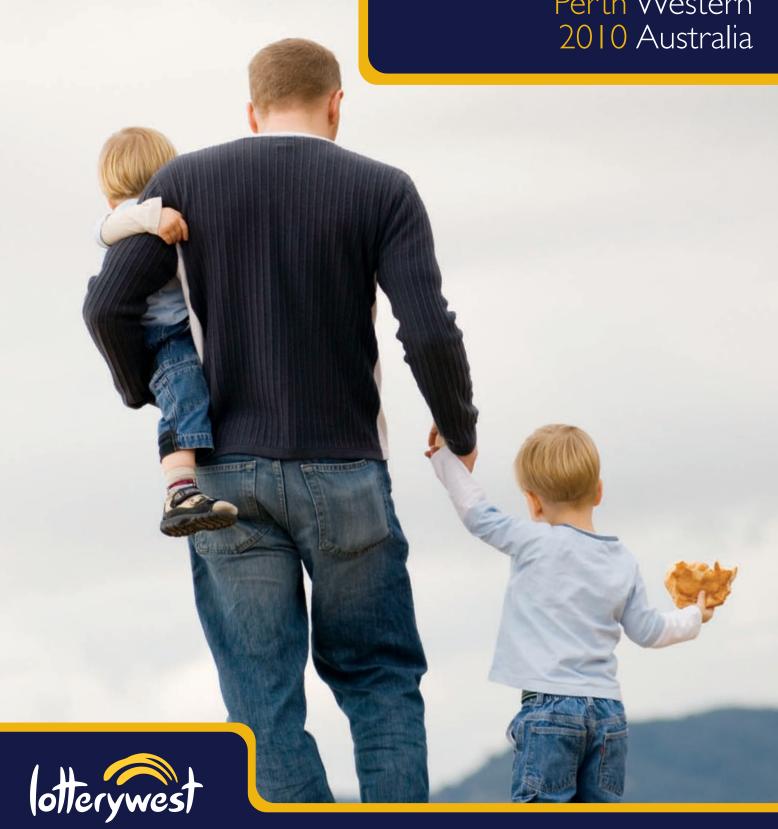


INTIMATE PARTNER ABUSE OF MEN

Emily Tilbrook • Alfred Allan • Greg Dear

Perth Western



A research project commissioned by the Men's Advisory Network (MAN), supported by a research grant from Lotterywest and executed by researchers of Edith Cowan University

An electronic version of this report is available on www.ecu.edu.au or www.man.org.au

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Acknowledgements

We thank the participants who allowed us to interview them about this sensitive topic and those service providers who were prepared to spend time completing the survey instrument. We also wish to thank Julian Krieg and Gary Bryant, the President and Executive Officer of the Men's Advisory Network (MAN), respectively for their professionalism in interacting with the research team by not interfering with, or trying to influence, the research process. We also thank Jo Wilkie who was the Lotterywest liaison person. Finally, we thank the members of the steering committee for their wise counsel and assistance.

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EXECUTIVE SUMMARY

In this research we sought to explore men's experiences as victims of intimate partner abuse. Our main objective was to gather data to guide policy makers and service providers in improving services to male victims of intimate partner abuse. A secondary aim was to guide researchers in how to facilitate men's disclosure of intimate partner abuse experiences in large-scale epidemiological studies.

The research was conducted in two stages. The first stage involved a qualitative exploration of male victims' experiences, focussing on factors that influence deciding whether or not to disclose the abuse. The second stage involved a survey of 198 service providers across a range of health, welfare, and justice fields.

In Stage One, data were collected from three populations: men who reported that they were abused by their partners (n=15); significant persons in the lives of such men (n=5); and individuals who provide services to such men (n=8). A major limitation of this stage was that we failed to engage men younger than 33, Aboriginal men, gay men, and men from culturally and linguistically diverse backgrounds. Nonetheless, the data collected are rich in what they reveal about Anglo-Australian male victims of intimate partner abuse where the perpetrator is female.

We employed a grounded theory approach in order to set-aside pre-existing theoretical and philosophical assumptions about men's experiences of abuse and to allow a conceptual framework to emerge from our data.

The categories of abuse reported by Stage One participants were consistent with those found in the family violence literature. However, we also identified one form of abuse that has not been researched before. We labelled this *legal-administrative abuse*. Legal-administrative abuse involves a person using legitimate services in a way that abuses the rights of others. Spiritual abuse was mentioned by one participant but did not emerge as a reportable theme in Stage One.

The data suggest that women who reportedly abuse their intimate male partners are likely to abuse other people as well (e.g., their children friends of their partners) and the abuse is sometimes part of a wider pattern of antisocial behaviour.

It is impossible to draw conclusions about the aetiology of the reported abuse, but factors that were mentioned by participants as leading to or causing the abuse were: female abusers' use of substances, female abusers' mental health problems, the female abuser having grown up in a dysfunctional family, learning that abusive behaviour is rewarding, the female abuser having a history of psychological trauma, and the female abuser having a high need for control. Participants also speculated that males who are victims of such abuse might be vulnerable to becoming involved in abusive relationships due to their personality, upbringing or physical condition. We emphasise that these are the speculations of our

participants, and that much research is needed before we can state a clear position on the causes of female to male intimate partner abuse.

The data suggest that male victims of intimate partner abuse and their children suffer a range of consequences, such as psychological distress (including psychological disorders such as depression and anxiety disorders), suicidal ideation, impaired self-concept (in particular around one's sense of masculinity), and loss of work.

Despite those impacts, participants reported that men are reluctant to disclose what is happening to them or to seek help. The reasons for this are complex. The major factors appear to be men's denial of what is happening; their fear that they will not be believed, and their fear that even if they are believed they will not be assisted or will be blamed for the abuse. Participants believed that men would find it easier to seek help and disclose the abuse if there were greater public acknowledgement that males can also be victims of abuse, if there were appropriate services for men, and if they were confident that they will be given effective help.

In Stage Two we sought to clarify and extend the data gathered in Stage One by conducting a structured (set questions) survey of service providers from a range of services (health, welfare, counselling, police, legal, pastoral, etc.). Due to the absence of men under 30, men in same sex relationships, Indigenous Australian men, and men from culturally and linguistically diverse (CALD) groups in Stage One, the survey instrument did not contain questions specifically relevant to these groups.

There were seven main findings of note from Stage Two. First, a high proportion of service providers (81%) reported that in the previous 12 months they had provided services to at least one man who reported being a victim of intimate partner abuse. Second, service providers indicated moderate agreement with the definitions of different categories of abuse that we provided, with the main addition to those definitions being that *power and control* and *fear and intimidation* should be explicit within them. In short, different categories of abuse should not only be defined by the actions involved in that form of abuse but also by the intimidation that is caused or intended by those actions and by the control that the abuser attempts to exert over the victim.

The third major finding is that service providers reported that the types of barriers to disclosure that we identified in Stage One were, to varying degrees, relevant to the men who they had worked with. Over 80% of service providers reported observing in their work barriers such as a sense of shame, fear of not being believed, and an expectation of genderbias. These are the most critical factors that service providers and agencies need to remove in order to assist male victims to disclose their abuse.

Fourth, participants identified some additional barriers to those that we identified in Stage One, such as the psychological health of the victim, when the victim is both

perpetrator and victim, and a perceived hetero-sexist bias among service providers. Fifth, a high proportion of participants reported having observed the facilitating factors identified in Stage One operating in the lives of the men they had seen.

The sixth major finding is that participants rated themselves and their agencies as only moderately effective in (1) overcoming the barriers to men disclosing and (2) harnessing the factors that facilitate disclosure. This is an issue that needs further exploration. If participants' perceptions on this issue are accurate, then there is a lot of work needed in terms of training and service design if agencies are to be effective in assisting men to disclose abuse. In relation to this matter, participants suggested that more public education and health promotion campaigns would be an important part of addressing some of the barriers to men disclosing the abuse they have suffered. The limited degree of acknowledgement that men can be victims of intimate partner abuse was a major problem that participants identified within both the health and welfare service fields and within the general community.

The seventh major finding from Stage Two is that a similar range of services that are currently available to women (although many would argue are insufficiently available) were identified by participants as being required for an effective service response to the needs of men. These include, counselling and support services, gender-sensitive services (services specifically for men), accommodation services, help-lines and crisis response, community education and prevention programmes, and specialist family violence services for diverse sections of the male population (e.g., men in same sex relationships, Aboriginal men).

Based on our findings we make the following recommendations:

- 1. That government funded public awareness campaigns be conducted to raise awareness of intimate partner violence against men. Such campaigns need to be very carefully designed so as to complement campaigns about family violence against women and children and not to damage the effectiveness of those campaigns.
- 2. Consideration should be given to providing publically-funded services specifically for male victims of IPA.
- 3. Consideration should be given to how services for male victims of IPA can be integrated with services for female victims and general services for victims of family violence in all its forms. It is likely that some types of service can be effectively integrated while others will need to be gender-specific.
- 4. Workers in the broader health and welfare fields should be provided with training to assist them to respond effectively to male victims of IPA. In particular, these workers need training in how to dismantle the barriers (identified in our research) to men disclosing their abuse and strengthening the factors that facilitate men's disclosure of their abuse.

2.0 INTRODUCTION

During the last 50 years researchers, policymakers, legislators and practitioners have given much attention to the abuse taking place within families and other intimate relationships.

2.1 Definitions of Intimate Partner Abuse

Researchers have identified seven broad categories of abuse but there is no clear consensus in the literature as to how each should be defined. In the sections that follow, we have outlined the definitions of best fit from the literature.

2.1.1 Physical abuse

Hegarty, Hindmarsh and Gilles (2000, p. 363) define physical abuse as "causing pain and injury, denial of sleep, warmth or nutrition, denial of needed medical care, sexual assault, violence to property or animals, disablement, and murder". For the purposes of the research we have adopted the broader definition of physical abuse used by Hegarty, Sheehan and Schonfeld (1999) that also includes verbal and non verbal threats of physical abuse.

2.1.2 Psychological (emotional and cognitive) Abuse

Even though abuse of any nature has a psychological aspects, some authors consider psychological abuse to be a distinct form of abuse (see, e.g., O'Hagan, 1995). We will do the same in this report. There is also confusion about what exactly psychological abuse involves. Some researchers focus exclusively on the emotional aspect and use the terms psychological and emotional abuse interchangeably (see, e.g., Burnett, 1993). Other researchers, such as O'Hagan (1995), argue that psychological abuse has two components (cognitive and emotional) and that the two do not necessarily overlap. Cognitive abuse is seen to be aimed at undermining "the security of the victim's own logic and reasoning" whilst emotional abuse involves behaviour "intended to undermine the victim's self-respect and sense of worth" (Outlaw, 2009, p. 246).

2.1.3 Verbal abuse

A form of abuse that can, but need not, overlap with psychological abuse is verbal abuse. This form of abuse is defined as behaviour that involves that use of language which is designed to humiliate, degrade, demean, intimidate, or subjugate (Hegarty et al., 2000; Outlaw, 2009).

2.1.4 Sexual Abuse

Hegarty et al. (2000) included sexual assault in their definition of physical abuse, however, other researchers argue that sexual abuse should be a distinct category of its own (see, e.g., Sonkin, under review). Sonkin (under review), defines sexual abuse as nonconsensual sexual activity, but points out that this includes situations where people agree to the sexual activity to prevent the escalation of some other form of abuse (e.g., verbal or physical abuse). The fact that a person acquiesces, or even says yes, does not necessarily mean that the person has given consent.

2.1.5 Financial or economical abuse

Financial or economical abuse is well established as a form of abuse and includes depriving victims of basic necessities, seizure of income or assets, and unreasonable denial of the means necessary to participate in a social life (see, e.g., Hegarty et al., 2000; Outlaw, 2009).

2.1.6 Social abuse

Social abuse is also commonly mentioned and is defined as the imposition of isolation through the control of social activity, deprivation of liberty, or the deliberate creation of unreasonable dependence (Hegarty et al., 2000; Outlaw, 2009).

2.1.7 Spiritual abuse

This form of abuse has not received much attention in the literature. Dehan and Levi (2009, p. 1300) define it "as any attempt to impair the ... [victim's] ... spiritual life, spiritual self, or spiritual well-being". They distinguish three forms of spiritual abuse: deprecation of the victim's spiritual worth, beliefs, or deeds; preventing victims from performing spiritual rituals; and causing victims to transgress spiritual norms.

2.2 Victims of abuse in families

Family abuse where the victims are women and children has been well researched (see Bartels, 2010, for a recent review of the literature in this regard) and the findings of researchers have been used to develop policies to address these forms of abuse. These policies have in turn led to advertising campaigns to raise public awareness of the occurrence of such abuse; the development of treatment and support services for victims and protocols and procedure for health, police and justice personnel to deal with abuse against women and children. Family abuse where the victims are of the same sex as the perpetrator, or parents abused by their children who still live at home, or men, have not received similar attention from researchers or those who formulate policy. There have been

few studies into the prevalence of these forms of family abuse and the available data are often disputed. There is, nevertheless evidence that these forms of abuse do occur in a variety of relationships and across a number of demographic groups (see Table 1).

Table 1

Examples of published papers on abuse in families

Group	Authors	Methodology	Findings
Same sex relationships	Burke & Follingstad (1999)	Literature review	Intimate partner abuse in gay and lesbian relationships is as prevalent and may be more prevalent than in heterosexual relationships.
	McClennen (2005)	Literature review	The prevalence, types of abuse and the dynamics of abuse in gay and lesbian relationships are similar to those in heterosexual relationships
Parents abused by children living at home	Pagani, Tremblay, Nagin, Zoccolillo, Vitaro & McDuff (2009)	Longitudinal quantitative study	56% of 774 adolescents in this study had been verbally aggressive towards their father and 11% had been physically aggressive towards their father
	Browne & Hamilton (1998)	Quantitative study	14.5% of 469 young adult participants in the study reported using violence against their mother or father and 3.8% reported severely violence against either parent
Men abused by their female partners	Caetano, Vaeth & Ramisetty- Mikler (2008)	Quantitative study	In a sample of 1,136 heterosexual couples, 8% reported mutual violence, 4% reported violence perpetrated by a male partner only and 2% reported perpetration by a female partner only
	Coker, Derrick, Lumpkin, Aldrich & Oldendick (2000)	Quantitative study	13.2% of 556 men indicated that they had experienced intimate partner abuse and the rates did not differ greatly between men in rural, urban and suburban communities
	Phelan, Hamberger, Guse, Edwards, Walczak & Zosel (2005)	Quantitative study	29% of 65 men reported that their partner had used one of the severe forms of violence in the modified Conflict Tactics Scales
	Reid et al.	Quantitative	Men experienced IPA at a rate of

Craun		Λ t la	Mathadalagu	Findings.
Group		Authors (2008)	Methodology study	Findings 4.6% in the year prior to 2007. Men aged 18-55 years were twice as likely to report having experienced abuse recently than were men over 55 years
Men abused be their female partners within specific demographic groups				
Young	men	Cercone, Beach & Arias (2005)	Quantitative study	Female undergraduate university students in heterosexual relationships were more likely than men to report having perpetrated a severe physical assault on their partner, with 15.11% of 244 females in the sample compared to 7.41% of the 206 male in the sample indicating perpetrating a severe form of abuse
Cultura and linguist diverse men (CALD	tically	No published research in Australia		
Indiger men	nous	No published research in Australia		

Despite these suggestions of abuse against parents, males and same sex partners there is a dearth of research regarding groups other than children and females. Our review of the published peer reviewed studies in Australia (see Table 2) in respect of men as victims revealed most of them are quantitative studies, which means that the voices of the victims are absent in them. Furthermore, none of them examined the perspective of stakeholders, and only one, the Sarantakos (2004) study, explored the perspective of people close to victims (significant others), despite the fact that these groups may be able to provide valuable information.

Table 2

Published peer review papers on men as victims of intimate partner abuse

	B.4. (1 1 1		
Authors De Vries Robbe & March, (1996)	Methodology Quantitative	Population Male and female patients attending a Brisbane hospital emergency department, 16 years and over	Comments This study (a replication of the Roberts et al. study reported below) reported the rates in which the experience of an abusive act was reported by participants
Headey, Scott, & De Vaus, (1999)	Quantitative	Men and women who were in a partnered relationship in the year prior to the 1996-1997 International Social Science Survey of Australia	This study explored the rates of abuse, experienced by participants, reported in the Family Interaction" module of the International Social Science Survey of Australia 1996-1997
Indermaur, (2001)	Quantitative	Men under 20	This paper is not an original research paper, but is based on an unpublished study that also included quantitative aspects
Lewis & Sarantakos, (2001)	Qualitative	Men between the ages of 30 and 65	This study explored the experiences of abuse from the perspective of male victims
Roberts, O'Toole, Lawrence, & Raphael, (1993)	Quantitative	Male and female patients attending a Brisbane hospital emergency department, 16 years and over	This study report the rates in which the experience of abuse was reported by participants
Sarantakos, (2004)	Qualitative	Family groups within which violence is occurring, consisting of husband, wife, one of their children and the wife's mother	This study explored the concept that violence from a wife to a husband is "always justified by the notion of the wives' self-defence" (p. 278)

A Western Australia (WA) report entitled *The Men's Project – Exploring Responses to Men Who Are Victims or Perpetrators of Family and Domestic Violence*¹, identified a need for further research and consultation in the area of abuse experienced by men (Family and Domestic Violence Unit, 2006). It is pointed out in the Family and Domestic Violence unit report that because of the absence of research in this regard there is a lack of public education programs aimed at reducing the incidence of such abuse; support services for men who are abused; and treatment services for the relevant perpetrators whether they are male or female. It appears from Cheung, Leung and Tsui (2009) that this lack of services for men is not limited to WA, but is a notable phenomenon throughout the Australia, Asia and New Zealand.

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¹ This report was commissioned by the Western Australian Department for Community Development's Family and Domestic Violence Unit as an incentive under the Western Australian Family and Domestic Violence State Strategic Plan 2004 – 2008.

3.0 AIM OF THIS STUDY

The overall aim of this exploratory study was to investigate the experience of adult male victims of Intimate Partner Abuse (IPA), looking at men of all ages above 18, including Indigenous men, men in a same sex relationship, men from culturally and linguistically diverse backgrounds (CALD), and men from a range of locations (urban, rural, remote). For the purpose of this study, IPA denotes behaviours that are considered abusive by the person (alleged victim, significant other, or service provider) who reports those behaviours. The specific research questions for this study were:

- 1. What forms of abuse do men report experiencing from intimate partners?
- 2. What specific experiences of victimisation do men report?
- 3. What impacts of that abuse do men report? This question is posed in the broadest sense (emotional impacts, physical health impacts, financial impacts, employment and other social impacts, etc.). A specific focus is the degree to which men report fear and intimidation, and what types of fears they report.
- 4. How is intimate partner abuse (IPA) conceptualised by the men who report being abused and by service providers who work with those men?
- 5. What are the barriers to men disclosing IPA against them?
- 6. What types of services might significant others (close friends or family members, other than the perpetrator of the violence, who are aware of the man's experience) be inclined to contact for support or advice on how to intervene and/or assist the man to seek help?
- 7. What would facilitate men's disclosure of IPA experiences in large-scale epidemiological studies?

4.0 STAGE ONE

Stage One was undertaken to collect qualitative data that could be used to answer some of the research questions and to develop the survey questionnaire that was used in Stage Two.

