



**Universidade do Minho**  
Escola de Psicologia

Andreia Patrícia Guimarães Machado **Intimate partner violence against men: From characteristics to their meanings**

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**Intimate partner violence against men:  
From characteristics to their meanings**

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**Intimate partner violence against men:  
From characteristics to their meanings**

Tese de Doutoramento em Psicologia Aplicada

Trabalho efetuado sob a orientação da  
**Professora Doutora Marlene Matos**

março de 2016

## STATEMENT OF INTEGRITY

I hereby declare having conducted my dissertation with integrity. I confirm that I have not used plagiarism or any form of falsification of results in the process of the dissertation elaboration.

I further declare that I have fully acknowledged the Code of Ethical Conduct of the University of Minho.

University of Minho, 23 de Março de 2016

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## INTIMATE PARTNER VIOLENCE AGAINST MEN: FROM CHARACTERISTICS TO THEIR MEANINGS

### Abstract

Intimate partner violence was seen, before the 70s, as an individual problem. Since then it has been recognized as a social, criminal, transversal, and heterogeneous problem, whose consequences are multi-level. In the last decades, a large body of research demonstrated that IPV has different protagonists and that men are also victims in their intimate relationships. Despite its international gradual attention, IPV against men remains almost invisible and is not yet recognised as a type of interpersonal violence in Portugal. Therefore, this dissertation attempted to explore the phenomenon of IPV against men, throughout a mixed method design and a social constructivist lens. The purpose was to contribute to an increased recognition (scientific, social, and criminal) and an informed debate on IPV against men that suggest effective policies and practices to address victim's needs. In order to achieve these aims, a set of studies were conducted - two theoretical and four empirical. The first two chapters are theoretical and allowed to "map" the scientific knowledge about IPV against men on the (inter)national scene. A thorough review of the numerous theoretical approaches about the phenomenon was critically presented, as well as a description of the major empirical research developed under these approaches. Notwithstanding all the controversies surrounding this issue, conceptual and methodological, the theoretical base of this dissertation indicated that men are victims of IPV. The quantitative study resulted in three chapters. The first empirical chapter (chapter III), an online study with a community sample of 1556 heterosexual men, aimed to explore the prevalence of this phenomenon, the types of violence and the categorization of participants (i.e., as a victim, a perpetrator or a victim-perpetrator overlap) within their intimate relationships. Victimization and perpetration rates reported by men in this community sample indicate gender symmetry and that in most of the cases IPV was bidirectional. The second empirical study (chapter IV) was conducted with a sub-sample of the first, specifically with men who identified themselves as victims ( $n = 89$ ). The aims of this study were to explore the prevalence, the dynamics and context(s) of IPV and its impact on men. Studying the reactions that men victims adopt after an episode of IPV, the perceived motives for the partner's aggressive behavior and the reasons that prevent men from leaving their abusive relationships were also critical goals. Results suggested that male victim's experiences of IPV resemble those of female victims in many ways. Men reported more psychological victimization, negative consequences to

their lives at different levels and seemed to adopt more covert reactions to deal with IPV (e.g., talk with the partner to reach an agreement). Love, hope and desire to maintain the family life were the main reasons reported to not leave the abusive relationship. Power and control and also jealousy were the main motives reported by men for partner's aggression. In the third study, with the same sub-sample (chapter V;  $n = 89$ ) we aimed to characterise and predict the victims' help-seeking behavior (formal and informal sources), to assess the quality of the support provided and to identify the specific needs of those men victims. Results evidenced that the majority of men did not seek for help and, when they did, they evaluated negatively the formal resources. Additionally, physical violence and impact of IPV seemed to predict men's help-seeking. In this chapter we also reflected on how societal stigmatization, gender bias, and strong endorsement of socio-cultural values could influence the help-seeking process. The fourth empirical study (chapter VI), based on a qualitative approach, aimed to get a deeper knowledge of the experiences of 10 victims of IPV that sought for help (e.g. DV agencies and/or the legal system). In depth interviews were conducted, which were analysed according with the procedures of thematic analysis. Five main categories emerged from the participants' narratives: (1) Types of violence; (2) Dynamics of violence; (3) Impact of IPV; (4) Coping; (5) Type and quality of help-seeking. The majority of the men were victims of quite severe violence on both physical and psychological levels and reported had been a target of secondary victimization by the help-seeking agencies. This dissertation concluded throughout an integrative analysis of the theoretical chapters and empirical data, with a critical reflection on the complex nature of IPV, as well as on the major contributions and implications of the present work for research and practice. Some recommendations for future research are also highlighted.

