IPV exchanges and the treatment of men within the formal help-seeking system have important implications for men and society. For men, the compounding impact of society's understanding of men in IPV exchanges and the response from the system places men in a difficult position in which they often struggle to understand their experiences. These same factors have also created a social environment which makes it challenging for men, and others, to advocate for the creation of services for men.

The findings of this study have contributed to the literature in a few ways. Firstly, the majority of research with men subjected to IPV has been largely victim or client-focused. Rather than conducting research with men directly, this study explored the experiences of men from a non-client perspective. These perspectives are valuable as service providers have an insider view of the men they assist and important knowledge of the systems in which they work. Overall, these perspectives could bring credibility to men's fight for recognition as victims of IPV and for services designed to meet their unique needs.

Secondly, these findings also add to the gap in the literature pertaining to the perspectives of service providers who assist this population. These findings have provided a larger picture of

the experiences of men and providing services to this population. They have also identified that

the treatment of men is not based on one single factor, but rather on a set of connected factors.

Specifically, these factors include; that men are not perceived as victims and as such, the system

is not set up to assist men. These factors also have implications which make it difficult to

advocate for change and for the creation of services for men. This study can be seen as building

on the work of Hogan et al. (2012) while addressing some of the methodological concerns

discussed within the literature review. In order to address these concerns, this study widened the

eligibility criteria to allow for a more diverse sample, rather than strictly targeting counsellors

who had assisted men subjected to female-perpetrated IPV. Overall, this study has brought

scholarly attention to the experiences of men and the service providers who assist them.

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Appendix: Interview Guide

General Themes/Topics to consider:
- Service providers' experiences;
- Challenges/issues/barriers
- Services available
- Victims' experiences

Guiding Questions

I am interested in hearing about your experience in working with men who have been subjected to violence at the hands of their intimate partners. I am wondering:

1. How do you refer to a man who has been subjected to intimate partner violence? Is that the language that you use, or do you use other language? Can you help me understand, please? **(note: once the participant has stated how they understand IPV, I will use that term throughout the interview)**

2. Generally speaking, how would you describe your experience of working with men who have been subjected to intimate partner violence?

3. How would you characterize your role as a service provider? (probes include: what services do you provide to male clients? How do you assist these clients?)

4. Without violating client confidentiality, please describe a situation involving a male client who experienced IPV. (probes include: What happened to him? Who had been involved? How would you describe your work with this male client? How did things end up for him?)

5. How have other male clients compared to the client you just described? (probes include: Was the situation you just described unique? Or, was the situation you just described common among male victims? How so?)

6. What resources, if any, are available to male clients in the community in which you work?

7. Based on your experience, what, if any, challenges, have male clients faced?

8. Based on your experience, what, if any, barriers, have male clients faced?

9. Do you have experiences with women who have been subjected to IPV?

10. If so, how would you compare male and female clients? How are they similar? And/or how are they different?

11. I am wondering if there are there other features of identity that are important to discuss in addition to gender. For example, have other factors such as age, social class, sexual orientation, cognitive and physical ability, and race or ethnicity made a difference with respect to the experiences of male clients? Could you explain, please?

12. What do you feel is important to know about a male client in order to assist him properly?

13. Has working with male clients of intimate partner violence changed your understanding of victimization, and if so, how?

14. In closing, how has this kind of work impacted you? How has it compared to working with other types of clients?

Thank you for making time to talk with me today about your experiences with male clients. Do you have any other comments you would like to make regarding your experiences with male clients? Also, is there anything that I haven't asked that I should have?