4.1 Methodology

4.1.1 Design

During Stage One of the project the researchers were guided by a constructivist grounded theory approach which requires researchers to put aside existing theories and look at what the data reveals about the phenomenon (Strauss & Corbin, 1990). This approach was chosen because although there are existing theories about IPA in general, there are no theories that have been developed about IPA from a male victim perspective (Sarantakos, 2004). Using a constructivist grounded theory approach let the researchers focus on individuals' perceptions and experiences of events rather than on the physical events themselves (Charmaz, 2006). To collect data the researchers used semi-structured interviews which incorporated open ended questions that allowed them to guide participants to focus on the topic. This is an effective way of encouraging participants to relate their experiences (Liamputtong & Ezzy, 2005). Data from these interviews was collected and an analysed until data saturation occurred, that is when no new themes emerged from the collected data anymore.

4.1.2 Steering committee

A pre-existing steering committee provided valuable assistance to the research team. The members of the committee consist of representatives of government agencies and non-government organisations representing various stakeholders and services providers who offer services to a range of population groups, specifically Indigenous Australians, gay men, and people from culturally and language diverse (CALD) groups. The steering committee also include academics and researchers who have experience in conducting research in the area of family violence and on men (specifically men in same sex relationships). The steering group met with the research team on a regular basis.

4.1.3 Participants

Twenty eight participants were interviewed for this stage of the research and they came from three populations:

- 1. Self-identified male victims of intimate partner abuse (n=15);
- 2. Service providers to male victims of intimate partner abuse (n=8); and

3. Significant others (close friends or family members) of male victims of intimate partner abuse (n=5).

To recruit participants from a wide range of backgrounds the researchers used:

- Media releases distributed by the Men's Advisory Network and Edith Cowan University (these media releases were also posted on a number of relevant websites);
- Recruitment flyers and posters which were placed on public notice boards within greater Perth, in the male toilets of hotels frequented by males, as well as emailed, posted and personally delivered to a number of Perth service providers; and
- Draft newspaper articles that were compiled and sent to community newspapers,
 Out in WA (a gay in WA website) and the Australian Health promotion newsletter;

The researchers approached 33 Perth service providers to invite them to participate in the research and request their assistance in recruiting male victims of intimate partner abuse from the population they provide services to. They also contacted a number of Perth radio stations requesting the directors of *talk back shows* to broadcast information about the research project and offering to participate in interviews.

The researchers also collaborated with a journalist who was writing a newspaper article on intimate partner abuse. The article was published in the Perth *Sunday Times* newspaper on the 5th of April, 2009 (see appendix B) and led to many inquiries regarding the research. This article was also published online and links to this online version appeared on a number of websites aimed at men.

A large number of men, also from overseas, contacted the researchers by telephone and email to inquire about the project and Australian contacts were logged when enough information was available. When the collection of data was closed the researchers had logged contact with 45 Australian men who identified themselves as a victim of intimate partner abuse. There have been further contacts since then but these were not logged. Some men requested information but did not want to participate in the project. As all the men who volunteered to participate were heterosexual Anglo-Australian males of 33 or older the researchers, guided by the steering committee, made a special effort to recruit Indigenous men and men from the CALD, gay and under thirty groups, but to no avail. These attempts included putting flyers up in places frequented by men from these groups, trying to recruit through service providers that serve them and even changing the wording and colour scheme of flyers. Originally the researchers intended to interview men from within Western Australia only, but the promotion of the study through the media elicited contacts from men in other Australian states and territories. The researchers decided to include

participants from outside Western Australia in the study as this broadened the pool of participants and made it applicable across Australia.

The researchers interviewed 15 male victims, but data saturation was achieved after 13 interviews. Participants came from every one of the Australian States and Territories, except the Northern Territory, and from both city and country areas (see table 3 below).

Table 3

Geographical location of male victims of intimate partner violence abuse who participated

	N		
State	Metropolitan Area	Country Area	Total
Western Australia	5	3	8
South Australia	1	1	2
Victoria	1	0	1
New South Wales	1	0	1
Queensland	1	0	1
Tasmania	1	0	1
Australian Capital Territory	1	0	1
Northern Territory	0	0	0
Total	11	4	15

The researchers had contact with 33 service providers who indicated that they had provided services to male victims of intimate partner abuse within Western Australia. Eight of these providers eventually volunteered to be interviewed. However, due to the lack of volunteers from service providers for this stage of the research and time constraints we do not know whether data saturation was reached in regard to service providers. Each of the interviewees provided more than one service, with all of them providing counselling and three providing legal support of some nature.

Sixteen significant others contacted the researchers up to the closing date for data collection, however, most of them were calling for information about support agencies rather than to participate in the research. The five volunteers who were interviewed were all from Western Australia and they included a sister; sister-in-law; a non abusive and non abused ex-partner; a non abusive and non abused current partner; and the male adult child of a male victim. Despite attempts to recruit more, we were not able to interview more significant others before the data collection stage closed finally and therefore we do not know whether we had reached saturation. We think that it is unlikely that we did.

To the best of our knowledge none of the 28 individuals who we interviewed during Stage One were related, or otherwise connected to one another.

4.1.4 Materials

A different interview schedule was designed for each group of participants in consultation with the steering committee (see appendices C, D & E). The interviews were recorded with a portable digital voice recorder.

4.1.5 Procedure

The researchers initially planned to do all interviews in person, however, due to the sensitive nature of the research and travel constraints many participants indicated that they would prefer a telephone rather than a face-to-face interview. The researchers therefore consulted the literature and found that whilst Creswell (2007) note that non-verbal data are lost during telephone interviews, both he and Liamputtong and Ezzy (2005) indicate that interviewees provide the best quality data if they feel comfortable with the interview format. The researchers therefore allowed participants to choose the format that they were most comfortable with, and 21of the 28 who were interviewed chose to be interviewed by telephone.

Participants were interviewed separately and interviews ranged from approximately one hour to two and a half hours. The face-to-face interviews took place in an office on the Edith Cowan University (ECU) Joondalup campus or a safe venue that the interviewer and the participant agreed upon (for example, the offices of the service the participant worked for or was recruited through).

The interviewers audio-recorded all interviews irrespective of whether they were conducted face-to-face or by telephone. The first author transcribed each interview verbatim to generate authentic records for analysis. Data collection and analysis occurred in parallel until no new themes were revealed (i.e. saturation). Rigour in this stage of the research was ensured through the use of an audit trail which includes all transcripts, memos and the output of the data analysis. The research team also met on a regular basis to consider alternative interpretations of the data gathered. The form of analysis that was used on the interview transcripts was thematic content analysis in accordance with Glaser's (1978) guidelines.

4.2 Findings and Interpretations

The analysis of the data obtained from all three groups of participants revealed five central or core categories, each with a number of subordinate categories in each that explain the central categories (see Table 4).

Table 4
List of core and subordinate categories within Stage One data

Core categories	Subordinate categories
Forms of abuse	Physical abuse
	Emotional abuse
	Verbal abuse
	Sexual abuse
	Financial abuse
	Legal or administrative abuse
	Social abuse
Targets of abuse	Nil
Perceived aetiology of abusive behaviour	Perpetrator issues
	Victim issues
Impact of abuse	On victims
	On others
Disclosure of abuse	Barriers
	Facilitators

4.2.1 Forms of abuse

Participants reported that men are subject to seven forms of abuse (see Table 4) that are similar to those reported by other victims of intimate partner abuse (see, e.g., Ali, 2007; Dobash & Dobash, 1992; Hegarty, Bush, & Sheehan, 2005; Hegarty et al., 2000; Hegarty & Taft, 2001; O'Hagan, 1995; Outlaw, 2009). As with other victims (see, e.g., Coolidge & Anderson, 2002; Dobash & Dobash, 1992; Hegarty et al., 2005; Hegarty & Taft, 2001), some men also appear to be subject to multiple forms of abuse The pattern of abuse often started with forms of abuse such as verbal, financial and psychological abuse, but then extended to other forms of abuse which became increasingly more violent, such as physical and sexual abuse.

Well I can tell you from what I went through, it was all of the manipulation and all of the psychological and emotional stuff and it eventually became physical (V02)².

It was financially it was financial abuse at the highest because I am basically broke now and it was psychological abuse and it was physical abuse, I think it was sexual abuse also, so I have been through all that (V10).

it starts off with verbal abuse (SP07).

4.2.1.1 Physical abuse

Participants in this study reported that men were physically abused as defined in the general literature on family abuse (see, e.g., Hegarty et al., 2005; Hegarty et al., 2000; Sonkin, under review). The behaviour reported by participants in this study included violence against the person and the property of victims. *Abuse against the person* ranged from punching, biting, scratching spitting and the throwing of objects at men, to the spiking of their drinks.

punches in the side of the head, she just kept on smash smash smash smash, my face is just covered in blood ... I've lost count of how many times she has kneed me in the nuts (V01).

she grabbed my ear lobe and bit and took a portion of it off (V11).

she would actually hit him with the pan...throw reasonably large objects at him ... punch him to the point of bruising (SP05).

I've seen him with skin off the side of his face...I have seen him with a huge bruise on the top of his head (SO01).

she spiked his drink (SO05).

Damage of property was such a strong theme that it could arguably have been made a subordinate theme but we will follow the tradition in the literature (see, e.g., Hegarty et al.,

² To improve the readability of quotes we removed non-words such as "um" and repeated words while the interviewee was reflecting on how to express something.

2005) to deal with it as a form of physical abuse. This form of abuse included breaking into houses occupied by men or breaking objects.

when I got a new home she even broke into my new home ...[and] ...a men's aftershave bottle that I had as a gift from someone ages before ... was smashed (V03).

She throws rocks, breaks windows (SO01).

4.2.1.2 Psychological abuse

As discussed above the definition of this form of abuse is not very clear (see, e.g., Ali, 2007; O'Hagan, 1995; Sonkin, under review). In this study participants reported perpetrators putting men down and humiliating them which some scholars will call emotional abuse.

yelling, screaming, nitpicking ... I was pushing the cart with the bags out to the car and putting the bags in the car and you know she said you're not doing it right, can't you do anything right? (V07).

running me down both as a person and as a dad ... literally just pick things to bits she would criticise things that I would do personally ... telling me I was the most useless piece of shit that she had ever seen (V08).

mostly put downs and using the c-u-n-t word (V11).

comments from the woman are, well I resent him (SP0 7).

the torrent of just shouting and just degrading him ... excessive nagging for want of a better term and constant put downs and constant blaming him for everything that went wrong in the house ... my mother used to hound him (SO04).

One participant did, however, feel abused because his wife would not talk to him. my wife would never talk to me (V09).

Participants also reported that men felt threatened and even stalked by the behaviour of their partners.

You name it she has threatened him with it ... and he is scared of her ... she rings him some days it can be 20 or 30 odd times (SO05).

The most common form of psychological abuse reported was that men felt that they were disempowered by female partners who controlled them and their circumstances directly or indirectly.

She had control of everyone and everything (V02).

A counsellor ... showed me the power and control wheel where a person uses intimidation and coercion and various emotional/physical and you know sexual and financial devices to basically keep somebody under control and often times there's a blow-up and then after the blow up the party apologises profusely, says it will never happen again, and then the wheel just starts all over again, and it's just a repetitive kind of thing. So when I saw that wheel I was a bit shocked because that was the experience that I'd had for years and years and years without really understanding what it was all about (V07).

she did not approve of my family she did not approve of any of my friends, I found myself actually obeying whatever she said in the end because it was the only way to keep the peace (V08).

if I spoke to someone on the street I would go home and I'd be, you know, I'd cop it all night (V13).

For a lot of men that is what is happening there is a flurry of feeling when they come to this service there is being embarrassed that it is happening, feeling slightly intimidated feeling powerless (SP01)

Woman a lot of time if they are verbally in control, they are in control of everything and you can only be put down so much and then you become the child, it's an adult child relationship (SP07).

4.2.1.3 Verbal abuse

Participants also reported verbal abuse, that is, the use of language which is designed to humiliate, degrade, demean, intimidate, or subjugate (see, e.g., Hegarty et al., 2005; Hegarty et al., 2000; Outlaw, 2009). As indicated by some of the excerpts in the

psychological abuse section participants reported verbal abuse and indicated that it took the form of yelling, shouting, screaming and swearing.

yelling and screaming within full public view and waving her arms around right in front of my face (V05).

she started to get in his face and then you know yell and scream (SP05).

We've heard kind of screaming yelling kind of thing with her going crazy and yelling ... she would just lose her rag and go off in a blind rage (SO02).

She would just stand there and scream and yell abuse (SO05).

4.2.1.4 Sexual abuse

Victims reported that they felt pressured to submit to sex against their will and, as described by Sonkin (under review) male victims in this study also at times were acquiescent rather than consenting participants.

she would grab me and throw me on the bed and she would throw me in the room and lock the door and I, it was not that I couldn't fight but like if I ended up trying to wrestle with her to get out or try to escape her then someone was going to get hurt so I just sat down and cowered and it was it affected me (V10).

There'd be a terrible pressure to get involved in sexual acts ... she ignored my sickness to meet her own sexual gratification. If I didn't engage in a sexual act with her after she'd made advances she would start to fly off the handle and then I would cave in (V13).

This subordinate category was not found in the data from the service providers and significant others which is not surprising given the intimate nature of sex. One service provider did, however, indirectly comment:

the woman strip them of confidence the woman continues to put them down which goes back to the myth that men know what they are doing and perform all of the time and want sex all of the time. It is just not the case ... well their manhood is taken away (SO07).

4.2.1.5 Financial abuse

Financial abuse as defined in the general literature on family abuse (see, e.g., Hegarty et al., 2000; Outlaw, 2009) was reported by male victims. They reported that it took the form of controlling the partners' financial affairs, often in an incompetent way.

She had control of all the money, she always had my pay for the whole time of the marriage and we were always in financial difficulties (V02).

restricting access to the money that I was making where she could spend it but I couldn't. I felt as though I'd really been financially raped (V07).

4.2.1.6 Legal or administrative abuse

A theme that has not been mentioned by other researchers was that certain participants reported that some perpetrators manipulate legal and administrative resources to the detriment of their male partners. They believed that this happened because employees of the relevant non-governmental and government agencies hold stereotypes that men are always the perpetrators and that females are the victims.

you know I haven't said hello to the lady let alone been anywhere near her for more than 8 years why am I being served with an VRO ... you have to like sacrifice so much effort to prove yourself innocent it is ridiculous and a lot of men just aren't they can't cope with it (V10).

I've had situations where a woman has found out about the refuge service and you get the odd situation where she will claim domestic violence against her so that she can get the support at the refuge and have the children. ... no matter what happens in the home the man has to leave the house and so he could have been paying the mortgage and have been a decent provider and a decent person and they will have some kind of a barney and call the police and the police will say can you please leave the police won't check who the instigator was but the woman will never be asked to leave. ... Where there has been a sponsorship the person that is here the resident Australian will have the knowledge of the services and the system so they have got that advantage. So if there is going to be a any kind of relationship issue that legal aid might be required or a legal centre or any service they are always going to be the first ones there because they know about it and the other person is dependent on the information that is given to them and that is another form of abuse like withholding information and that

happens a lot as well that you to maintain power and control they only give the information that it suits them to give so you have got people that don't have all the choices at their finger tips and they aren't even aware of it (SP06)

4.2.1.7 Social isolation

Social isolation as a form of abuse has been described by authors such as Hegarty et al. (2000) and Outlaw (2009). In this study victims and significant others commented on the strategies some women used to socially isolate their male partners.

My parents, for instance, err who have attempted to see the children and come bearing gifts when they make those attempts. She err, the wife, ex-wife rebuffs any attempt by them, or anyone associated with me, to re-establish relationships (V04)

She really made it difficult for me to maintain contact with really close friends that I'd know since my childhood... (V07)

It is like she has got him as a hostage ... he has got no social life ... he was outgoing he was a happy guy you know and he would go out and have a few beers with his mates and you know and all that sort thing and you know now nobody sees him he is just totally isolated (SO01).

4.2.2 Targets of abuse

Participants indicated that men were frequently not the only victims of abusive females and that the abuse aimed at them was often a reflection of a broader pattern of abusive behaviour. They reported that other victims of perpetrators included the *children* of perpetrators.

You know and my eldest son, she literarily physically brutalised him and I mean physically, belting you know I have never seen a person belt a child so much (V02).

Friends, family and significant others were also abused.

It took one of my mates that I had known since I was 7 to come to my house..... It took him to cop a crack, a punch, full on punch in the side of the head while he was holding the baby, for me to wake up and go, hang on what is this bitch doing (V01).

She gave me a heck of a kicking about three years ago ... and she dragged me outside by the hair and just stuck the boots into me, broke two of my ribs, dislocated my shoulder (SO01).

[The victim's mother] said that one night while ... [the male victim] ... was in the kitchen making some dinner ... the [victim's partner] just jumped on her and attacked her for no reason ... she was beating the crap out of her [victim's mother] (SO03).

In some cases perpetrators' behaviour towards *other people* had lead to criminal convictions for assault or other legal sanctions.

She was then charged with GBH against another female up in the pub about 6 months later, the girl's whole right hand side of her face was completely messed up nerves broken everything her whole she had no feeling in that side of her face anymore. ... there was another issue that cropped up too, she ... actually committed three counts of passport fraud (V08).

she has got 3 VROs out on her (SO01).

4.2.3 Perceived aetiology of abusive behaviour

This core category had two subordinate categories, namely issues related to the perpetrator and those related to the victim, with five and three themes respectively (see Table 5).

Table 5
List of subordinate categories and themes within the core category perceived aetiology of abusive behaviour

Subordinate categories	Themes
Perpetrator issues	Substance use
	Mental health
	Dysfunctional family of origin
	Learned behaviour
	History of traumatic events
Victim issues	Propensity to enter abusive relationships
	Vulnerability because of personality
	Vulnerability because of upbringing
	Vulnerability because of physical health

4.2.3.1 Perpetrator issues

A number of participants mentioned *substances* as possible causes of the abuse men experienced. Alcohol was very frequently mentioned.

Alcohol was involved a lot ...and we had an argument one night she had been on the piss again and she punched me in the head the forehead, and blood started coming out (V01).

you know she just had too many drinks and started verbally putting me down swearing at me ... I usually try and leave because it just gets heated and you know I really just give her some space and as I attempted to leave she grabbed my arm tried to stop me from leaving the house and then grabbed my face and she has got very long nails and she scratched my face down the side (V11).

Illicit drugs, especially amphetamines, were also frequently mentioned.

he said that when she was on speed she would get very, very pushy physically pushy with him (SP05).

when she gets some speed into her or drugs into her you don't know what she is likely to do (SO1).

While in some instances perpetrators were reportedly using both alcohol and drugs.

substance abuse the evidence of it from what I have seen and a lot of violent behaviour especially physically violent behaviour is related to alcohol and other drugs (SP08).

The *mental health* of perpetrators was often mentioned as a possible cause. The disorders mentioned ranged from psychotic to personality and mood disorders, in some cases linked to post natal depression.

I can tell you definitively that the reason for that was because her diagnosis from ... [hospital name] ... was schizophrenia form paranoid delusion ... basically that she perceives things around as you know threatening to her ... (P05).

Ultimately I had some people suggest to me that I might do some reading up on borderline personality disorder and that she might have something like that and in my reading there were a lot of similarities in some of the disorders that she was displaying and the characteristics of that disorder (V07).