## VIOÊNCIA NA INTIMIDADE CONTRA OS HOMENS: DAS CARACTERÍSTICAS AOS SIGNIFICADOS

### RESUMO

A violência na intimidade (VI), antes da década de 70, era conceptualizada com um problema individual. Ao longo das últimas décadas este fenómeno tem vindo a ser reconhecido como um problema social, criminal, transversal e heterogéneo, com consequências a diversos níveis. A investigação tem demonstrado que a VI tem diferentes protagonistas e que os homens também são vítimas de violência nas suas relações íntimas. Apesar da gradual atenção que tem sido concedida a este fenómeno a nível internacional, a VI contra os homens em Portugal permanece praticamente invisível e não é reconhecida como um tipo de violência interpessoal. Nesse sentido, a presente dissertação tem como principal objetivo explorar o fenómeno da VI contra os homens e, dessa forma, contribuir para o seu progressivo reconhecimento (científico, social e criminal). Através de um *design* metodológico misto e uma abordagem construcionista social, pretende-se, em particular, contribuir para o debate informado acerca deste fenómeno de modo a fomentar o desenvolvimento de políticas e práticas efetivas que garantam respostas proporcionais às necessidades sentidas pelas vítimas homens. De forma a atingir esses objetivos, foi realizado um conjunto de estudos – dois teóricos e quatro empíricos. Os dois capítulos iniciais, de conceção teórica, permitiram mapear o conhecimento científico acerca da VI contra os homens a nível (inter)nacional. De forma crítica, foi realizada uma revisão detalhada das inúmeras abordagens teóricas e estudos empíricos sobre o fenómeno. Apesar da controvérsia em torno da VI, tanto a nível conceptual como metodológico, a revisão da literatura permite afirmar que os homens são vítimas de VI. O primeiro estudo empírico (capítulo III) apresenta um estudo *online* junto de uma amostra comunitária de 1556 homens heterossexuais, e teve como objetivo conhecer a prevalência da VI, os tipos de violência e os diferentes papéis que os homens podem assumir nas suas relações violentas (i.e., vítima, perpetrador e duplo envolvimento). Os resultados demonstraram simetria de género nas taxas de vitimação e de perpetração, sendo a violência bidirecional a forma mais comum de violência relatada. No segundo estudo, realizado com uma subamostra do primeiro, especificamente, com os participantes que se identificaram como vítimas ( $n = 89$ ), procurou-se aceder aos tipos de violência, dinâmicas e contextos em que a VI ocorre, bem como ao seu impacto nos homens vítimas. Investigar as reações que os homens adotam após um episódio de violência, os motivos para o comportamento violento da parceira e as razões

que impedem a saída das relações violentas, foram objetivos adicionais e, igualmente, fundamentais. Os resultados indicaram que a experiência dos homens vítimas é, em muitos aspectos, similar à das mulheres vítimas. Os homens relataram ser maioritariamente vítimas de violência psicológica, experienciando um impacto negativo e disperso em diferentes áreas da sua vida. A par disso, pareceram adotar reações mais cobertas para lidar com a VI (e.g., conversar com a parceira para chegar a um entendimento). Amor, esperança e desejo em manter a vida familiar foram as principais razões apontadas para não abandonar o relacionamento violento. Por sua vez, o poder e o controlo e também o ciúme foram os motivos mais relatados para explicar as agressões de que eram alvo por parte da parceira. O terceiro estudo empírico (capítulo V) teve como propósito caracterizar e prever o comportamento de procura de ajuda dessas mesmas vítimas ( $n = 89$ ), junto de diferentes fontes de suporte (formais e informais), de modo a avaliar a qualidade do apoio recebido e as necessidades sentidas pelos homens vítimas. Os resultados evidenciaram que a maioria dos homens não procurou ajuda. Aqueles que o fizeram atribuíram uma avaliação negativa aos recursos formais ativados. Além disso, análises de mediação permitiram concluir que a violência física e o impacto negativo da VI parecem mediar a procura de ajuda dos homens vítimas de VI. Neste capítulo também refletimos sobre como a estigmatização social, o preconceito associado ao género, e a forte adesão aos valores socioculturais vigentes podem influenciar o processo de procura de ajuda. O último estudo empírico (capítulo VI) procurou aprofundar o conhecimento sobre os significados atribuídos à experiência de VI. Com este propósito, através de um *design* qualitativo, realizámos 10 entrevistas em profundidade junto de homens vítimas que procuraram ajuda formal (por exemplo, instituições de apoio à vítima e/ou o sistema legal). Através da análise temática, emergiram cinco categorias centrais das narrativas das participantes: (1) Tipos de violência; (2) Dinâmicas da violência; (3) Impacto da VI; (4) *Coping*; (5) Tipo e qualidade da procura de ajuda. A maioria dos participantes relataram ter sido vítimas de violência grave, quer ao nível físico quer psicológico, e destacaram a vitimação secundária de que foram alvo por parte do sistema de apoio formal. A presente dissertação finaliza com a discussão integradora dos capítulos teóricos e dos estudos empíricos. Através de uma reflexão crítica sobre a complexa natureza deste fenómeno, são apresentadas as principais contribuições e implicações práticas do presente trabalho. Por fim, são colocadas novas questões que poderão servir de orientação a investigações futuras.