My partner also has bipolar and she has been on medication for the last fifteen years and what I think has happened is that the alcohol has counter acted the bipolar medication (V11).

Partner then suffered from post natal depression and you know domestic violence began with the onset of the post natal depression and hadn't been there before ... a guy who rang and said that his partner was bipolar and ... when one of her swings would be, ... she could get extremely angry and in that mode would become very attacking verbally and emotionally (SP05).

It is notable that in at least one instance no formal diagnosis has, according to the participant been made.

I suppose it is in some way heredity I think my mother has never been officially diagnosed as anything but I don't I think that most people have a mental disorder of some kind but yeah she has never been officially diagnosed but that is because she has never bothered to find out or

never admitted to the fact that she might actually have something wrong upstairs (SO4).

Some participants mentioned the possibility that growing up in a *dysfunctional family* may lead to abusive behaviour by women against men.

She'd been raped when she was 14 and her mother was a very physically abusive woman. ... There was like alcoholism involved and, so she wasn't a very loving person and she used to say, because my parents aren't very loving people. ... I know at one point when ... I made a comment to her that, I don't know why you treat me this way, you don't treat anybody else that I know this way, why do you treat me this way. And her comment was, yea but you're family, you're supposed to take it. And so her family of origin, there was a lot of screaming and yelling going on and calling each other names and cursing. That was just the dynamic in the family and I think that from her perspective it's just too bad that I couldn't take it and didn't deal with it very well (V07).

He talked quite a lot about his partner's past and how she had been in a very dysfunctional family with child sexual abuse and child physical abuse and that you know ... he felt that he was copping the backlash from stuff that she was going through.... a really high number I would be saying up to that 90% as well would also talk about a really significant level of disruption in their family of origin ... about sexual abuse ... and or being victims of physical abuse in their family of origin whether that was from mum or from dad a couple of the women had actually been in backgrounds where basically their whole family had fallen apart they had to go into you know state care they had had really bad experiences through that and had had very, very troubled youth with some juvenile justice issue you know as well ... when you talk to the women who are saying I am a perpetrator and then you ask about previous relationship a very high number of them say that they had been in a previous domestic violence relationship at least once (SP05).

There was also a perception amongst perpetrators that the abuse was often behaviour that perpetrators had *learned* as children or in a former relationship where they were the victim.

It's in the family, your mother your grandmother and now the daughter... Monkey see monkey do... oh she's used to it. It used to be the other way around she is used to having the shit beaten out of her... from her exhusband (V01).

Well that is what she grew up with. That what she got from her mother, her mother used belt the tripe out of them, her and her brother and sister and that's all she thinks so that's what she did (V02).

Some participants reported that they thought that in some cases perpetrators may have had a *history of traumatic events*.

Often it is connected to trauma when there has been especially people who have been in war zones and especially when they have witnessed huge atrocities and murders and deaths in front of them and that is very traumatic and often then there is some mental health issues which create disruptions and people turn to aggression as a way of defending themselves from a deeper trauma. ... There are some forms of depression and instead of turning the anger inward and in on itself it gets turned out to others (SP08).

I don't think that she really comprehended the effect that it was having on my father ... I think I think that a lot of that has grown from a lot of frustration cause like I said she didn't have a father her step father tried to sexually abuse her when she was 16 ... her mother was always distant and her mother was basically manic depressant from about the age of 21 had serious mental issues ... (SO04).

4.2.3.2 Victim issues

There was a perception amongst the participants that some men may have a *propensity* to enter into relationships with females who abuse them.

the first one... she would try to stab me and you know. Then the second one as I said knocked me out as I said hit me in the head with an axe, knocked me out cold.... I haven't had much luck with women (V01).

I suppose I experienced it as a teenager one girlfriend who occasionally would hit me and I would hit her back but not to the extent where we

would get out of control ... I don't know if it is me that attracts the aggressive type (V06).

Some participants, including service providers, expressed the opinion that some victims were people whose *personality and upbringing* made them easy target for abuse.

I am very peaceful I suppose I have been bullied from a young age at school and that's why I went into martial arts to protect myself you know in the early stages I just don't know what to do you know ... (V10).

I think that a lot of these men are raised or have a character that fears conflict (SP07).

I would say that it was probably, there was a high chance that I was going to experience it because of the way I had grown up I think I was perhaps emotionally needy going in to the relationship so I was probably on fertile ground to experience that ... I guess my religious upbringing maybe probably set me on a course to potentially experience that she probably abused me on the basis of it to in terms of being a catholic and that sort of stuff (V03).

Both the notions that victims of intimate partner abuse experience multiple abusive relationships and that the personality of the victim may lead to abuse are controversial in the female victimology literature (for a review see Davis, Taylor, & Titus, 1997). Walker (1979), for instance commented that women "rarely" (p.28) engage in multiple abusive relationship and she and Carden (1994) argue that suggesting that the personalities of victims make them more vulnerable to abuse is an attempt to blame the victim and further victimise them by ignoring the responsibility of the perpetrator (also see, Dobash & Dobash, 1992). Coolidge and Anderson (2002), however, found multiple abusive relationships are not rare amongst women, and that women in such relationships had higher levels of dependent, paranoid and self-defeating personality disorders. A lack of reliable data makes it difficult to come to any firm conclusions about the role victims' personalities play, but it is notable that this theme was raised by both victim and service provider participants in this study.

The final victim theme raised by participants was that some victims may be vulnerable because of *physical* reasons.

I was so sick. Chronic fatigue, I could barely move, during that time she stepped up her campaign of abuse against me (V02).

This is a theme that has also come up in research with women victims (see Bartels, 2010, for a review of the relevant literature).

4.2.4 Impact of abuse

As with other situations in which abuse occurs, the abuse does not only impact on the primary victims but also affect others such as children, grandparents and even friends.

Table 6
List of subordinate categories and themes within the core category impact of abuse

Subordinate category	Theme
Impact of abuse on victims	Mental impacts
	Mental illness
	Suicide Ideation
	Physical well-being
	Loss
Impact of abuse on others	Nil

4.2.4.1 Impact of abuse on victims.

In respect of the impact of abuse on victims five themes emerged from the data (see Table 6 above). Participants reported that the abuse had notable *mental impact* on victims. Victims described feeling mentally crushed, lonely and without dignity.

I was frightened and I was shaken. I was wanted to protect [daughter] but I didn't know what was going on and I didn't know what she [wife] was going to do because she was just, yea, ropeable. I was worried that if I did something it might blow up the situation more and I just didn't know what to do (V02).

I felt that I had died I felt that I had gone on living but that the person inside it was dead, had died, ... life is crushed ... You actually lose your dignity in a way you stop being able to be proud of yourself and you sort of you sort of I don't know (V05).

... it was devastating emotionally and very lonely (V07).

The data suggest that many male victims, like other victims of abuse, experience strong feelings of helplessness.

that sense of helplessness you know what is the point of shaming myself and telling people (SP06).

They are also ambivalent about leaving the situation.

You know somebody had to stick around for the kids (V02).

I have got high blood pressure and I really don't need it you know I really don't need any more stress. You know I have contemplated leaving and you know the one day I will leave and just yeah there is no easy way of doing of getting out of it (V11).

Some victims withdraw and this is often a sign to other people that something is wrong.

... he was very withdrawn and very, very he just wasn't himself and I though there is something wrong there is something terribly wrong SO01).

As with other victims of abuse, some male victims reported developing psychological disorders such as anxiety and depression, but also more severe mental health problems (Ayub et al., 2009; Coker et al., 2002; DeMaris & Kaukinen, 2008; Hegarty, Gunn, Chondros, & Small, 2004; Leone, Johnson, & Cohan, 2007)

... he developed a mental illness he started getting all kinds of paranoid delusions because he thought that the system was against him (SP06).

Given the emotional impact of the abuse it is not surprising that participants reported *suicide ideation*.

I wasn't coping. You know I was to the point where I was very suicidal, I was very suicidal and if it wasn't for the sake of those two little baby boys ... (V01).

I mean at one stage I nearly killed myself and the only thing that stopped me was that I could for some reason I could hear my daughter talking to me in my head and I just couldn't I couldn't go through with it (V05). Victims often use *substances* as a mechanism of coping with the emotional impact.

It ended up that as soon as I opened the front gate I took a tranquiliser (V01).

Part of my self-preservation was getting into alcohol and drugs that very quickly led to abuse of those rather than just self medication (V12).

Participants also commented on the impact the abuse had on the *physical* well-being of victims. In many cases the physical injuries were fairly superficial.

... so I have turned up to work with scratches and bruises and those sorts of things (V11).

I've seen him with skin off the side of his face...I have seen him with a huge bruise on the top of his head (SO1).

with bruises with you know a black eye bruises on his arms bruises on his face gouging on his face (SO2).

he had bite marks on his face (SO3).

In other instances the impact was severe.

I couldn't see out of the eye for about oh 3 or 4 weeks. I went to see a specialist and they done tests and done things to it and its all damaged behind all bruised and you know swollen behind and but now I can't read in that eye without glasses (V01).

Participants described experiencing *loss* of employment, home and relationships.

I lost my job (V04).

I have just had to walk away to a whole new house (V03).

he decided the best thing to do was to not have any contact whatsoever with his daughter and then he doesn't have that contact with his partner ...and he has been so much better since that but he misses his daughter (SO3).

4.2.4.2 Impact of abuse on others.

Participants also reported that the abuse had an immediate and long term effect on a number of people, such as grandparents, family and friends. It was, however, participants' concerns about the psychological impact of the abuse on the children of the parties that was most prominent in the data.

as a result of the violence that went on.....the little three year old doesn't speak properly (V01).

And then I saw my son, I think what really ate into me, me was seeing my oldest son crying. [Participant begins to cry.] Excuse me for a second. Yeah he had his hand over his ears yeah over his face ... (V03).

my brother's not fond of my mother ... because of what she did to my father growing up ... people ask me why I am such a cynical person and these [referring to the abuse] are factors involved in it all (SO04).

4.2.5 Disclosure of abuse

Participants reported that male victims were reluctant to disclose abuse by their female partners to the point where they would make excuses to cover what was happening to them.

I think that guys add to it by not admitting what has happened I mean if they have had some damage done to a part of their body then they will make an excuse of what happened they won't actually admit that it was their girlfriend or their wives or whatever that has actually physically molested them in that are they will make some excuse and sort of then it wouldn't be picked up immediately (SP04).

He said that it was a car accident (SO01).

There were six themes that explained why men were hiding the abuse they were experiencing (barriers) and three themes that indicate what may facilitate (facilitators) disclosure (see Table 7).

Table 7
List of subordinate themes in the core category disclosure of abuse

Subordinate category	Theme
Barriers	Denial
	Fear of not being believed
	Shame
	Lack of appropriated services
	Bias
	Protect perpetrator
	Emotional turmoil and ambivalence
Facilitators	Feeling supported
	Publically available information
	Attempts to understand abuse

4.2.5.1 Barriers

The *denial* theme provides one possible explanation of victims' failure to disclose abuse.

I just didn't think of it as abuse at the time (V10).

I think he is in total denial total denial ... it's a it's like a phantom type thing it's like you see something but you don't your brain actually can't register it (SO01).

It is possible that many men, like other victims, often fail to recognise that they are being abused because they lack the relevant knowledge (Mills, 1985).

it wasn't until sometime later and I actually went and saw a psychologist a few times ... he said well, you realise that you were you had just been a victim of abuse. And I looked at him and I said no what are you talking about, and I thought oh my god I have to and I think that was the first time that I ever bothered to recognise the fact ... (V08).

I think not just the shame but people not necessarily recognising domestic violence. ... One of the biggest problems is for men to recognise domestic violenceto try and see themselves as victims is very difficult it is really kind of feminising. Just because of the way that ...

we generally conceptualise domestic violence it is all about men hitting women (SP03).

The failure to recognise what is happening to them may be a lack of knowledge about intimate partner abuse in general, but specifically about abuse against men.

I think that it is knowledge as well I think that they don't know a lot about the fact that this has happened to other men probably are aware that society doesn't agree with you know no to violence but that is about you know men doing it to women and I think that probably not know not having that knowledge not having thought about it before that men can experience this and so when they find it happening to them I think they feel a bit lost it doesn't lodge anywhere (SP05).

As the two previous excerpts suggest there may also be socio-cultural factors that make it difficult for men to admit that they are the victims of abuse, especially by a female.

a lot of it is the pride factor and the cultural issues of you know that that just doesn't happen to men (SP06).

I think that it is an Australia stereotype where we are supposed to be all strong a silent and take all kinds of shit and that is not necessarily the case (SO04).

It is also possible that men *fear* that those they approach may not believe them.

another aspect of the abuse of males is that males are not believed (SP01).

You know to be man and to be scared like that but not actually do anything about say anything to anyone because of the fact that you are not going to be believed (SO3).

This is no empty concern because participants reported that men were often not believed or that their disclosures were minimised.

yeah, I spoke to everybody, counsellors, psychologists, lawyers, police....
everybody just went oh, oh, oh gee, oh if she is that bad get away from there.
... It's something that shouldn't happen, I mean it just shouldn't happen but
there's a lot women out there that do it ... (V01).

Shame refers to participants' perception that male victims fail to disclose the abuse, or leave the situation, because they feel ashamed.

because of the shame he didn't want to walk away he didn't want to say anything to anybody (SO03).

Shame may be linked to men's well-documented reluctance to seek help (Blazina & Watkins, 1996; Hegarty & Taft, 2001; Howerton et al., 2007; Jarrett, Bellamy, & Adeyemi, 2007; Merritt-Gray & Wuest, 1995; Tokar, Fischer, Schaub, & Moradi, 2000).

what was worse was to go to someone and ask for help which frankly you have to swallow your dignity somewhat to do that anyway I don't care if you are a woman or a man. It is probably worse for a man because that are probably acculturated more to you know to not admit that sort of thing (V05).

but how can a guy go and say oh hang on and say it to anybody you know you felt belittled and you felt like they are all going to laugh at me and it was like oh my goodness what am I going to say what am I going to do. I just didn't know what to do and where to go and not only that I felt embarrassed to be in a situation such as that I felt that they would laugh and just ignore me they would laugh at me and ridicule me you know for being a man and being to go through such a situation (V10).

Where the perpetrator is a woman, especially their wives, it may be even more difficult for men to disclose that it is happening to them.

I was too embarrassed about talking to anyone else about it. How do you talk to people about this stuff, you know? My wife, how do you sort of say to somebody, my pregnant wife, 6 months pregnant wife just basically kneed me in the groin and took me to the ground, you know? (V04).

not being believed but also feeling embarrassed to talk about it, it is a typical male thing to be on top of things and not to be ridiculed and to be good with wearing the pants in your home kind of thing, it's a sort of public shaming that you don't want to hear, so you shut up you just don't. he may feel a weakling if he does seek support (SP01).

It also appears that men fear that they will be judged to be weak or have failed as men.

My family and those of my core friend just a lack of interest, maybe even
judgment actually....well maybe a judgment that somehow I have failed
to maintain the traditional catholic family structure or something like that,

or that maybe I am weak because I couldn't maintain a stronger position in the relationship those sorts of things (V03).

I think that is about community that is about community perception that you know the word is not really out there amongst the general community about men as victims if I am in that situation you know I don't know how I am going to be judged are people going to think well this guy is a weak male I think that is in there for quite a lot of guys. ... I think specifically with domestic violence I think there is that probably you know that living up to that societal norm you know about men are tough they don't talk about their problems (SP05).

A comment by one service provider suggests that men's fear of being judged as weak might be a realistic fear:

probably the majority of the men are weak are very weak passive and they are people pleasers... (SP07).

Some participants believed that the fear that men who reported abuse would be seen as weak was in part because of expectations of men in mainstream Australian culture.

usually men are put in a position where whatever happens, you're just supposed to deal with it, and I'd been dealing with it for 10 years and it was getting pretty heavy to carry around and I never really told anybody per se all the things that had been happening (V07).

he was brought up in the generation where the man of the house is never meant to complain and just to shoulder all responsibilities and all of that sort of stuff so (SO04).

As some of the earlier excerpts suggest it is possible that the experience of shame for many men is related to their concept of masculinity.

it is their manhood that's on the line and they are afraid and they won't come and speak up and if they do they are very shy and they don't want to talk much about it (V10).

men certainly will not talk about being victims of domestic violence. Like come on we're bloke's let's face it and when you start talking emotional stuff guys won't. ... if I am a victim of domestic violence and that domestic violence is perpetrated by a female than I really look at my

ability to be a man and it takes a lot of work to get somebody out of that (SP02).

Another theme that may explain men's failure to disclose abuse appears to be the *lack of appropriate services* for men. It appears that even if men try to seek assistance they find that there are no services available to them and that even service providers find this a problem.

There is no service provider is there, for males that experience that kind of thing I don't think. No one who I'd imagine would take any notice of it (V13).

oh I am not saying they do not speak to other people I think they try to talk to other people that just don't get the responses and end up just getting on with it (SP04).

well first of all is where do they go you know that is the priority ... even myself I have nowhere to refer them on if they need extra support or whatever (SP07).

Participants commented on the lack of services for men in general, but particularly for men who were victims rather than perpetrators of intimate partner abuse and noted that as a consequence some men did not receive protection when required.

there are systemic issues that not necessarily prevent, but make it very difficult to receive the services that they need or even the protection that they need (SP01).

there is actually is no group process for male victims of domestic violence ... (SP05).

that absence of services for me which are links to you know legal recourse or whatever aren't available and of course there are no refuges as well which doesn't help (SP06).

Participants felt that all the traditional services for victims of abuse fail men who are victims.

I am quite honestly a little cynical of the services offered by government and community in respect to this area they are lacking badly (V04).

Participants commented that these services did not have the training, time or attitude to provide appropriate services to abused men. Participants did not consider the available help lines, which because of the anonymity could provide a very useful resource, as useful.

All of the help lines that you read out they are totally useless. Been there done that with all of them and they are not even geared up to help men who have been abuse or anything like that. ... they were just a total waste of time they even said to me we are not geared up for that. And we are only geared up to help men who actually abuse women and so we really can't help you as far as that is concerned. ...no one out there wants to really listen (V02).

General practitioners who would also generally be an obvious primary resource for assistance were also not regarded very highly.

I think possibly GPs need to probably get some more training in that type of counselling. So I don't think they actually get the listening in that the sort of female would get and I think that with females, and I have dealt with some females as well, that they find it easier to talk to their female friends and they often get the support from there were as a guy it, it just doesn't happen (SP04).

Participants' perception was that the justice system was not helpful to male victims of intimate partner abuse and may even exacerbate the situation.

so he went for a restraining order he walked into the court and the judge turned around and told him you're a big boy you can take care of yourself, so basically he walked out of that and he felt like a bloody idiot (SO5).

The police were also criticised as being hostile and unhelpful.

the authorities the powers that be were very hostile to me. The police, when I would report the violence, the police would laugh at me quite literally, I mean literally. I mean nobody would take me seriously, I was discriminated against severely, I mean as I said I was told to [f...expletive deleted] off or whatever ... The most stupid part of it is that it was really quite all unnecessary. I mean if they had agreed to look at the files from the other states then they would have seen that she has already been diagnosed on more than one occasion, you know, and it could have been resolved on the spot and there would have been no trouble. My marriage wouldn't have ended my child wouldn't have been damaged I wouldn't have got damage it wouldn't have altered my life so

that I no longer live the way that I chose to they would have helped [Participants ex-partners name deleted] and great deal (V05).

These excerpts also show that participants reported that male victims experienced a hostile reception when they tried to report being abused. This may be because men felt that they were, at best, not understood, and at worse, not believed.

lack of understanding and support and just an unwillingness to want to know or be involved from probably from all quarters almost from all quarters, ... (V03).

You know no one believes you, you know that just put you in touch with other people. (V02).

The *bias* theme reflects men's reluctance to disclose abuse because they feel that service providers and other resources are predisposed to the needs of women and not men and that it is difficult, if not impossible for men, to obtain services.

women are taken care of out there but the men aren't (SP07).

men out there do actually go through and have more hassle as a male than the women do (SO03).

Some participants did not think that the absence of services was necessarily because service providers were prejudiced, but rather because of the apparent mindless way in which they operate.

I think that to be honest these agencies follow a pattern and they just follow that pattern almost ritualistically and I think that frankly inside that pattern there has become this element of sexual discrimination where they make assumptions about you once you are man or once they identify you as a man and I think that is what led them to make mistakes in my case because I don't think that they did it maliciously but I certainly don't think anybody stop to think about it. ... yeah you see domestic violence resources are set up for women, only men hit women, women don't hit men so what was I talking about that was the general response I would get. Or they would say something like we really only help women here or there aren't really the services available. So I didn't really get any support out of them (V05).

This mindless way of thinking was ascribed to stereotypical thinking about men in society in general and amongst service providers in particular.

that's the type of ideology we live amongst, that men don't suffer these problems and women do, you know, that's been promoted and advertised for 20 years and it's become the status quo of public thought, so it wasn't a surprise, I'd seen that type of stereotypical thinking from men and women, so what I got from them was the norm I suppose, but in that situation I wanted them to hear past that and think past that, which they were completely unable to obviously. Or maybe their policy didn't allow them to; I don't know which it was. Well they'd probably believe me that it'd happened, but they would automatically and wrongly assume that I had somehow deserved and provoked it. I think all men realise that it's not worth revealing these experiences because that's the reflex response from all people these days in this present environment I think (V13).

Ironically, participants believed that the reason for this stereotype about men was, in part at least, caused by the very successful media campaign to prevent violence against women.

that you have got a right to say no, you know, to physical abuse sexual abuse for women and I think that they were marvellous campaigns and they do a lot of campaigns but you know there is nothing for men there is just nothing for men and I think I would like to see people you know an advert campaign and see men with white collar jobs and all of the rest of it and people who look physically fit say you know I look physically fit but this can happened to me to (SO2).

Another possible explanation of why men do not disclose abuse is because they want to *protect* perpetrators, their family and children.

I have never had charges laid on her because you know she's my wife and I love her ... I still feel something for her even though she has gone right off of the deep end at the moment, she is still my little boys' mother. ... trying to protect my wife and trying to protect my children ... I said no mate no, no child regardless of how wacked the mother is should see either one of their parents put to the ground handcuffed and carried to the car. Yeah, call me soft I don't care (V01).

I realised somewhere in the piece it's pretty common for victims of abuse to have a, for some reason, a desire to protect their abusers, it's pretty common and I guess I felt like I was in that situation (V07).

I didn't want to destroy my children's lives by busting up the family (V13).

The *emotional turmoil and ambivalence* victims of abuse experience may also contribute to their failure to disclose the abuse or leave the relationships. Participants mentioned their fear that they may be overwhelmed by their emotions.

you know I haven't spoken very much about it because I think if I go into that territory I am going to break down I am on the verge of it now ... it just it kind of makes me feel tight and clenched up inside. I can't really tell you why, I guess it is because I don't know, maybe it is emotional memory but it is just its hard to, it is hard to sort of access that part of my experience without being ..., I don't know how to describe it (V05).

As is often the case with people who find themselves in problematic relationships men indicated that they were unsettled by their feelings of confusion, ambivalence and helplessness (Blazina & Marks, 2001; Blazina & Watkins, 1996; Hegarty & Taft, 2001; Jarrett et al., 2007; Komiya, Good, & Sherrod, 2000; Merritt-Gray & Wuest, 1995; Plowden, 2003; Stork, 2008)

You don't know whether you want to be in this relationship with this abusive person, naturally, and on the other hand enjoying and wanting to be with the person that you appreciate, and because they're so distinctly different thoughts it's very disorienting. You know, it's hard to settle on one and feel comfort in that and make an informed choice. It is just confusing and disorienting (V13).

A lot of people are telling him to get out and he doesn't know what to he doesn't quite know what to do with her (SO01).

you don't know the right moves to respond to ... ambivalence, you know, mixed feelings; there is still the old love (SP01).

4.2.5.2 Facilitators

It appears that men who feel supported are more likely to disclose abuse and seek further help. Family and close friends are probably the most important source of *support*.

my friends probably I think are the only reason I managed to pull through ... My friends and family, the extended family, were supportive (V04).

I was very fortunate that I had good advice and good emotional supports from my parents and also two very close friends (V06).

Amongst family members it appears as if it is often fathers who serve as support and advisors.

I know a couple of guys had said they had spoken to their fathers ... so yeah, we have got a general sense that there has been some guys where they have talked in their family, there have been a couple that have talked to their mates, a couple have been, you know, through the police where the police may have been called out to a domestic violence incident. You know police have given that number, so there are various means of referral into our service (SP05).

my husband went off with him for a walk you know to talk to him about everything so and that is when he told my husband really it was the last time because we had noticed bruises and things before and this time it was just so absolutely blatantly obvious and that you know when my husband and he talked and we found out all of the stuff that was going on (SO01).

Professionals were also mentioned as supports.

well she [a counsellor] was very receptive and very understanding. She clearly could relate to what I was saying and that was very comforting to me. It was a huge relief actually to actually have somebody listen and then be able to actually give me a bit of an explanation of what was happening (V07).

they have found a trusted professional that clicked with them, one that they perceived that he knows or she knows what I am talking about, there is empathy, there is client centred focus. I've told my story here already, I've got some good feedback then, that person would be inclined to come back to that same person and say, hey, can you help

me with this, or can you refer me to someone who can help me with this other matter (SP01).

Online services may be particularly useful in that they are anonymous, have a very large potential number of participants, and can be accessed at any time.

I finally joined one of the dad's support online groups which are the only real place that I have actually ... found any consolation. ... I read other peoples stories and I though yeah it's true I really was abused and there is nothing wrong with it and you know there's no shame in it and you know you can see that other guys have been through exactly the same thing you know so you're not alone (V07).

Another important facilitator appears to be *publically available information* about intimate partner abuse,

in about 2003 I had seen an article in a newspaper it was domestic violence prevention month ... and I read the article and as I read the article I just found myself and my experience very akin to what the women experience domestic violence, that experience. So I went in and I asked to speak with somebody. ... I read the book probably in a couple of days and was utterly amazed at the parallels between my situation and what was going on in that book.....very informative and I felt very into what was happening and at that point I guess I realised that I was probably in more, I don't know if the right word is danger, but I was in a much worse situation than I thought I was (V07).

I think on a simple message that goes out that says yes you know all human beings can experience domestic violence men do too. I think it is ... getting that message out there that this can happen and does happen to men while at the same time acknowledging that it still is primarily you know men to women but it is getting the message out there that that it can and it does happen (SP05).

Participants believed that by providing people with information about intimate partner abuse in general, and specifically that males are also sometimes victims; males would be more comfortable seeking assistance because they will expect to be believed.

more people need to know that this does happen so when this does happen in the future men can come forward and say that this has happened to me the same as the women do you know ... if there was, let's say there was one or two cases that happened and the public was aware of you know to set that yeah benchmark and more men might think oh well ok well he has just had the courage to do this maybe I should do it and I think that once it happens with one or two and they are believed and its, you know, even if it is in the newspaper or on the news or something like that I think that is when the men might start think ok well they are going to believe us and we can come forward and you know be someone (SO3).

The third facilitator appears to be victims' own *attempts to understand* the abuse and to get help for the perpetrator.

that changed to being trying to understand things a bit more like why, why would that happen you know like almost a forensic sort of amateur approach like what were the circumstances (V12).

his focus really was what is actually happening for her ... he certainly wanted to check out what was going on for her probably more than what was going on for him (SO05).

4.3 Summary

A major limitation of this stage of the study is the lack of information from gay men, male victims younger than 33, Indigenous Australians, and CALD men. The information collected from victims, service providers and significant other people are nevertheless rich in what it reveals about male victims of intimate partner abuse where the perpetrator is a female.

It appears that these men face a range of forms of abuse. Most of these are those typically referred to in the family abuse literature (Ali, 2007; Dobash & Dobash, 1992; Hegarty et al., 2005; Hegarty et al., 2000; Hegarty & Taft, 2001; O'Hagan, 1995; Outlaw, 2009), but a form of abuse that has to our knowledge not been reported on before is what we refer to as legal-administrative abuse where a person uses legitimate services in a way that abuses the rights of others. A form of abuse that was not discernable as a theme, although it was raised by one participant, is spiritual abuse. The data suggest that women who abuse their intimate male partners often abuse other people as well, including their

children and the friends of their partners, and that it is sometimes a part of a wider pattern of antisocial behaviour.

Our participants suggested several factors that they believe contributed to the abuse that they reported: the abuser's use of substances, the abuser's mental health, growing up in a dysfunctional family, learning that abusive behaviour is rewarding, having a history of trauma or having a great need for control. In respect victim factors, participants indicated that the personalities, upbringing or physical condition of some victims may make them more vulnerable to abuse than other men. Some participants also suggested that males who are victims of such abuse may have an inclination to become involved in abusive relationships. This phenomenon has also been described in respect of female victims (Coolidge & Anderson, 2002). Those working and doing research with female victims warn that this could be construed as blaming victims for the abuse they are subject to (Carden, 1994; Davis et al., 1997; Walker, 1979).

The impact of this form of abuse is as pervasive as other forms of intimate partner abuse. The children of the parties suffer emotionally and the male victims suffer a range of consequences, such as mental illness that can lead to suicide ideation, and loss of work.

Despite these impacts, men are reluctant to disclose what is happening to them or to seek help. The reasons for this are complex, but men's denial of what is happening; their fear that they will not be believed, and fear that even if they are believed that they will be blamed or not be assisted, contribute to this. Participants believed that men would find it easier to seek help and disclose the abuse if there was public acknowledgement that males are also the victims of abuse, if there were appropriate services for men, and if they are given support.

The reluctance in male victims of abuse perpetrated by females to disclose the abuse they experienced suggests that this was an area that needs further exploration, specifically in regard to the provision of services to this client group. Additionally, as we now have an understanding of how male victims of intimate partner abuse conceptualise the abuse they experienced, the researchers realise that it is important to gain an understanding of the synonymy of these conceptualisations with those of service providers in Australia.

5.0 STAGE TWO

In Stage Two we examined service providers' views on the factors that facilitate male victims to disclose abuse and the factors that prevent such disclosure. We also sought service providers' views on their and their agencies', ability to overcome or manage the barriers to disclosure and develop or harness factors that facilitate disclosure.

5.1 Methodology

5.1.1 Design

Using a deductive approach (as per Glaser, 1978) to gather both quantitative and qualitative survey data, we sought with Stage Two to clarify and extend the data gathered in Stage One. We chose this method so that participants could provide specific responses to the themes that emerged from Stage One. Specifically, we explored service providers' perceptions of definitions of intimate partner abuse; barriers to male victims disclosing abuse; factors that facilitate male victims' disclosure of intimate partner abuse; and agencies' and other services' effectiveness at facilitating male victims to disclose their abuse.

5.1.2 Participants

Service providers, whom we had identified in collaboration with steering committee members, were invited to participate in the research via e-mail or post. In that correspondence we included information about the nature of the research, the research information letter for participants and instructions on how to access the online version of the survey. These participants were asked to forward this information onto any other relevant service providers. We also advertised in a range of professional newsletters. More complete details of our sampling methods are provided in Appendix F

The 198 participants reported providing a range of services to male victims: medical; counselling; psychological; crisis support; accommodation; financial support; court or dispute-resolution services and legal advice; policing; referral³; church and faith groups; education and training; psycho-education and support groups; disability services; child protection; and security and safety (see table 8).

³ Many participants indicated that a main part of the service offered by their agency was referral to another more appropriate agency

Table 8

Participants by type of service provision

Type of service	N
Counselling	121
Referral	102
Crisis support	70
Psychological	68
Accommodation/income/welfare support	24
Court, dispute resolution services and legal advice	22
Medical	21
Church and faith Groups	14
Police	13
Education and training	8
Security and safety	5
Child protection	3
Psycho-education and support Groups	2
Disability services	1

Note. N = 198

Across the participant group there were service providers from all Australian states and territories (see table 9).

Of the 198 people who completed at least the demographic part of the survey, 160 (80.8%) indicated having provided services to one or more male clients who reported being a victim of intimate partner abuse. Of those 160 participants, 122 (76.3%) completed more than just the demographic section of the survey. The amount of time that these participants stated they had been working with male victims ranged from between 3 months and 384 months (32 years). This distribution was positively skewed: Mdn = 60.00 months (5 years).

Table 9

Australian state or territory that participants provide services in

State	N	%
Western Australia	103	52
New South Wales	35	17.7
Victoria	22	11.1
Queensland	10	5.1
South Australia	9	4.5
Tasmania	5	2.5
Northern Territory	4	2
The Australian Capital Territory	2	1
Not indicated	8	4
Total	198	100

5.1.3 Materials

The materials used in this stage of the research were the survey instrument (internet copy and a hard copy), an email invitation to participate in the research, an information letter about the research for participants, and reply paid envelopes for those who were mailed a hard copy of the survey. The internet based copy was designed using the *Survey Monkey* web site and was a replication of the hard copy. Survey questions were developed from the findings from Stage One in consultation with the steering committee (see appendix G).

5.1.4 Procedure

Participants completing the online survey were provided with instructions by following the provided prompts. Participants were recruited through advertisements and snowball sampling (recruited by other participants). They were given written information about the research and instructions on how to access the online survey. On the first page of the online survey these participants were then able to read the information letter and decided whether they wanted to proceed with completing the survey by following the provided prompts. Data from the online version of the survey were collected in a secure location on the survey monkey website accessible only to the researchers via an access code and password. This allowed the researchers to download the data directly from this location into a password protected computer ready for analysis.

Service providers who were invited to participate in the research via post received an envelope containing the participant information letter, a hard copy of the survey and a reply paid envelope. The information letter informed these service providers that if they wanted to participate that they could either complete the hard copy of the survey contained in the envelop and return it to the researchers in the reply paid envelop or complete the online version of the survey via the web link provided. Consent to participate was assumed upon completion of the survey.

5.2 Results

The results from this stage of the research are described, and to a limited degree discussed, in five broad areas: conceptualisations of intimate partner abuse; barriers to men disclosing intimate partner abuse; facilitating factors to men disclosing intimate partner abuse; available services; and additional information. As explained in section 5.1.2, 122 participants completed more than the demographic section of the survey and also indicated having provided services to one or more male clients who report being a victim of intimate partner abuse. Therefore, results pertaining to the questions in the barriers and facilitating factors sections of the survey (which are based on experience providing service to male victims) are derived from the data provided by those 122 participants.

5.2.1 Conceptualisations of intimate partner abuse

Descriptive statistics are reported to show the proportion of participants who indicate that their agency uses a specific definition, and whether or not it fits with the definition that we provide in the survey instrument. For all definitions participants were more likely to answer yes, with the percentage of yes responses varying between definitions from 77.4% on the definition for physical abuse to 58.3% on the definition for legal/administrative abuse (see Table 10).

Table 10

Constructions of Intimate Partner Abuse: Chi-Square Goodness to Fit Test Results

Definition	Ν	%	Valid %
Intimate Partner Abuse			
Yes	105	75.5	76.6
No	10	7.2	7.3
No specific definition	22	15.8	16.1
Did not respond	2	1.4	
Physical Abuse			
Yes	106	76.3	77.4
No	11	7.9	8.0
No specific definition	20	14.4	14.6
Did not respond	2	1.4	
Sexual Abuse			
Yes	102	73.4	74.5
No	11	7.9	8.0
No specific definition	24	17.3	17.5
Did not respond	2	1.4	
Verbal Abuse	_		
Yes	99	71.2	72.8
No	10	7.2	7.4
No specific definition	27	19.4	19.9
Did not respond	3	2.2	
Emotional Abuse	ŭ	2.2	
Yes	97	69.8	70.8
No	16	11.5	11.7
No specific definition	24	17.3	17.5
Did not respond	2	1.4	17.5
Social Isolation	2	1.4	
Yes	98	70.5	72.6
No	6	4.3	4.4
No specific definition	31	22.3	23.3
Did not respond	3	2.2	25.5
Spiritual Abuse	3	2.2	
Yes	86	61.9	63.2
No	7	5.0	5.1
No specific definition	43	30.9	31.6
•			31.0
Did not respond Financial Abuse	3	2.2	
	07	60.0	70.4
Yes No	97 10	69.8 7.2	72.4
			7.5
No specific definition	27	19.4	20.1
Did not respond	5	3.6	
Legal/Administrative Abuse	77	FF 4	50.0
Yes	77 45	55.4	58.3
No	15	10.8	11.4
No specific definition	40	28.8	30.3
Did not respond	7	5.0	

Note. Valid percentage represents the percentage of responses from those who responded to the question

For those participants who indicted that their agency's definition was not synonymous with the definition provided in the survey the themes that emerged were the incorporation of

the concepts of power and control in the definitions and the inclusion of fear experienced in the definitions. Additionally, some participants indicated that their agency's definitions were broader than the definitions provided and some indicated that they were narrower (see Table 11).

Table 11

Examples of themes in regard to synonymy with agency definition/s

Theme	Excerpts
Inclusion of Power and control	Ours is similar but states that it is any behaviour in which limits what a person can say or do. Therefore it is about power and control. Partners can often swear at each other or call each other names in exasperation or because they are very angry, but if it is not part of a pattern of controlling behaviour then it may not necessarily constitute abuse. With the conscious or unconscious intent of overpowering and/or harming the other party there is no mention of the intention to control the other. Power and control through the use of behaviours that include demeaning the other person, controlling what they wear and where they go etc.
Inclusion of the experience of fear	Intent to cause fear of these, not only actual damage creates fear.
Agency definition broader	IPA limits the scope of family violence, which is broader and also relates to separated partners, extended family members etc. FV should be used here. My experience is that most emotional abuse is not verbal most emotional abuse is communicated through non verbal means. Missing in your list is also: emotional neglect = not meeting 'reasonable' needs of emotional care and support.
Agency definition narrower	Agency definition focuses on physical abuse, recognises sexual abuse and emotional abuse In the agency definition the abuse is physical, psychological (includes social and verbal) emotional, sexual, and financial.

Overall participants expressed moderate agreement with the definitions of intimate partner abuse provided in the survey (see Table 12). Agreement was measured by a 7-point scale with 1 being strongly disagree and 7 being strongly agree.