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## PUBLICATIONS LIST OF THE DISSERTATION

This work consists of the following original publications, corresponding to each chapters of this dissertation:

### CHAPTER I

Machado, A., & Matos, M. (2012). Homens de quem não se fala: As vítimas esquecidas da violência na intimidade [Unseen men: The forgotten victims of intimate partner violence]. *Revista da Sociedade Portuguesa de Psiquiatria e Psicologia da Justiça*, 5, 5-28.

### CHAPTER II

Machado, A., & Matos, M. (2014). Homens vítimas de violência na intimidade: Revisão da sua prevalência [Male victims of intimate partner violence: A review of its prevalence]. *Psicologia & Sociedade*, 26, 726-736. doi: 10.1590/S0102-71822014000300021 (Impact factor: 0.1250; Quartile 3).

### CHAPTER III

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### CHAPTER IV

Machado, A., Hines, D., & Matos, M. (2016). *How is victimization sustained by male victims of intimate partner violence?* Manuscript in preparation.

### CHAPTER V

Machado, A., Denise, H., & Matos, M. (2016). Help-seeking and needs of male victims of intimate partner violence in Portugal. *Psychology of Men & Masculinity*, online first. doi: 10.1037/men0000013 (Impact factor:1.838; Quartile 1).

### CHAPTER VI

Machado, A., Santos, A., Graham-Kevan, N., & Matos, M. (2016). *Exploring help seeking experiences of male victims*. Manuscript submitted for publication.









## INTRODUCTION



## The need for visibility

*“Men victims of domestic violence by their partners feel social embarrassment”*

*There are few men who complain of domestic violence (about 10% of complaints). The social embarrassment speaks louder than the abuse at the time of assuming as victims.”<sup>1</sup>*

*“20% of domestic violence affects men.”<sup>2</sup>*

*“Men are also victims of domestic violence.”<sup>3</sup>*

*“50% more cases of men victims of domestic violence.”<sup>4</sup>*

In Portugal, the media attention to violence against men in intimacy only arose in the first decade of the XXI century. It appeared, for the first time, in a newspaper news in 2008. The following appearance in the media, in an article with a headline related to men was in 2010 and, since then, only occasionally this subject was the focus of attention. The frequent portrayal of IPV against men in the media starts to occur in 2015 and has generated some questions which this dissertation attempts to address: Are men victims in intimacy by their partners? Is this a new social phenomenon? How does it manifest itself? What are its characteristics? Does society recognize man as a victim? Are public policies, support services and society, as a whole, well prepared to receive this type of victim?

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<sup>1</sup> In Jornal de Notícias, 13/10/2008

<sup>2</sup> In Jornal de Notícias, 26/03/2010

<sup>3</sup> In TVI24, 24/11/2011

<sup>4</sup> In Jornal de Notícias, 01/03/2012



The origin of Victimology, historically, lies in the works of Mendelsohn and Hans Von Hentig in the 40s and 50s of the 20th century respectively, which assumed a pioneering role in the interest in the figure of the victim (e.g., Matos, 2006; Spalek, 2006). Since then, many different theoretical perspectives of knowledge, such as positive victimology (i.e., a perspective focused on examining the contributions of the victims to their own victimization) and radical victimology (i.e., one where the focus is on the analysis of the oppressive structural conditions which victimise victims) emerged (e.g., Matos, 2006; Spalek, 2006). One of the most influential perspectives of victimology was the feminist. This movement emerged during the 60s and 70s and has made many important contributions to developing further the understanding of victimization and has provided a much-needed novel possibilities for research, mainly regarding to forms of violence experienced by women that have been largely hidden (Dias, 2015; Spalek, 2006). Following this movement, one of the largest transformations in victimology occurred – a shift from a single focus on the causes of victimization, i.e. theoretical victimology, to introduce a new focus on the responses to the victim, i.e. applied victimology (Mawby & Walklate, 1994).