Table 12

Agreement with Definition

Definition	N	М	SD
Intimate Partner Abuse	130	5.25	2.22
Physical Abuse	130	5.24	2.21
Sexual Abuse	129	5.12	2.23
Verbal Abuse	130	5.18	2.18
Emotional Abuse	129	5.09	2.25
Social Isolation	127	5.10	2.13
Financial Abuse	127	4.98	2.16
Spiritual Abuse	130	4.90	2.11
Legal/Administrative Abuse	129	5.06	2.14

Note. Agreement was measured by an 11-point scale with 0 being not at all effective and 10 being very effective

5.2.2 Barriers to men disclosing intimate partner abuse

Descriptive statistics are reported to show the proportion of participants who indicate that a particular barrier to disclosing abuse has been identified as an issue for male victims they have worked with. For all but three of the identified barriers, participants were more likely to have encountered that barrier in their work with male clients than to have not encountered it. The three barriers for which participants were not more likely to have identified it than to not have identified it were: protecting children from abuse, protecting children from losing contact with mother, and protecting children from having a negative perception of their mother (see Table 13). While those barriers were reported less frequently than other barriers, they were still reported by a sizable minority of participants.

Table 13

Presence of Barriers to Disclosure in Clients: Chi-Square Goodness to Fit Test Results

Barrier to Disclosure	N	%	Valid %
Fear of escalation of abuse			
Yes	57	46.7	53.3
No	30	24.6	28.0
Unsure	20	16.4	18.7
Did not respond	15	12.3	
Fear of not being heard			
Yes	87	71.3	82.9
No	6	4.9	5.7
Unsure	12	9.8	11.4
Did not respond	17	13.9	
Shame			
Yes	92	75.4	86.8
No	6	4.9	5.7
Unsure	8	6.6	7.5
Did not respond	16	13.1	
Personal perception of			
masculinity	79	64.8	74.5
Yes	11	9.0	10.4
No	16	13.1	15.1
Unsure	16	13.1	
Did not respond			
Family expectations of			
masculinity	67	54.9	63.8
Yes	12	9.8	11.4
No	26	21.3	24.8
Unsure	17	13.9	
Did not respond			
Society expectations of			
masculinity	81	66.4	76.4
Yes	10	8.2	9.4
No	15	12.3	14.2
Unsure	16	13.1	
Did not respond			
Perception of service gender-bias	0.4	00.0	70.0
Yes	84	68.9	79.2
No	11	9.0	10.4
Unsure	11	9.0	10.4
Did not respond	16	13.1	
Perception of society gender-bias Yes	88	72.1	83.8
No	8	6.6	7.6
Unsure	9	7.4	8.6
Did not respond	9 17	13.9	0.0
Protecting children from abuse	17	13.9	
Yes	42	34.4	40.0
No	33	27.0	31.4
Unsure	30	24.6	28.6
Did not respond	17	13.9	20.0
Protecting children from losing	17	10.0	
contact with mother			
Yes	34	27.9	33.0
No	41	33.6	39.8
Unsure	28	23.0	27.2
Did not respond	19	15.6	21.2
Dia not roopona	10	10.0	

Barrier to Disclosure	Ν	%	Valid %
Protecting children from having a			
negative perception of mother	45	36.9	42.9
Yes	35	28.7	33.3
No	25	20.5	23.8
Unsure	17	13.9	
Did not respond			
Protecting Spouse			
Yes	47	38.5	45.2
No	33	27.0	31.7
Unsure	24	19.7	23.1
Did not respond	18	14.8	
Protecting family unit			
Yes	71	58.2	67.6
No	16	13.1	15.2
Unsure	18	14.8	17.1
Did not respond	17	13.9	
Uncertainty about where to seek			
help	87	71.3	83.7
Yes	7	5.7	6.7
No	10	8.2	9.6
Unsure	18	14.8	
Did not respond			
Uncertainty about how to seek			
help	84	8.9	80.0
Yes	7	5.7	6.7
No	14	11.5	13.3
Unsure	17	13.9	
Did not respond			
Lack of available service			
Yes	81	66.4	78.6
No	9	7.4	8.7
Unsure	13	10.7	12.6
Did not respond	19	15.6	
Emotional avoidance			
Yes	55	45.1	53.4
No	26	21.3	25.2
Unsure	22	18.0	21.4
Did not respond	19	15.6	
Not realising abuse has occurred			
Yes	62	50.8	59.6
No	28	23.0	26.9
Unsure	14	11.5	13.5
Did not respond	18	14.8	
Inability to access free or			
reasonable priced service			
Yes	61	50.0	59.8
No	22	18.0	21.6
Unsure	19	15.6	18.6
Did not respond	20	16.4	
Not wanting to create a fuss or			
draw attention to self			
Yes	70	57.4	69.3
No	16	13.1	15.8
Unsure	15	12.3	14.9
Did not respond	20	16.4	17.3

Note. Valid percentage represents the percentage of responses from those who responded to the question

The figures in Table 13 pertain to the proportion of service providers in our sample who report each barrier as being a factor that they have observed to have delayed disclosure in the men that they have worked with. Those figures do *not* necessarily indicate the prevalence of the barrier operating among all men who have experienced intimate partner abuse. Nonetheless, if a particular barrier is reported to have been observed by a high proportion of service providers, then it is unlikely to be a rare phenomenon.

Participants were also asked, based on their experience of working with men, if there were any barriers that they would add to the list of identified barriers provided, and 47 participants provided suggestions. Four additional categories of barriers emerged from those data. These categories are hetero-sexism, individual psychological state and health, perpetrator as well as victim status, and confidentiality concerns within small communities (e.g., rural or remote, gay community). However, most of the suggestions made fitted within the provided taxonomy.

Some examples of suggestions for additional categories where we believe that the suggestion fits into an existing category are:

- Wanting to have immediate access to services if a crisis with the partner occurs, not having an equivalent of a women's refuge for men (lack of available service)
- That they will not be taken seriously by 'authority figures', e.g. police, doctors (fear of not being heard)
- Masculinity issues are major (masculinity)
- Societal prejudice against men (perceptions of gender-bias)
- Not realising the abuse has occurred especially emotional and verbal abuse (not realising abuse has occurred)
- Lack of men's services, lack of knowledge of what is out there for men (uncertainty surrounding where to seek help)
- There are no specific services in Australia for men who are victims of DV this is the major problem (lack of available services)

Quotes demonstrating the additional categories of barrier are provided in Table 14.

Table 14

Examples of additional barriers

Theme	Example Quotes
Individual	Low self esteem, low confidence, low expectations of life
psychological state	They try very hard to please the abuser and it seems the harder they try
and health	the more abuse is hurled at them. They become incapable of making
	decisions, unable to break whatever captive bond that exists to hold
	them together.
	Low self esteem, negative imagine of self, lack of confidence, lack of self esteem.
Hetrosexism	The most prominent barrier to men in same-sex relationships who are experiencing domestic violence from disclosing would have to be heterosexism. Heterosexim is exemplified in your above questions regarding 'mothers' and 'spouses'. Both of these terms are not applicable in gay men's relationships where there may be two fathers. When same-sex marriage is not recognised by law there is no such thing as a spouse for same-sex couples. These questions assume that all men in intimately abusive relationship are in heterosexual relationships. The words being used indicate to gay men that a service is made for heterosexual men. While Australian and international research has found that intimate partner violence within same sex relationships is similar in both prevalence and type to heterosexual counterparts, many support services are unaware of this and often do not have the skills or knowledge to adequately respond. Services may also be blatantly homophobic and in many cases, reaching out for support can result in further humiliation and discrimination" "A couple of gay men I have worked with who experienced intimate partner abuse were afraid that service providers would not believe them, and that service providers would not have the skills to deal with their specific issues as services can tend to be homophobic or heterocentric.
Perpetrator as well as victim status	Often they have been abusive too so this can be an issue. They may have experienced abuse but still be quite powerful and be abusive also. Several other men finally acknowledged that the abuse they experienced was actually relatively minor in relation to the abuse they had inflicted but they needed to stay in denial about this for some time before they got to this point, for a long time saying the abuse was only one way. The men I work with are violent themselves, and have been court-referred for their violence. They will often say their partners are abusive towards them to justify their own abusive actions, or to minimise their responsibility. We explain to them that, while we agree their partner's behaviours may be abusive, the difference between a man hitting a woman and a woman hitting a man is the level of fear involved. A woman is more likely to be afraid for her life. A man may be humiliated, or angered by his female partner's violence, but seldom will he be physically afraid of her.
Confidentiality concerns within small communities	Lack of confidentiality in the process of disclosure Confidentiality may have to be broken depending on the circumstances.

Descriptive statistics show how effective (on a Likert scale from 0-10) participants consider their agency is at overcoming or managing the provided taxonomy of barriers to men disclosing abuse experienced. This indicated that overall participants felt their agency could overcome or manage the barriers. This level of effectiveness was, however, only moderately high at best (mostly around 6 or 7 out of 10; see table 15).

Table 15

Perceptions of Service Effectiveness at Overcoming and/or Managing Barriers

Barrier	N	М	SD
Fear of escalation of abuse	98	6.11	2.77
Fear of not being heard	99	7.11	2.74
Shame	98	6.93	2.75
Personal perception of masculinity	97	7.02	2.66
Family expectations of masculinity	95	6.51	2.65
Society expectations of masculinity	92	6.66	2.72
Perception of service gender-bias	93	6.38	3.02
Perception of society gender-bias	94	6.15	2.94
Protecting children from abuse	93	5.89	2.69
Protecting children from losing contact with mother	94	5.83	2.63
Protecting children from having a negative perception of mother	94	5.67	2.74
Protecting spouse	93	5.89	2.61
Protecting family unit	92	6.20	2.83
Uncertainty about where to seek help	95	6.73	2.82
Uncertainty about how to seek help	94	6.80	2.79
Lack of available service	94	5.66	2.88
Emotional avoidance	95	6.40	2.63
Not realising abuse has occurred	95	6.87	2.76
Inability to access free or reasonable priced services	96	6.22	3.05
Not wanting to create a fuss or draw attention to self	94	6.81	2.74

5.2.3 Factors that facilitate men disclosing intimate partner abuse

The same types of analyses were conducted with the data on factors that facilitate disclosure as were conducted on the data pertaining to barriers. The findings are similar to those for barriers, in that most facilitating factors were reported to have been observed by most service providers (see table 16). Again, those factors that were reported least often by service providers were still reported to have been observed by a sizable minority of service providers.

Table 16

Presence of Facilitating Factors to Disclosure in Clients: Chi-Square Goodness to Fit Test Results

Facilitating factor to Disclosure	N	%	Valid %
Feeling heard			
Yes	93	76.2	100.00
No	0	0.0	0.0
Unsure	0	0.0	0.0
Did not respond	29	23.8	
Empathetic service providers			
Yes	89	73.0	95.7
No	1	8.0	1.1
Unsure	3	2.5	3.2
Did not respond	29	23.8	
Knowing that others have had			
similar experiences			
Yes	79	64.8	85.9
No	6	4.9	6.5
Unsure	7	5.7	7.6
Did not respond	30	24.6	
Available service providers			
Yes	62	50.8	67.4
No	13	10.7	14.1
Unsure	17	13.9	18.5
Did not respond	30	24.6	
Perceived family acceptance			
Yes	35	28.7	38.5
No	18	14.8	19.8
Unsure	38	31.1	41.8
Did not respond	40	25.4	
Perceived family support			
Yes	42	34.4	46.2
No	18	14.8	19.8
Unsure	31	25.4	34.1
Did not respond	31	25.4	
Perceived acceptance from			
friends			
Yes	43	35.2	46.7
No	20	16.4	21.7
Unsure	29	23.8	31.5
Did not respond	30	24.6	
Perceived support from friends			
Yes	52	42.6	56.5
No	15	12.3	16.3
Unsure	25	20.5	27.2
Did not respond	30	24.6	

Collitating factor to Disclosure	N	%	Valid %
Facilitating factor to Disclosure Fear of escalation of abuse	IV	70	Vallu 70
Yes	45	36.9	48.9
No	23	18.9	25.0
Unsure	23 24	19.7	25.0 26.1
Did not respond	30	24.6	20.1
Fear of having access to children	30	24.0	
restricted			
Yes	54	44.3	58.1
No	21	17.2	22.6
Unsure	18	14.8	19.4
Did not respond	29	23.8	13.4
Protecting children from	29	23.0	
experiencing abuse			
Yes	48	39.3	52.7
No	21	17.2	23.1
Unsure	22	18.0	24.2
Did not respond	31	25.4	24.2
Protecting children from	31	25.4	
witnessing abuse			
Yes	53	43.4	57.6
No	19	45.4 15.6	20.7
Unsure	20	16.4	20.7 21.7
	30	24.6	21.7
Did not respond Protecting others form	30	24.0	
experiencing abuse			
Yes	41	33.6	45.1
No	24	19.7	26.4
Unsure	26	21.3	28.6
Did not respond	31	25.4	20.0
Protecting others from witnessing	31	25.4	
abuse			
Yes	41	33.6	45.1
No	23	18.9	25.3
Unsure	23 27	22.1	39.7
Did not respond	31	25.4	33.1
Publicly available information	31	23.4	
Yes	44	36.1	47.8
No	24	19.7	26.1
Unsure	24	19.7	26.1
Did not respond	30	24.6	20.1
Realisation that abuse is	30	24.0	
occurring			
Yes	74	60.7	82.2
No		60.7	
Unsure	6 10	4.9 8.2	6.7 11.1
	32	26.2	11.1
Did not respond		20.2	rooponded to the

Note. Valid percentage represents the percentage of responses from those who responded to the question

Participants were also asked based on their experience of working with men if there were any facilitating factors that they would add to the list of identified facilitating factors provided. Generally the comments provided did not assist in constructing additional categories but rather fitted within the provided taxonomy. However, the comments indicated that several factors need to be more attainable and valid for men. These are: feeling heard,

empathetic service providers, knowledge of other men with similar experiences, available service providers, family members' and friends' acceptance and support, publically available information, and the realisation that abuse is occurring. Some examples of comments that fit into the provided taxonomy are:

- More publicity for the issue. (publically available information);
- Publicly available information would help; availability of relevant services would help; support from family/friends would help but is rarely part of the picture. (publically available information, available service providers and family and friend acceptance);
- More education for the public. (publically available information);
- Clear community understanding about abuse. Increased number of suitable services. (publically available information and available service providers);
- Promotional material which acknowledges that men can experience intimate
 partner abuse and provides information on where to go to seek assistance
 and support. More media coverage of men's experiences of intimate partner
 abuse (publically available information and available service providers);
- good therapeutic relationship, in which fear of shame is minimised (empathetic service providers);
- An escalation in the services available to men who find themselves in such a situation (available service providers)
- A service that openly recognises men can be victims (available service providers)

Participants rated on a scale from 0-10 how effective they regard their agency is at developing and/or harnessing the factors that facilitate men disclosing abuse. Mean ratings varied from a high of 7.84 to a low of 4.95, and overall reflect a moderate to high degree of perceived effectiveness (see table 17).

Table 17

Perceptions of Service Effectiveness at Developing and/or Harnessing Facilitating Factors

Facilitating Factor	N	M	SD
Feeling heard	88	7.78	2.90
Empathetic service providers	88	7.84	2.74
Knowing that others have had similar experiences	87	7.17	3.31
Available service providers	83	5.80	3.19
Perceived family acceptance	81	4.96	2.92
Perceived family support	81	4.95	2.96
Perceived acceptance from friends	81	5.22	2.97
Perceived support from friends	82	5.44	2.83
Fear of escalation of abuse	82	6.16	2.75
Fear of having access to children restricted	83	5.90	3.03
Protecting children from experiencing abuse	83	6.06	2.86
Protecting children from witnessing abuse	83	6.10	2.77
Protecting others form experiencing abuse	81	5.37	3.08
Protecting others from witnessing abuse	81	5.40	2.90
Publicly available information	83	5.19	3.40
Realisation that abuse is occurring	85	6.92	3.12

5.2.4 Available services

Eight themes emerged from participants' responses to the question regarding the types of services that participants think are effective in helping male victims of intimate partner abuse manage and/or escape from the abuse they are experiencing (see Table 18). The low level of effective services was suggested by participants to be related to community attitudes, affordability, limited education of service providers in regard to male victims of intimate partner abuse, and services not being tailored to the specific needs of male victims.

Table 18

Examples of themes in regard to effectiveness of available services

Theme	Example quotes
Group and individual counselling/psychotherapy	Individual counselling services are the only ones that I am aware of. Affordable counselling. Counselling and Psychotherapy Group Therapy. Counselling. Men-specific counselling services.
Support groups	I think a male support group or crisis line dedicated to this would be invaluable. Ongoing groups. Support groups with a experienced facilitator/therapist peer support groups.
Help line dedicated to male victims of intimate partner abuse	Nationwide telephone counselling 24/7. Telephone services. Anonymous helpline as a first point for men to call to be validated and to give out information and referral to ongoing services. The service needs to include phone and outreach services as many men may feel too ashamed to walk through the door.
Accommodation support	Also a safe house system and educational courses. Accommodation for men and children. Refuge accommodation for men with or without their children would be useful. Safe centres to go for refuge. Male only Refuges (children allowed).
Education courses/campaigns	Publicity about non gender bias family violence. A publicity campaign which recognized this pattern of violence, to give it a name and a public profile would be helpful. Understanding that some men are equally at risk of family abuse and that family abuse is not only an issue for women - being empathetic, providing appropriate support and building resources to help men to leave relationships which are abusive. Education that abuse is occurring - what does abuse look like; what's reasonable / not.
A need for appropriate services for specific groups	Services that are gay friendly. Same sex domestic violence - services that are gay friendly and non judgemental and are publicly visible throughout the gay community.
Dearth of effective services	I don't believe they exist. We need to acknowledge the problem exists and not just have a policy department who has great policies about the subject but make sure there are people able to provide a service out there. My health service does not recognize intimate partner abuse of men. Our admission assessments provide specific screening tools to identify female victims, but completely ignore males. This is despite the admission of males who clearly are victims of intimate partner abuse, sometimes witnessed by staff on the Unit. As far as I know there are no services up and running who do effectively help male victims of IPV. My experience is that these services are virtually nonexistent.

5.2.5 Additional information

The data in this section derive from participants' responses to the questions in the final section of the survey in which they were asked to make any additional comments about men talking about the abuse they have experienced from an intimate partner (see Table 19). These data predominantly reinforce the themes that emerged from Stage One: the central issues are the need to acknowledge that male victims of intimate partner violence exist, that specialist services for male victims are needed, and that different categories of men have different needs. Nonetheless, a minority of participants expressed views that challenge the themes from Stage One (e.g., that while men experience acts that fit behavioural definitions of intimate partner abuse, they do not become overwhelmed by fear to such a degree that they are controlled by their partners).

Table 19

Examples of themes related to addition information regarding men talking about their experience of abuse

Theme	Example quotes
Reluctance to acknowledge the experience of abuse	Men are reluctant to acknowledge the impact of the abuse Normally it takes them a while before they disclose it. They doubt themselves and sometimes take convincing to accept it is abuse themselves.
Lack of understanding about what constitutes abuse	They also seem very ignorant of the dynamics of abusiveness. They are very uninformed about the 'definition' of what constitutes intimate partner violence (apart from physical violence). Men can be extremely facile at not recognising the abuse, especially the verbal.
Lack of disclosure related to public perceptions regarding abuse	The fact also that there are campaigns regarding violence towards women I believe at times has increased violence towards men especially emotional violence. It allows protection and victim status to one gender at the expense of the others. We really should be targeting the slogan "Australia says no to violence". Rather than saying "Australia says no to Violence against Women". Strong anti-male paradigm in DV sector, which perpetuates man as the evil doers, not the ones who are on the receiving end.
Additional barriers for men in same sex relationships	Services should be designed and equipped to support people from same-sex as well as different-sex relationships. Openly accepting and understanding each man's sexuality and relationship are the two most important steps before we can begin to explore any of the abuse or experiences of control that this man has endured. It is essential for service providers to have diversity training so that they are not narrow-minded and working from heterocentric perspectives.
Shame a strong component of	Shame and emotional regulation difficulties often play a part.

Theme	Example quotes
reluctance to disclose	The perception often is that the man concerned is admitting a weakness and therefore tolerates abuse at all levels to avoid admitting weakness.
Fear and experience of not being heard a strong component of reluctance to disclose	A history of repeated experiences of not being heard or of having a voice. They feel that authorities and other men will not take it seriously.
Lack of available/appropriate services main barrier	Men are looking for a place to be able to say that they feel what they feel, but find that place so rarely. Insufficient services available for men as "recipients" of domestic abuse. I hope with this study there will be more available help for men with these problems. There is in my opinion a huge gap in profile of services available to males across Australia.

Respondents were also invited to respond regarding how agencies respond to male victims of intimate partner abuse (see Table 20).

Table 20

Examples of themes related to additional information regarding agency responses to male victims of intimate partner abuse

Many services see this issue through a gender filter. Until all parties are

Example quotes

Theme

Lack of agency

acknowledgment of male victims of IPA	viewed equally and made accountable for their own abuse the male will be disenfranchised. Men I have spoken to have said that all the agencies are there for the women, but there are no services for the men I am not aware of such service. My experience has been that service providers tend to seek to find ways to blame the men for the abuse they are experiencing. Services denial of the problem. I usually receive complaints that large general agencies are much more able to listen and deal with women than men.
Agency lack of understanding of the experience of male victims of IPA	They often don't respond or don't know how to respond. We need to provide training for all health, welfare and community services and workers in how to effectively work with male victims of DV. Many agencies are good; occasionally get a lack of familiarity with the problem. The service I work for works from a model of power imbalance and in this context the men in heterosexual relationships are the ones who overwhelmingly have the financial and therefore legal means to control their relationship, which often also extends to children (e.g., through relocating &/or socially isolating the partner, creating financial dependency in addition to the physical/emotional/sexual abuse.). I have never worked with a man who was physically or sexually overpowered by a female partner and who feared for his safety. Similarly, I have never had experiences of heterosexual men feeling they were not able to protect/defend themselves from a partner, especially in the context of being too afraid to leave the relationship lest he be at continued/increased risk of harm by the partner (e.g., ongoing threats, stalking). I have had countless experiences with women being in this situation, however, particularly in heterosexual relationship. I guess services which specialise in abuse support may be able to provide good services, but I wonder whether the feminist analysis of intimate partner

Theme	Example quotes
	violence makes it difficult for female workers to be empathetic to men who have experienced abuse.
Better acknowledgment that different groups have different needs	It is very difficult to assess our service in regard to helping a man's perception of 'family/friend acceptance' or 'family/friend support' when often for GLBT people there is no acceptance or support from their family/friends for their relationship in the first place, let alone if there was domestic violence involved and they required assistanceAlso often, men from the gay community have an extremely different experience of 'masculinity'. As people who are often victims of homophobia and expressions of masculinity the pursuit of masculinity may not be as high on a gay man's agenda as it is on a straight man's. Also there is generally a broader range of expressions of masculinity and gender that are afforded to gay men and women within the GLBT communities. This is not saying that masculinity is not a factor in gay men's same-sex DV it just may become slightly more complex. What suits the group at Kintore in the western desert is completely different from what suits the men at the local camp in Alice Springs and these variations must be recognised. Each programme must be developed from the outset with local men.

5.3 Integration of Findings

The survey data collected in Stage Two support the findings from Stage One in three ways. First, service providers reported having observed in their work the factors that were identified in Stage One by victims and Significant Others as being barriers to men disclosing abuse. Second, service providers similarly endorsed the findings from Stage One about factors that facilitate disclosure. Third, service providers identified a need to provide more effective and more accessible services specifically designed to address the needs of male victims of intimate partner abuse.

The findings of Stage Two extend the findings from Stage One in two main ways. First, a number of additional barriers to disclosure were identified. Second, service providers outlined a number of helpful suggestions for the types of services that would meet the needs of male victims better than the existing range of services.

While the data in Stage Two predominantly support and extend the findings from Stage One, a minority of participants in Stage Two expressed views that challenge the main themes in our data from both stages. For example, a few service providers reported having observed in their work that men might be subjected to behaviours that fit behavioural definitions of intimate partner abuse, but that, unlike women who are abused, men who are abused do not become overwhelmed by fear to such a degree that they are controlled by their partners and trapped in their circumstances. In short, these participants suggest that men are not vulnerable to the immobilising fear that some women experience.

Our data do not enable us to comment on the views expressed by some participants about similarities or difference between men's experience of intimate partner abuse and women's experience of intimate partner abuse. We did not design our studies to answer such questions. Our data indicate that there are men who report being victims of what can

be regarded as intimate partner abuse, and there were some men in our small sample who report fear and intimidation and being controlled by their female partners. A number of service providers also reported having provided services to such men and that power and control tactics and fear and intimidation were part of the abuse that some men suffered. Two important questions arise from these data that future research should examine. First, to what extent and in what proportion of cases does intimate partner abuse of men involve power and control dynamics? Second, how prevalent among cases of intimate partner abuse of men is the intense immobilising and entrapping fear that many female victims report? These same two questions also need to be asked in relation to female victims of IPA in Australia, so that we can compare and contrast the experiences of male and female victims of IPA in order to design services that appropriately target the needs of both sexes.

6.0 CONCLUSION

The aim of this exploratory research was to investigate the experience of adult males who report being victims of Intimate Partner Abuse (IPA). We attempted to explore this issue with men of all ages, with gay men, with men from culturally and linguistically diverse backgrounds (CALD) including Aboriginal men, and with men form a range of locations (urban, rural, and remote). Unfortunately, we were not successful in recruiting gay men or CALD men into our sample and we cannot be sure if our findings generalise to those groups. It seems to us that separate specific studies are required if researchers are to successfully recruit men from those groups. Such studies would need significant involvement from representatives of those communities on advisory committees so that effective sampling strategies are developed.

For the purpose of this study IPA denotes behaviours that recipients consider abusive. As with all victim surveys our data reflect reports of alleged events and interviewees' or survey respondents' perceptions. Therefore, when we refer to male victims and female perpetrators, we are in fact referring to men who report being victims of abuse and service providers who report having worked with men who report abuse. However, to avoid cumbersome phrases in the document we mostly refer to male victims and female perpetrators without qualifying those terms on every occasion.

6.1 Research questions

We had seven research questions, and the basic conclusions that can be drawn in relation to each question are summarised below:

6.1.1 What forms of abuse do men report experiencing from intimate partners?

All categories of abuse were reported by at least one participant in Stage One of our research, and several of the male victims and significant others reported multiple forms of abuse. As with reports by female victims in other research, physical abuse tended to occur in a context of other forms of abuse. Within each category, other than Legal and Administrative Abuse, our data reflect a wide range of specific forms of abuse reflecting the diversity of men's experience. Legal and Administrative Abuse needs more examination before we can be confident in accepting it as a distinct category of abuse. In our data it seems to be very closely linked to Family Court litigation and we cannot be sure that it reflects a more general abuse of legal and social systems to exert control over one's expartner's life rather than simply being a legal strategy. Of course, it is possible that reflects both legal strategy and an abuse of process aimed at exerting control over an ex-partner's life. More research is needed on this issue.

6.1.2 What specific experiences of victimisation do men report?

Participants in this study reported a range of experiences from isolated incidents through occasional repeated incidents to entrenched patterns of abuse and intimidation across several categories of abuse. However, most of the small sample of male victims and significant others in this study reported ongoing patterns of abuse within one or more relationship as opposed to reporting one or two incidents within the life of that relationship. Obviously, we cannot know from this sample whether the experiences they reported are typical of most men who are victims of IPA, or if it is more common for men to experience isolated incidents than ongoing patterns of abuse.

6.1.3 What are the impacts of that abuse on those men?

In each case described in Stage One, the male victim reportedly experienced high levels of distress, in some cases involving intense shame and helplessness. Some men experienced a loss of masculinity (a sense of not being a real man anymore) and other impacts on their self-concept and self-esteem. Other impacts included loss of employment and social networks due to the stress caused by the abuse. While many of the men tended to describe their experiences in terms of the events that occurred and needed some prompting and patience on the part of the interviewer before they started discussing their feelings and the emotional impacts of the abuse, others disclosed their distress without much prompting and exhibited some of that distress during their interview.

Some participants reported more than just the behaviours described in the definitions of different types of abuse; they also reported ongoing psychological consequences of those behaviours such as experiences of being controlled, being demeaned, and being

intimidated. It is possible that our sampling methods attracted men who experienced more severe abuse than is common among men, but we cannot determine if that is the case. It was not our intention to discover what is typical for men who report abuse or the prevalence of different types and severity of abuse. Our aim was simply to document the range of abuse experiences and to examine the influences over men's decision to disclose or not that abuse. Nonetheless, it is an important finding that some of the men, some of the significant others, and some of the service providers report cases where power, control and intimidation are central aspects of the abuse and the victim's experience of that abuse.

6.1.4 How is intimate partner abuse (IPA) conceptualised by the men who report being abused and by service providers who work with those men?

The men who report it tended to describe it in behavioural terms and in terms of the events surrounding the abuse rather than in terms of its emotional impact or in terms of being controlled or intimidated. Nonetheless, as outlined above, some did describe a sense of being controlled and manipulated and that the abuse was a tactic used by the perpetrator to exercise power in the relationship to meet her own needs. Some of the service providers also described power and control dynamics (citing cases that they had worked with) while others questioned whether this is ever part of female to male violence (seemingly on the basis of not having directly observed it in their work or not having worked with male victims in heterosexual relationships at all).

The themes that emerged from interviews with victims and with significant others in Stage One are consistent with the conceptualisations of IPA reflected in the literature on females victim's experiences of IPA (Burnett, 1993; Dehan & Levi, 2009; Hegarty et al., 2000; Hegarty et al., 1999; O'Hagan, 1995; Outlaw, 2009; Sonkin, under review). The most striking similarities are in the themes in the data that define the abuse, but the themes in relation to how IPA impacts on the victim are also consistent with themes found in the literature on female victims. Those themes emerged despite men's tendency to relate their experiences in behavioural and situational terms.

6.1.5 What are the barriers to men disclosing IPA against them?

We found similar barriers to what women report as barriers to them disclosing abuse: shame, fear of not being believed, fear that reporting it will make it worse, concern for the impact on others (e.g., children's relationship with the perpetrator) (Leone et al., 2007; Merritt-Gray & Wuest, 1995; Stork, 2008). However, there were also several themes that reflect gender issues and gender politics. For example, several participants reported a fear of not being believed because IPA is seen as something that men do to women. For some the fear was of something worse; that they would be blamed for the abuse, that they must

have done something to provoke it or that the woman was retaliating against his own abuse of her. The themes of shame and humiliation also reflected gender issues such some men's perceptions that they should be able to cope with the abuse or have sufficient power in their relationships to stop it.

All barriers were reportedly observed by at least a significant minority of service providers (no less than 33% for any barrier) and for most barriers by a majority of service providers (more than 80% for several barriers). We can't be sure if those who don't report a particular barrier have never had a client for whom that factor has delayed or facilitated disclosure or if they simply have not engaged in the type of conversation or assessment process that would have uncovered information indicating that the factor was relevant for that man. Certainly, the conclusion that can be drawn is that all of the barriers and facilitating factors that were identified in Stage One have been reported by at least a sizable minority, if not a large majority, of the service providers surveyed in Stage Two. The implication of these data for service providers and for policy makers is that we need to design services, train service providers, and educate the public in ways that will reduce if not remove those barriers and amplify those facilitating factors. If male victims, or the people who are close to them, are not able to disclose the abuse, then appropriate and effective interventions in that relationship will not be enacted, or at best will be delayed.

6.1.6 What types of services might significant others (close friends or family members, other than the perpetrator of the violence, who are aware of the man's experience) be inclined to contact for support or advice on how to intervene and/or assist the man to seek help?

Participants expressed a need for a range of characteristics in services for male victims of IPA. The most important characteristics are: properly trained staff who are empathic, supportive and well-enough resourced to follow through with what needs to be done; gender-sensitive services (i.e., services designed on the basis of an understanding of men's specific needs and the impact of victimisation on masculine identity); and specific services for different groups of men (gay, CALD, etc.).

6.1.7 What would facilitate men's disclosure of IPA experiences in large-scale epidemiological studies?

A strong theme in our data is that men are prevented from disclosing being abused, or delay disclosing, due to a fear that they will not be believed, will not be assisted, or will be blamed for that abuse. In addition to service providers needing to find ways to overcome these barriers, researchers who wish to engage large representative samples of male victims must also overcome those barriers. Clearly, the sampling methods must be sensitive

to men's reluctance to disclose abuse and one strategy for engaging men in a large-scale survey would be to embed the IPA questions into a broader questionnaire on men's experiences in relationships or men's health and welfare issues. The questions on IPA must also be sensitive to men's reluctance to disclose, and while it might be easier for men to answer questions about their experiences in the safety of an anonymous questionnaire, our data suggest that they would be better assisted by sensitive and empathic interviewing.

A dilemma for researchers who wish to critically examine the question of whether or not male victims typically experience a genuine fear and intimidation, is that they need to engage with male victims in ways that overcome the barriers to disclosure but they also need to test the veracity of men's claims of fear and intimidation. It is also the case that comparisons between men's experiences and women's experiences can only be made once researchers have designed data-collection methods (including questionnaire and interview protocols) that are valid for both men and women and collect directly comparable data from both genders. A challenge for researchers in this regard is the possibility that men and women experience fear and anxiety quite differently, or that they articulate it very differently from each other. It might be that researchers need to use different methods for men than for women when measuring psychological variables such as fear, intimidation, and control (Blazina & Marks, 2001; Plowden, 2003; Tokar et al., 2000).

6.2 Some Final Issues

As with other forms of family violence, gender is an important issue in men's victimisation. Regardless of what research eventually determines to be the similarities and the differences between men's and women's experiences as victims of IPA (not only in terms of prevalence and severity, but also support services and other responses to the violence and effective prevention of IPA), it is clear that gender issues need to be comprehensively examined. Since issues of power and control in relationships and gendered identity are relevant to male victims' experiences, feminist analyses of violence might be just as important in understanding men's experiences of IPA as they have proved to be in understanding women's experiences.

However, issues of masculinity and men's place in society must be examined broadly within a range of both psychological and sociological theories. Our data suggest that some of the perceived gender-biases that prevent men from disclosing their abuse (e.g., that he will be seen to have failed as a man if not blamed for his situation) do operate within some of the generalist health and welfare services that constitute the main avenues for professional help for male victims. Moreover, some of those gender-biases might have operated within the field in ways that have prevented the development of services for male victims or of family violence services that are designed to serve both male and female victims.

The issues for male victims seem, on the surface, to be very similar to those that operate for female victims, but the critical differences might be prevalence, level of fear and intimidation, and the degree to which male victims feel trapped in their circumstances in the same ways that female victims often are. The research that we have reported here should assist researchers in designing studies to effectively examine these difficult questions of prevalence and gender differences. Regardless of any gender differences in prevalence or severity, our findings indicate that it is important to provide specific services for male victims that are staffed by counsellors and other workers who are specifically trained in responding to male victims' needs. It is also important to conduct public education campaigns that raise the profile of male victims in ways that do not discount public understanding of violence against women and children. One way of doing this is to have public awareness and education programmes that deal with issues of family violence generally and include research-based information about male victims and female perpetrators.

Finally, our findings raise many questions that need urgent attention from researchers. As already discussed, we need data on the experiences of Aboriginal men, gay men, men younger than 35, and CALD men. There is also a need for reliable and valid data on the prevalence of various forms of IPA and other family violence against men. We also need sound epidemiological data on the severity of impacts of IPA on male victims and on others in their family, particularly children. There is also a dearth of reliable data on the degree to which both male victims and female victims feel intimidated by the abuse they suffer and the proportion of cases in which the abuse occurs in the context of power and control dynamics.

Collecting reliable data that will enable comparisons to be validly made between female victims' and male victims' experiences is a major challenge for researchers. Such comparisons rely on collecting the same form of data from both groups using the same methods, and yet men and women might articulate their experiences in different ways or respond differently to particular data collection strategies. For example, men might be less willing than women to indicate fear and intimidation when asked about such experiences in closed questions (tick-box format) and so different prevalence rates might reflect (either partly or wholly) sex differences in response style rather than sex differences in fear levels. Such response-style artefacts might also operate in some sub-populations of men more than in others. For example, one of the authors of this report (Dear) has previously conducted research into coping breakdowns and suicidal behaviour in prison. In that research, we had to abandon the use of a standardised measure of anxiety symptoms that has good validity when used with men in clinical and general community samples, because men in prison denied most symptoms and their scores indicated lower levels of anxiety than are found in psychologically healthy men in the community despite our qualitative data and data from

medical and nursing files indicating extremely high levels of anxiety among male prisoners who engage in self-harming behaviour. Men in prison tended to use different terms (e.g., paranoid, hyper) to describe their anxiety symptoms but avoided terms such as fearful, intimidated, worried, scared, and anxious.

One of our observations from the interviews of male victims in this study is that one needs to prompt in non-leading ways for men's emotional reactions and to allow them time to come to the point of disclosing feelings of anxiety and shame. In several interviews the men retracted from their discussion of emotions when they started to experience some of those upsetting emotions in the interview and they would compose themselves or prevent the emotion from surfacing by reverting to a description of events in a superficial and mechanical manner. A strategy of patience and gentle non-leading prompts is likely to be just as important when collecting data from female victims of IPA, and our sense is that such data collection methods should be adopted in large-scale prevalence surveys of both men and women, despite the significant cost of such methods over and above standardised tick-box questionnaires. Such methods are not only expensive in collecting the data, but they are much more expensive in coding (quantifying) and analysing those data.

6.3 Recommendations

On the basis of our findings in this research we make four key recommendations. These recommendations are broad rather than specific because our data are exploratory and our research aimed to raise questions and quide future research rather than to answer the big questions about prevalence and level of service need. Much more research is needed on the topic of male victims of IPA. Nonetheless, male victims clearly exist and a strong theme in our data is male victims' fears about being believed, taken seriously and provided with effective support and assistance (including ensuring their safety). No doubt there are men who falsely claim to be victims (some of whom might in fact be perpetrators) just as some women make false allegations. However, much research with victims of all kinds (family violence, sexual assault, robbery, common assault, corruption, workplace or schoolyard harassment and bullying, etc.) and of both sexes tells us that a sceptical response to all reports by those whose role is to support and assist victims leads not only to further abuse of genuine victims but to lower levels of reporting such crimes and civil wrongs. Indeed our own data in Stage One of this research indicates that a fear of such scepticism at either a societal level or from an individual service provider is a major factor that prevents (or at least delays) men from disclosing abuse. Our recommendations are:

1. That government funded public awareness campaigns be conducted to raise awareness of intimate partner violence against men. Such campaigns need to be very

carefully designed so as to complement campaigns about family violence against women and children and not to damage the effectiveness of those campaigns.