Nevertheless, the above viewpoints were targets of several appreciations by the critical victimology, which arose as a response to the problems and deficiencies of the positive and radical perspectives, and incorporates the notion of “agency” and “structure” into its framework (Spalek, 2006). Therefore, victimology itself, is a subject area that is still rather limited, both conceptually and methodologically (e.g., Spalek, 2006). For instance, Spalek (2006, p. 1) argued that “*victimological work must become both broader in its scope and also more specific in documenting individual’s experiences, so that a wider range of victims are captured and a more nuanced approach to the study of victimology is pursued*”.

In pursuing that broader approach, this dissertation is dedicated to the study of a non-traditional form of victimization encompassing a wider range of victims: men as victims of IPV.

IPV was historically seen as an individual problem that was silent behind closed doors (e.g., Shuler, 2010). More recently, IPV has been widely acknowledged as a serious crime and a social problem with complex implications (e.g., Centers for Disease Prevention and Control, 2015; Dobash & Dobash, 2004; Shuler, 2010).

Though there has been good progress in the level of knowledge and awareness of the issue, there is still considerable paucity of research on male victims of IPV. In a retrospective analysis of the literature in the field, it is apparent that, initially, the focus of research and public attention was on women, neglecting other dimensions and other relational contexts such as violence against men in intimacy. The interest in IPV against men may seem new, however, the scientific attention given to this issue dates back

to the 70s, when Suzanne Steinmetz (1978) first mentioned the syndrome of the battered men and when Straus and Gelles (1980) analysed the first wave of the National Family Violence Survey and revealed remarkably similar prevalence rates of IPV perpetrated by both men and women. Thereafter, the study of this phenomenon gradually assumed a prominent place in the international scientific literature on IPV (e.g., Archer, 2000; Costa et al., 2015; Douglas, Hines, & McCarthy, 2012; Hines, Brown, & Dunning 2007; Randle & Graham, 2011; Reid et al., 2008; Tsui, Cheung, & Leung, 2010).

Worldwide data reinforces the relevance of IPV against men (e.g., Archer, 2000; Beel, 2013; Breiding, Chen, & Black, 2014; Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012; Hines & Douglas, 2011). Published data, mainly from English speaking countries, estimates that 25% of the reported cases of IPV are men (e.g., Costa et al., 2015). There is also an emerging body of research demonstrating that men experience significant negative consequences as a result of IPV (e.g., Breiding et al., 2014; Hines & Douglas, 2011; Randle & Graham, 2011; Reid et al., 2008).

Despite all the empirical research developed, IPV against men remains a controversial and somewhat neglected topic (e.g., Hines & Douglas, 2010; Migliaccio, 2002). As researchers from different conceptual paradigms generally use different measures and sampling techniques (e.g., Archer, 2000; Esquivel-Santoveña & Dixon, 2012) this phenomenon has been surrounded with such theoretical and empirical controversy, that has not, to date, gathered a unanimous perspective to explain, measure or understand it (e.g., Dobash & Dobash, 2004; Graham-Kevan & Archer, 2009; Johnson, 1995). The debate about the gender symmetry of IPV arose in the 70s and has continued to this day (e.g., Johnson, 2006; Melton & Sillito, 2012).

In addition, men are generally more reluctant to disclose their victimization and less likely than women to seek help (e.g., Archer, 2000; Barber, 2008; Choi, Wong, Kam, Lau, Wong, & Lo, 2015; Hamel, 2009; McCarrick, Davis-McCabe, & Hirst-Winthrop, 2015; Tjaden & Thoennes, 2000; Tsui et al., 2010) due to a set of premises from the gender paradigm (i.e., a set of premises that view IPV as male-perpetrated abuse against female victims; Dutton & Nicholls, 2005) and traditional masculine norms dictated by the dominant culture in Western European countries and the United States (e.g., Addis & Mahalik, 2003).