- 2. Consideration should be given to providing publically-funded services specifically for male victims of IPA.
- 3. Consideration should be given to how services for male victims of IPA can be integrated with services for female victims and general services for victims of family violence in all its forms. It is likely that some types of service can be effectively integrated while others will need to be gender-specific.
- 4. Workers in the broader health and welfare fields should be provided with training to assist them to respond effectively to male victims of IPA. In particular, these workers need training in how to dismantle the barriers (identified in our research) to men disclosing their abuse and strengthening the factors that facilitate men's disclosure of their abuse.

7.0 REFERENCES

- Ali, A. (2007). Where is the voice of feminism in research on emotional abuse? *Journal of Gender Studies*, 16(1), 73-77.
- Ayub, M., Irfan, M., Nasr, T., Lutufullah, M., Kingdon, D., & Naeem, F. (2009). Psychiatric morbidity and domestic violence: A survey of married women in Lahore. *Social Psychiatry and Psychiatric Epidemiology*, *44*(11), 953-960.
- Bartels, L. (2010). *Emerging issues in domestic/family violence research*. Canberra: Australian Institute of Criminology.
- Blazina, C., & Marks, L. I. (2001). College men's affective reactions to individual therapy, psychoeducational workshops, and men's support group brochures: The influence of gender-role conflict and power dynamics upon help-seeking attitudes. *Psychotherapy*, *38*(3), 297-305.
- Blazina, C., & Watkins, C. E. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes towards help-seeking. *Journal of Counseling Psychology, 43*(1), 461-465.
- Browne, K. D., & Hamilton, C. E. (1998). Physical violence between young adults and their parents: Associations with a history of child maltreatment. *Journal of Family Violence*, 13(1), 59-79.
- Burke, L. K., & Follingstad, D. R. (1999). Violence in lesbian and gay relationships: Theory, prevalence, and correlational factors. *Clinical Psychology Review*, 19(5), 487-512.
- Burnett, B. B. (1993). The psychological abuse of latency age children: A survey. *Child Abuse and Neglect*, *17*, 441-454.
- Caetano, R., Vaeth, A. C., & Ramisetty-Mikler, S. (2008). Intimate partner violence victim and perpetrator characteristics among couples in the United States. *Journal of Family Violence*, 23, 507-518.
- Carden, A. D. (1994). Wife abuse and the wife abuser: Review and recommendations. *Counselling Psychologist*, *22*, 539-582.
- Cercone, J., J, Beach, S. R. H., & Arias, I. (2005). Gender symmetry in dating intimate partner violence: Does similar behaviour imply similar constructs? *Violence and Victims*, *20*(2), 207-218.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage Publications.
- Cheung, M., Leung, P., & Tsui, V. (2009). Asian male domestic violence victims: Services exclusive for men. *Journal of Family Violence*, *24*, 447-762.
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., et al. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventative Medicine*, 23(4), 260-268.
- Coker, A. L., Derrick, C., Lumpkin, J. L., Aldrich, T. E., & Oldendick, R. (2000). Help-seeking for intimate partner violence and forced sex in South Carolina. *American Journal of Preventative Medicine*, 19(4), 316-320.
- Coolidge, F. L., & Anderson, L. W. (2002). Personality profiles of women in multiple abusive relationships. *Journal of Family Violence*, *17*(2), 117-131.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, California: Sage Publications.
- Davis, R. C., Taylor, B. G., & Titus, R. M. (1997). Victims as agents. In R. C. Davis, A. J. Lurigio & W. G. Skogan (Eds.), *Victims of Crime* (2nd ed., pp. 167-179). Thousand Oaks, CA: SAGE Publications.
- De Vries Robbe, M., & March, L. (1996). Prevalence of domestic violence among patients attending a hospital emergency department. *Australian and New Zealand Journal of Public Health, 20*(4), 364-368.
- Dehan, N., & Levi, Z. (2009). Spiritual abuse: An additional dimension of abuse experienced by abused Haredi (Ultraorthodox) Jewish wives. *Violence Against Women, 15*(11), 1294-1310.

- DeMaris, A., & Kaukinen, C. (2008). Partner's stake in conformity and abused wives' psychological trauma. *Journal of Interpersonal Violence, 23*, 1323-1342.
- Dobash, R. E., & Dobash, R. P. (1992). Women, violence and social change. London: Routledge.
- Family and Domestic Violence Unit. (2006). The Men's Project Exploring responses to men who are victims or perpetrators of family and domestic violence: Western Australian Department for Community Development.
- Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. California: The Sociology Press.
- Headey, B., Scott, D., & De Vaus, D. (1999). Domestic violence in Australia: Are women and men equally violent. *Australian Social Monitor*, *2*, 57-62.
- Hegarty, K. L., Bush, R., & Sheehan, M. (2005). The composite abuse scale: Further development and assessment of reliability and validity of a multidimensional partner abuse measure in clinical settings. *Violence and Victims*, *20*(5), 529-547.
- Hegarty, K. L., Gunn, J., Chondros, P., & Small, R. (2004). Association between depression and abuse by partners of women attending general practice: Descriptive, cross sectional survey. *British Medical Journal*, 328, 621-624.
- Hegarty, K. L., Hindmarsh, E. D., & Gilles, M. T. (2000). Domestic violence in Australia: Definition, prevalence and nature of presentation in clinical practice. *The Medical Journal of Australia*, 173, 363-367.
- Hegarty, K. L., Sheehan, M., & Schonfeld, C. (1999). A multidimensional definition of partner abuse: Development and preliminary validation of the composite abuse scale. *Journal of Family Violence*, *14*(4), 399-415.
- Hegarty, K. L., & Taft, A. J. (2001). Overcoming the barriers to disclosure and inquiry of partner abuse for women attending general practice. *Australian and New Zealand Journal of Public Health*, 25(5), 433-437.
- Howerton, A., Byng, R., Campbell, J., Hess, D., Owens, C., & Aitken, P. (2007). Understanding help seeking behaviour among male offenders: Qualitative interview study. *British Medical Journal*, *334*(7588), 303-306.
- Indermaur, D. (2001). *Young Australians and domestic violence*. Trends and Issues in Crime and Criminal Justice, No. 195. Canberra: Australian Institute of Criminology.
- Jarrett, N. C., Bellamy, C. I. D., & Adeyemi, S. A. (2007). Men's health help-seeking and implications for clinical practice. *American Journal of Health Studies*, 22(2), 88-95.
- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes towards seeking psychological help. *Journal of Counseling Psychology*, 47(1), 138-143.
- Leone, J. M., Johnson, M. P., & Cohan, C. L. (2007). Victim help seeking: Differences between intimate partner terrorism and situational couple violence. *Family Relations*, *56*, 427-439.
- Lewis, A., & Sarantakos, S. (2001). Domestic violence and the male victim. Nuance, 3, 1-15.
- Liamputtong, P., & Ezzy, D. (2005). *Qualitative research methods* (2nd ed.). Melbourne, Australia: Oxford University Press.
- McClennen, J. C. (2005). Domestic violence between same-gender partners: Recent findings and future research. *Journal of Interpersonal Violence*, 20(2), 149-154.
- Merritt-Gray, M., & Wuest, J. (1995). Counteracting abuse and breaking free: The process of leaving revealed through women's voices. *Health Care for Women International, 16,* 399-412.
- Mills, T. (1985). The assault on the self: Stages in coping with battering husbands. *Qualitative Psychology*, *8*, 103-123.
- O'Hagan. (1995). Emotional and psychological abuse: Problems of definition. *Child Abuse and Neglect*, 19(4), 449-461.
- Outlaw, M. (2009). No one type of intimate partner abuse: Exploring physical and non-physical abuse among intimate partners. *Journal of Family Violence*, 24(4), 263-272.

- Pagani, L., Tremblay, R. E., Nagin, D., Zoccolillo, M., Vitaro, F., & McDuff, P. (2009). Risk factor models for adolescent verbal and physical aggression towards fathers. *Journal of Family Violence*, 24(3), 173-182.
- Phelan, M. B., Hamberger, L. K., Guse, C. E., Edwards, S., Walczak, S., & Zosel, A. (2005). Domestic violence among male and female patients seeking emergency medical service. *Violence and Victims*, *20*(2), 187-206.
- Plowden, K. O. (2003). A theoretical approach to understanding black men's health-seeking behaviour. *Journal of Theory Construction and Testing*, 7(1), 27-31.
- Reid, R. J., Bonomi, A. E., Rivara, F. P., Anderson, M. L., Fishman, P. A., Carrell, D. S., et al. (2008). Intimate partner violence among men: Prevalence, chronicity, and health effects. *American Journal of Preventative Medicine*, *34*(6), 478-485.
- Roberts, G., O'Toole, B. I., Lawrence, J. M., & Raphael, B. (1993). Domestic violence victims in a hospital emergency department. *The Medical Journal of Australia*, *159*, 307-310.
- Sarantakos, S. (2004). Deconstructing self-defence in wife-to-husband violence. *Journal of Men's Studies*, 12(3), 277-296.
- Sonkin, D. J. (under review). Defining psychological maltreatment in domestic violence perpetrator treatment programs: Multiple perspectives. [Manuscript submitted for publication].
- Stork, E. (2008). Understanding high-stakes decision making: Constructing a model of the decision to seek shelter from intimate partner violence. *Journal of Feminist Family Therapy, 20*(4), 299-327.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. California: Sage Publications.
- Tokar, D. M., Fischer, A. R., Schaub, M., & Moradi, B. (2000). Masculine gender roles and counseling related variables: Links with and mediation by personality. *Journal of Counseling Psychology*, 47(3), 380-393.
- Walker, L. E. (1979). The battered women. New York: Harper and Row.

8.0 Appendices

8.1 Appendix A

Barriers to reporting of intimate partner abuse by men in same sex relationships: The service providers' perspective

As we mention in the reporting of Stage One, we were unable to recruit any men younger than 33, CALD and Indigenous men and men same sex relationships despite a diligent effort to do so. It is therefore possible that there is no intimate partner abuse in these communities but the research literature (see e.g., Burke & Follingstad, 1999; McClennen, 2005), contributions by service providers during Stage One, and the qualitative findings of Stage Two, dispel this hypothesis in respect of men in same sex relationships.

Gay men also, if not more, face partner abuse (Stage Two SP 180)

In fact, it may be that men in same sex relationships are at higher risk of intimate partner abuse.

A disproportionate number of men in same sex relationships present for counselling as victims (Stage Two SP 165)

We therefore examined the data from these two sources to see what light they shed on the barriers that may make it difficult for men in same sex relationships to report abuse. The themes that emerged in this regard could not be reported in the main report because the sample is very small but we report them in this appendix because we believe that our tentative findings may be of assistance to researchers in future and because it does give a voice to the service providers of gay men who took the trouble to participate.

Our analysis of the data reveals six core categories (see Table 1A).

Table 1A

Barriers to gay men reporting intimate partner abuse

Core categories

Difficult to admit to self

Reluctance to disclose sexual orientation

Community

Lack of appropriate support services

Privacy

Difficult to admit to self

Service providers believed that as other male victims, and victims in general (Mills, 1985), men in same sex relationships denied what was happening from them. In the case of men in same sex relationships the denial may, however, be more extensive because they feel threatened and marginalised and by admitting that they are the victims of abuse they admit that living in a same sex relationship is not worthwhile.

having to admit that they have fought so hard to be able to live that life and now that life is bad anyway um so that is quite difficult (Stage One SP3)

Some service providers believed that it is unlikely that men in same sex relationships experience intimate partner abuse as an attack on their masculinity or that their manhood is taken away⁴.

Gay men ... don't have to admit they are beaten up by a woman who is supposed to be smaller and weaker and less able physically to hurt them (Stage One SP3)

For men in same sex relationships, however, having to disclose abuse may open old emotional wounds related to their decision to live as a gay person.

Family can often blame them and say that it is your fault because you have chosen that lifestyle and so there is a lot of shame around that as well (Stage One SP3)

Reluctance to disclose sexual orientation

Men in same sex relationships who do not live openly homosexual lives may be reluctant to use traditional support system such as their families, health professionals and their work colleagues.

Men in same sex relationships find it difficult to access assistance, not being able to disclose their sexual orientation to health professionals and work colleagues (Stage Two SP190)

It is possible that their partners may use threats of exposing the life style of victims to prevent disclosure.

An abusive partner often says I will out you, I will out you to your family, I will out you to work mates and you will lose your job... (Stage One SP3)

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⁴ This may not necessarily be the case as men can take different roles within the relationship.

This is likely to be a particular problem for men whose circumstances makes them powerless, such as those men from overseas who are on sponsored visas.

They don't have the financial stability they don't have the language ... they don't have residency, so it is not like they can go and get Homes West accommodation, they can't get Centrelink payments ... [and] if they don't have a work visa they can't even work ... (Stage One SP6)

Community

Victims may further fear that disclosure will lead to them being isolated within the gay community.

Community is ... small and close-knit, this presents further problems due to isolation (Stage Two SP26)

It is possible that it is not only the isolation that men in same sex relationships fear if they report abuse, but that they may fear that there may be social sanctions.

Fearful of the repercussions within the gay community (which is fairly small and where many people know each other) (Stage Two SP52)

Our data do not provide information about what these repercussions may be, but it may be related to lack of understanding of intimate partner abuse in the gay community itself.

Intimate partner abuse is not well understood in the gay community and this ... greatly impacts on our ability to ... respond to abuse (Stage Two SP26).

Publicity

Like all other victims men in same sex relationships fear the publicity that may accompany their disclosure of abuse.

There are fears around if it ends up in any sort of court process that all of your details become sort of public knowledge (Stage One SP3)

For men in same sex relationships this could be a double blow because it is likely that their sexual orientation will be exposed and that virtually everybody in their community will know about the abuse.

Because the gay community is quite small there is that whole confidentiality stuff and everyone is friends with everyone else ... (Stage One SP3)

Lack of appropriate services

Men in same sex relationships, like other male victims, find it difficult to find and access appropriate services.

No shelters available for men fleeing same sex intimate partner abuse (Stage Two SP52)

The few services that may exist for men will invariably be focused on the needs of heterosexual men.

Not feeling understood by services; feeling that services operate from a heterosexist perspective (Stage Two SP24)

Services may also be blatantly homophobic and in many cases, reaching out for support can result in further humiliation and discrimination (Stage Two SP26)

Like other men in the study it appears that men in same sex relationship may be concerned that they will not be believed.

A couple of gay men I have worked with who experienced intimate partner abuse were afraid that service providers would not believe them, and that service providers would not have the skills to deal with their specific issues as services can tend to be homophobic or hetero-centric (Stage Two SP52)

In part this may, as was reported in the main report, be a case of ignorance on the part of service providers.

If the police are not trained ... they find it difficult to recognise it as domestic violence and are more likely to see it as two blokes having a punch up (Stage One SP3)

Men in same sex relationships may also be less trusting of service providers because they may have been discriminated against in the past.

Just being discriminated against by the police ... either verbal abuse and just not treated respectfully, I think some people have had just such terrible experiences in the past ... (Stage One SP3)

Our findings on this small data base indicates that men in same sex relationships face most of the barriers that other men experience, but that there may

be some additional barriers that prevent disclosure by them. These include aspects that will be unique to them, such as their reluctance to disclose their sexual orientation and the small close knit community

Based on these findings we believe that research with men in same sex relationships will require a different recruiting strategy than the one we used in the main study and that special services will probably be required for these men. For instance, where there are children involved a refuge that provides accommodation for children may be necessary.

8.2 Appendix B

By LINDA CANN

MEN are being stabbed, punched and scalded with hot food and water by abusive partners, the first study of its kind in WA has confirmed.

Researchers at Edith Cowan University say domestic violence goes both ways — though female-on-male

assaults are rarely acknowledged.

The extent of the problem is underestimated because many men are too ashamed to come forward, says lead researcher Alfred Allan.

"Shame is something we have come across quite regularly," Prof

Allan said.

"Males won't easily admit abuse because it is seen to be not manly and they feel they wouldn't be believed." The Australian Bureau of Statistics

estimates 33,200 WA men have experienced violence at the hands of a

One participant in the Edith Cowan study told *The Sunday Times* how he escaped two years of physical and psychological abuse by his former wife.

wife.

The 45-year-old man said he could not retaliate against the drunken rages. "She would charge around the house and beat the daylights out of me night after night," he said.

"I would run out of the house and seek refuge in the car. The slightest thing would trigger her off. Once she saw a kitchen item out of place and went nuts, chasing me around the house and hitting me with any object, punching and kicking me.

"I never hit her back because I was

"I never hit her back because I was brought up that it was wrong to hit a woman.

"My self-esteem was so bad. I thought everything was my fault and that I wasn't doing well enough."

As with many victims, he became increasingly depressed and isolated from family and friends, but stayed for the sake of their child.

He said there were few support services when he finally left, and the police dismissed his claims.

police dismissed his claims.

Prof Allan said the continuing study on partner violence against men had been an eyeopener.

"I was surprised by how similar the men's stories were to those reported by abused women," he said. "As with battered women, the men

"As with battered women, the men came from all walks of life and generally appear to be ordinary fellows who were genuinely in love with their abusive partner.

"They often did not report the abuse. Physical violence might start with less severe behaviour like mocking, spitting, scratching, slapping and punching, but progress to using objects such as cooking utensils as objects such as cooking utensils as weapons, throwing hot water or food at men, and using knives."

About 20 to 30 per cent of domestic violence was inflicted on men, Men's Advisory Network executive officer Gary Bryant said.

"It's a very controversial issue nobody wants to talk about," he said.

Department for Communities director-general Susan Barrera acknowledged men were victims of domestic violence, but research indicated women were more commonly victims and men the perpetrators.

Researchers expect to finish the

study this year and want to speak to male domestic violence victims under 30, indigenous men or those from culturally diverse backgrounds. They are also seeking families and friends of male victims and female perpetrators.

Call Emily Tilbrook on 0414 807 911 or email e.tilbrook@ecu.edu.au

8.3 Appendix C

Intimate Partner Abuse of Men

Interview Guide: Male Victim Interviews

Meet with participant: meeting will be similar to that when meeting with a client in a therapy session. In face to face interviews participants will be greeted at the door to the meeting room and asked to come in and sit down.

General Housekeeping

Provide participant with the information sheet for them to read over and take home

Provide participant with the consent form for them to sign and hand back

Note: Participants who are phone interviewed will have the information sheet read out to them and verbal consent will be asked for.

Remind participant that the interview will be recorded and that the information that they provide will be kept confidential and ask if they are still ok with this.

Questions likely to be asked in relation to the research topic

Could you tell me why you contacted us originally?

What are your experiences of intimate partner abuse?

Can you tell me about the most recent time you experienced the abuse? What happened before, during and after the incident? How did you feel before, during and after? What do you think your partner's experience of this incident was?

Can you tell me about the first time that you experienced this abuse? What happened before during and after the incident? How did you feel before during and after? What do you think your partner's experience of this incident was?

How do you feel about the abuse now?

What is your experience in regard to telling others about the abuse you experience?

Prompt with the types of people they may have told about the abuse including but not limited to:

- Psychological services
- Crisis services
- Help lines
- Doctors
- Hospitals
- Police
- Lawyers
- Courts
- Friends
- Family

Note: In relation to prompting and eliciting a free narrative the usual therapeutic techniques will be utilised these include:

- Minimal encouragers;
- Paraphrasing;
- Reflecting content and;
- Reflecting meaning

Summary

At the end of the interview summarise the information that you have received from the participant and ask them to confirm whether your summation is accurate and if there is anything that they would like to add or that we have not discussed that they would like to mention.

Thank participant for their time and conclude interview

8.4 Appendix D

Intimate Partner Abuse of Men

Interview Guide: Service Provider Interviews

Meet with participant: meeting will be similar to that when meeting with a client in a therapy session. In face to face interviews participants will be greeted at the door to the meeting room and asked to come in and sit down.

General Housekeeping

Provide participant with the information sheet for them to read over and take home

Provide participant with the consent form for them to sign and hand back

Note: Participants who are phone interviewed will have the information sheet read out to them and verbal consent will be asked for.

Remind participant that the interview will be recorded and that the information that they provide will be kept confidential and ask if they are still ok with this.

Questions likely to be asked in relation to the research topic

Could you tell me why you called me?

Can you tell me your understanding of the term intimate partner abuse?

What are you experiences in regard to providing services to male victims of intimate partner abuse?

Can you tell me about the most recent time you provided services to a male victim of intimate partner abuse?

Can you tell me about the first time that you provided services to a male victim of intimate partner abuse?

Can you tell me of a specific example of when you have provided services to a male victim of intimate partner abuse?

(Threat, Intimidation and Fear)

What do you think their partner's experience of this incident was?

What do you think men's experiences are in regard to disclosing intimate partner abuse perpetrated against them? (Prompts: family, friends and services)

Summary

At the end of the interview I will summarise the information that I have received from the participant and ask them to confirm whether my summation is accurate and if there is anything that they would like to add or that we have not discussed that they would like to mention.

Thank participant for their time and conclude interview

8.5 Appendix E

Intimate Partner Abuse of Men

Interview Guide: Significant Other Interviews

Meet with participant: meeting will be similar to that when meeting with a client in a therapy session. In face to face interviews participants will be greeted at the door to the meeting room and asked to come in and sit down.

General Housekeeping

Provide participant with the information sheet for them to read over and take home

Provide participant with the consent form for them to sign and hand back

Note: Participants who are phone interviewed will have the information sheet read out to them and verbal consent will be asked for.

Remind participant that the interview will be recorded and that the information that they provide will be kept confidential and ask if they are still ok with this.

Questions likely to be asked in relation to the research topic

Can you tell me your understanding of the term intimate partner abuse?

When you contacted me you indicated that you knew a man who was a victim of intimate partner abuse, could you tell me what your relationship is to this man?

Could you tell me why you called me?

Could you tell me what you believe this individuals experience is of intimate partner abuse?

Can you tell me about the most recent time that you know of that this individual experienced intimate partner abuse? (What happened before, during and after incident?)

Can you tell me about the first time that you know of that this individual experienced intimate partner abuse? (What happened before, during and after incident?)

(Threat, Intimidation and Fear)

Have you ever witnessed this abuse (if yes) can you tell me about your experience of this incident? (What happened before, during and after incident?)

What do you think their partner's experience of this incident was?

What do you think men's experiences are in regard to talking about intimate partner abuse perpetrated against them? (Prompts: family, friends and services)

What has been your experience in regard to talking to others about the abuse this individual has experienced?

Summary

At the end of the interview I will summarise the information that I have received from the participant and ask them to confirm whether my summation is accurate and if there is anything that they would like to add or that we have not discussed that they would like to mention.

Thank participant for their time and conclude interview

8.6 Appendix F

Services providers were invited to participate in Stage Two of the research in the following ways:

- Email or postal invitation sent to a list of 238 Western Australian service providers compiled in conjunction with the steering committee;
- snowballing, with individuals who received the original email being asked to forward the email on to other service providers;
- advertisement on the Australian Psychological Society's (APS) research section of their website (this advertisement was also sent to all, 17,600, APS members in the APS matters newsletter);
- Advertisement in the Australian Association of Social Workers (Western Australian) Newsletter which is distributed to approximately 650-700 members;
- Email or postal invitation sent to 78 individuals on the Psychotherapist and Counsellors Association of Western Australia (PACWA) Member Directory; and
- Specific contacts made within the Western Australian Police and the Western Australian hospital services, who distributed the invitation to participate to relevant staff.

8.7 Appendix G





Male Victims of Intimate Partner Abuse¹

Survey

Please distribute this survey to any member of staff who has had contact with a male victim of intimate partner abuse in the last year.

Funded by



¹ Intimate Partner Abuse is sometimes referred to as Intimate Partner Violence, Domestic Violence/Abuse or Family Violence/Abuse

Part 1 Demographics

1.	partner abuse. Intimate partner abuse is som violence/abuse, or family violence/abuse.					imumate
		Yes		No		
2.	In the last 12 months, how many male clients in your work, provided services to?	who have report	ed being a vict	tim of intim	ate partner abuse	have you,
3.	What type of services do you provide to male experienced? Please tick all that apply	e victims of intima	ite partner abu	use in relatio	on to the abuse th	ey have
Se	rvices Medical					
	Counselling					
	Psychological					
	Crisis support					
	Accommodation support					
	Legal advice					
	Police protection					
	Referral to Another Service					
	Churches and Faith Groups					
Ot	her/s					
_						
4.	How long have you been working with men w	vno have reported	d being a victin	n of intimat	e partner abuse?	
					years	months

Which Australian state or territory do you	currently work in?	
State of Territory	_	
Western Australia		
Victoria		
South Australia		
Tasmania		
Northern Territory		
New South Wales		
Queensland		
Australian Capital Territory		

Part 2 Definitions

Listed below are nine definitions related to intimate partner abuse. For each of these definitions please indicate whether it is synonymous with the definitions subscribed to by the service that you work for. If it is not synonymous please indicate how it differs to the one that your service subscribes to. Also please indicate on a scale of 1-7 how strongly you agree or disagree with the definition we have provided?

1) Intimate Partner Abuse:	including married	, dating, and de facto re	urs between past or current intir elationships, the abuse can be ph I, spiritual and/or legal in nature	nysical,
Is this definition synonymous	with the definition tl	hat the service you wor	k for?	
Ye	es 🗌	No	Agency does not have a specific definition	
If you answered no above, brie the definition that your service	•	e definition that your so	ervice uses differs from the one	above, or write
On the below scale please indi	-	n 1 being strongly disag	ree and 7 being strongly agree) I	now strongly you
Strongly Disagree 1 2	3	Neither Agree nor Disagree		Strongly Agree
part	tner that can be ach	ieved through, but is no	nuse, a physical injury to a past on the limited to, punching, hitting, kind fobjects and the use of a weapo	cking, beating,
Is this definition synonymous v	with the definition tl es	hat the service you wor No	k for? Agency does not have a specific definition	
If you answered no above, brie the definition that your service	•	e definition that your so	ervice uses differs from the one	above, or write
On the below scale please indi		n 1 being strongly disag	ree and 7 being strongly agree) I	now strongly you
Strongly Disagree 1 2	3	Neither Agree nor Disagree 4	□ □ 5 6	Strongly Agree

1) Verbal Abuse: Verbal abuse is a form of abusive behavior involving the use of language. It is a form of profanity in that it can occur with or without the use of expletives. Whilst oral communication is the most common form of verbal abuse, it also includes abusive words in written form.									
Is this definition synonymous with the definition that the service you work for? Yes No Agency does not have a specific definition									
If you answered no above, briefly describe how the definition that your service uses differs from the one above, or write the definition that your service uses.									
On the below scale p agree or disagree wit			h 1 being strongly di	sagree and 7 being s	trongly agree) h	now strongly you			
Strongly Disagree 1			Neither Agree nor Disagree			Strongly Agree			
<u>-</u>		<u> </u>	·	<u> </u>	<u> </u>	,			
2) Sexual Abuse:	the act to be limited to ina sex, anal and,	performed) by ppropriate tou or vaginal per	a past or current in sching (including but netration by a penis,	to participate in (i.e. timate partner. Sexu not limited to fondli finger or any other c ving an individual in p	al activity can in ng genitals), ma bject, voyeuris	nclude but is not asturbation, oral			
Is this definition sync	nymous with t Yes [he definition t	hat the service you v	vork for? Agency does a specific defi					
If you answered no above, briefly describe how the definition that your service uses differs from the one above, or write the definition that your service uses.									
On the below scale please indicated from 1-7 (with 1 being strongly disagree and 7 being strongly agree) how strongly you agree or disagree with the above definition									
Strongly Disagree	2	3	Neither Agree nor Disagree	5	6	Strongly Agree			

1) Emotional Abuse:	Is a sustained pattern of verbal abuse and harassment by an individual towards a past or current intimate partner with the intent to cause damage to the intimate partner. This is often achieved through but is not limited to means such as rejecting behaviours, isolating, terrorising, ignoring, corrupting, destruction of personal possessions and/or killing or injuring pets.									
Is this definition synonymous with the definition that the service you work for? Yes No Agency does not have a specific definition										
If you answered no above, the definition that your ser	•	e definition that your se	rvice uses differs	from the one a	bove, or write					
On the below scale please agree or disagree with the		h 1 being strongly disagr	ee and 7 being st	rongly agree) h	ow strongly you					
Strongly Disagree 1 2	3	Neither Agree nor Disagree 	5	<u> </u>	Strongly Agree					
		ctivity and the deprivation								
Is this definition synonymo	ous with the definition t	hat the service you work	for? Agency does r a specific defi	_						
If you answered no above, briefly describe how the definition that your service uses differs from the one above, or write the definition that your service uses.										
On the below scale please indicated from 1-7 (with 1 being strongly disagree and 7 being strongly agree) how strongly you agree or disagree with the above definition										
Strongly Disagree 1 2	3	Neither Agree nor Disagree 	<u> </u>	<u> </u>	Strongly Agree 7					

1) Financial Abuse:		ation of basic necessities, y for participation in soci					
Is this definition synony	mous with the definit	ion that the service you w	vork for? Agency does r a specific defi	_			
If you answered no above the definition that your		w the definition that you	ır service uses differs	from the one	above, or write		
On the below scale plea agree or disagree with t		(with 1 being strongly di	sagree and 7 being st	rongly agree) l	now strongly you		
Strongly Disagree 1	2 3	Neither Agree nor Disagree 4	<u> </u>	<u> </u>	Strongly Agree		
2) Spiritual Abuse:	observance, forcing	denial of access to ceren an individual to do thing misusing religious teach	s against his/her beli	efs, denigratio	n of cultural		
Is this definition synony	mous with the definit Yes	ion that the service you w	work for? Agency does r a specific defi				
If you answered no above, briefly describe how the definition that your service uses differs from the one above, or write the definition that your service uses.							
On the below scale please indicated from 1-7 (with 1 being strongly disagree and 7 being strongly agree) how strongly you agree or disagree with the above definition							
Strongly Disagree 1		Neither Agree nor Disagree — 4		<u> </u>	Strongly Agree		

1) Legal/Administrative Abuse:	·								
Is this definition synonymous with the definition that the service you work for? Yes No Agency does not have a specific definition									
If you answered no above, b the definition that your serv	•	definition that your se	ervice uses differs from	the one a	bove, or write				
On the below scale please indicated from 1-7 (with 1 being strongly disagree and 7 being strongly agree) how strongly you agree or disagree with the above definition									
Strongly Disagree 1 2	3	Neither Agree nor Disagree 		<u> </u>	Strongly Agree				

Part 3 Barriers to Disclosure of Abuse

1. Among those male victims of intimate partner abuse who you have provided services to, which of the following have been barriers to them disclosing the abuse they have experienced?

Barriers The man's fear that his intimate partner will escalated the abuse if he talks to someone about the abuse			No		Unsure	
Fear of not being heard: An expectation that he will not be believed or will not be taken seriously	Yes		No		Unsure	
Shame	Yes		No		Unsure	
Masculinity				_		_
The man's perceptions regarding what it is to be male	Yes		No		Unsure	
Perceived family expectations regarding masculinity	Yes		No		Unsure	
Perceived societal expectations regarding masculinity	Yes		No		Unsure	
Perceptions of a gender-bias The man's perception that services (health, legal, welfare, etc.) are biased toward women on matters pertaining to intimate partner abuse.	Yes		No		Unsure	
The man's perception that society is biased toward women when it comes to issues of intimate partner abuse.	Yes		No		Unsure	
Protecting children The man's perceptions that if he discloses the abuse and/or leaves the relationship his partner will begin to be abusive (or more abusive) towards his children.	Yes		No		Unsure	
The man's perception that his children could lose adequate contact with their mother if she is arrested or charged for the abuse.	Yes		No		Unsure	
Not wanting his children to have a negative perception of their mother.	Yes		No		Unsure	
<i>Protecting Spouse:</i> A concern that the spouse will be arrested and/or charged for the abuse.	Yes		No		Unsure	
Protection of the family unit	Yes		No		Unsure	
Uncertainty surrounding where to seek help	Yes		No		Unsure	
Uncertainty surrounding how to seek help	Yes		No		Unsure	
Lack of available services	Yes		No		Unsure	
Avoiding re-experiencing the emotions associated with the abuse he has experienced	Yes		No		Unsure	
Not realising that abuse has occurred	Yes		No		Unsure	
Inability to access free or reasonably priced services	Yes		No		Unsure	
Not wanting to create a fuss or draw attention to self	Yes		No		Unsure	
On the basis of your experience in working with men, what other barriers do you partner abuse?	ou expe	ct will prevent	men i	from disclosin	ig intimate	

1. For each of the following suggested barriers to men disclosing the intimate partner abuse they experience please provide a rating from 0-10 (with zero being not at all effective and 10 being very effective) of how effective you believe the service that you work for is at overcoming and/or managing these barriers?

Barriers	Rating from 0-10
The man's fear that his intimate partner will escalated the abuse if he talks to someone	e about
the abuse	
Fear of not being heard: An expectation that he will not be believed or will not be take	n
seriously	"
	<u> </u>
Shame	
Masculinity The man's persentians regarding what it is to be male	
The man's perceptions regarding what it is to be male	
Perceived family expectations regarding masculinity	
Paresitian assistal expectations regarding massulinity	
Perceived societal expectations regarding masculinity	
Perceptions of a gender-bias	
The man's perception that services (health, legal, welfare, etc.) are biased toward	women
on matters pertaining to intimate partner abuse.	
The man's perception that society is biased toward women when it comes to issue	es of
intimate partner abuse.	
Dundanation of tildung	
Protecting children The man's perceptions that if he discloses the abuse and/or leaves the relationship	a his
partner will begin to be abusive (or more abusive) towards his children.	Jilis
	,
The man's perception that his children could lose adequate contact with their mot	her if
she is arrested or charged for the abuse.	
Not wanting his children to have a negative perception of their mother.	
The state of the s	
Protecting Spouse: A concern that the spouse will be arrested and/or charged for the a	buse
Protection of the family unit	
Trocedion of the farmy and	
Uncertainty surrounding where to seek help	
	L
Uncertainty Surrounding how to seek help	
Lack of available services	
Lack Of available services	
Avoiding re-experiencing the emotions associated with the abuse that he has experien	ced.
Not realising that abuse has occurred	
to the second second second second	
Inability to access free or reasonably priced services	
Not wanting to create a fuss or draw attention to self	

Part 4 Facilitating Factors of Disclosure of Abuse

1. Among those male victims of intimate partner abuse who you have provided services to, which of the following has helped them talk about the abuse they have experienced.

neiped them talk about the abuse they have experienced.						
Facilitators						
Feeling heard	Yes		No		Unsure	
Empathetic (non-judgmental) Service providers	Yes		No		Unsure	
Knowledge that others have had similar experiences	Yes		No		Unsure	
Available service providers	Yes		No		Unsure	
Family Perceived family acceptance	Yes		No		Unsure	
Perceived family support	Yes		No		Unsure	
		_		_		
Friends	Yes	\sqcup	No		Unsure	Ш
Perceived acceptance on behalf of friends	Yes		No		Unsure	
Perceived support from friends	Yes		No		Unsure	
		_		_		_
The man's fear that his intimate partner will continue and/or escalate the abuse if he does not talk to someone about the abuse.	Yes		No		Unsure	
The man's fear that if he does not disclose the abuse his intimate partner will gain custody of his children and restrict the contact that he has with his children	Yes		No		Unsure	
The man's perception that if talks about the abuse that he has experienced he will be better able to protect his children from also experiencing abuse	Yes		No		Unsure	
The man's perception that if he talks about the abuse that he has experienced he will be better able to protect his children from witnessing abuse	Yes		No		Unsure	
The man's perception that if he talks about the abuse that he has experienced he will be better able to protect other family members (such as parents, grandparents, siblings etc.) from also experiencing abuse	Yes		No		Unsure	
The man's perception that if he talks about the abuse that he has experienced he will be better able to protect other family members (such as parents, grandparents, siblings etc.) from witnessing abuse	Yes		No		Unsure	
Publicly available information	Yes		No		Unsure	
Realisation that abuse is occurring	Yes		No		Unsure	
On the basis of your experience in working with men, what else do you think we they have experienced?	ould he	elp men talk	about in	itimate partn	er abuse th	at
						_

1. For each of the following suggested facilitating factors, that assist men to disclosing the intimate partner abuse they experience, please provide a rating from 0-10 (with zero being not at all effective and 10 being very effective) of how effective you believe the service that you work for is at developing and/or harnessing these facilitators?

Facilitators	Rating from 0-10
Feeling heard	
Empathetic (non-judgmental) Service providers	
Knowledge that others have had similar experiences	
Available service providers	
Family	
Perceived family acceptance	
Perceived family support	
Friends	
Perceived acceptance on behalf of friends	
Perceived support from friends	
The man's fear that his intimate partner will continue and/or escalate the abuse if he does not talk to someone about the abuse.	
The man's fear that if he does not disclose the abuse his intimate partner will gain custody of his children and restrict the contact that he has with his children	
The man's perception that if talks about the abuse that he has experienced he will be better able to protect his children from also experiencing abuse	
The man's perception that if he talks about the abuse that he has experienced he will be better able to protect his children from witnessing abuse	
The man's perception that if he talks about the abuse that he has experienced he will be better able to protect other family members (such as parents, grandparents, siblings etc.) from also experiencing abuse	
The man's perception that if he talks about the abuse that he has experienced he will be better able to protect other family members (such as parents, grandparents, siblings etc.) from witnessing abuse	
Publicly available information	
Realisation that abuse is occurring	

Part 5 Available Services

Please indicate below what ty			n helping male vi	ctims of intimate	partner abuse
manage and/or escape from t	he abuse they are expe	eriencing.			
	, .	· ·			

Part 6 Additional Information

Please provide any additional comments that you wish to make, in regard to men talking about the abuse that they have experienced from an intimate partner, in the space provided below
Please provide any additional comments that you wish to make, in regard to how various agencies respond to male victims of intimate partner abuse, in the space provided below
Please provide any additional comments that you wish to make, in regard to how various agencies respond to male victims of intimate partner abuse, in the space provided below
Please provide any additional comments that you wish to make, in regard to how various agencies respond to male victims of intimate partner abuse, in the space provided below
Please provide any additional comments that you wish to make, in regard to how various agencies respond to male victims of intimate partner abuse, in the space provided below
Please provide any additional comments that you wish to make, in regard to how various agencies respond to male victims of intimate partner abuse, in the space provided below
Please provide any additional comments that you wish to make, in regard to how various agencies respond to male victims of intimate partner abuse, in the space provided below
Please provide any additional comments that you wish to make, in regard to how various agencies respond to male victims of intimate partner abuse, in the space provided below
Please provide any additional comments that you wish to make, in regard to how various agencies respond to male victims of intimate partner abuse, in the space provided below



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ISBN: 978-0-646-53518-0