Though, at present there is, internationally, an extensive body of research on the prevalence and the impact of IPV on men, much less is known about the reactions that men have after an episode of violence, their reasons not to leave the violent relationship and the perceived motives which they attribute to their partner's violence (e.g., Flynn & Graham, 2010). In addition, very little research has focused on men's help-seeking behaviors and their needs (e.g., Ansara & Hindin, 2010; Douglas et al., 2012; Hines



et al., 2007; Tsui et al., 2010) and only a few studies addressed this problem in the Europe Union (EU; e.g., Carmo, Grams, & Magalhães, 2011; Costa et al., 2015; Drijber, Reijnders, & Ceelen, 2012; Gómez, Biezma, & Fernández, 2009; Hellemans, Buysse, Smet, & Wietzker, 2014; Lövestad & Krantz, 2012; Paul, Smith, & Long, 2006; Rubla & López, 2012; Swahnberg, Hearn, & Wijma 2009; Watson & Parsons, 2005). The EU is at the early stages of developing policy and practice guidelines for dealing with male victims of IPV.

In Portugal, despite IPV being acknowledged as a notable problem since the nineties (e.g., National Plans against violence - the political action support tools to prevent and intervene in VD; Commission for Citizenship and Gender Equality, 2015) as well as the Portuguese law being gender neutral (Penal Code, 2014), the phenomenon of IPV against men remains an under-developed research area where the attention of the media, the political and the judiciary systems is almost non-existent. Studies on male victims of IPV are rare in Portugal (e.g., Carmo et al., 2011; Costa et al., 2015) and the only representative survey in the country that included men was completed in 2007 (Lisboa, Barroso, Patrício, & Leandro, 2009).

By shedding light and putting a scientific focus on this area of study, the present work intends to offer contributions on two fronts: the social visibility of the phenomenon in Portugal on the one hand, and the originality of the research itself at an international level (e.g., mixed design, use of the criteria of auto-identification as victims, reactions after an incident of IPV, predictors of help-seeking, needs of male victims, reasons to not leave the relationship, perceived reasons for the aggressive behavior of the partner). Though research is inextricably bound to theory, our aim is to produce knowledge which informs practice, contributes to highlighting the difficulties of that type of victim in order to produce more effective support strategies and to encourage further political and social change in this area. We can, therefore, frame this dissertation in the context of applied victimology, anchored in a constructivist paradigm (Ponterotto, 2005). The present study intends to produce an integrated, in-depth knowledge of the issue, crossing the quantitative characterisation of this phenomenon with a deeper understanding of how male victims experience and interpret IPV. As a first approach to this phenomenon in Portugal, we opted to focus on heterosexual men only, in order to avoid the risk of not addressing fully some of the characteristics associated with same sex relationships.

In terms of structure, this dissertation is a collection of interrelated studies divided in six chapters: the first two chapters constitute the theoretical basis of this research; the other four chapters correspond to the empirical studies developed (cf. Table 1).

The theoretical chapters reflect our first approach to IPV against men and intend to provide a critical examination of the dominant theories, to map the characteristics of IPV against men and to reflect on the evolutionary process of social (in)visibility of this phenomenon at an (inter)national level.

To elaborate, the first chapter of literature review presents the state of art about IPV against men allowing us to establish a knowledge base for the development of other studies of a higher specificity. In this chapter we discuss different theoretical approaches to the phenomenon and reflect on results derived from more than three decades of international research. This chapter has a double objective: to raise awareness about this phenomenon in Portugal and to reinforce that IPV is as a complex and multifaceted process and that is vital to develop support services and inclusive interventions to all victims. Despite all the controversies surrounding this issue, in this chapter we assert that it cannot be denied that men are also victims of IPV by their female partners. Moreover, we also describe some more subjective dimensions, such as the reactions and impact of IPV on men, as well as the barriers that they face by being a man and a victim in what is predominantly a patriarchal society. We conclude by highlighting some limitations of the studies reviewed and advancing recommendations for future research.

In the second chapter, to satisfy the objective of this dissertation in establishing the extent of the phenomenon, we carry out a review of the literature on the prevalence of IPV against men in heterosexual intimate relationships, at an international and a national level. We also reflect on the main conceptual and methodological problems that cause the discrepancies in prevalence rates. These reflections allowed us to present a set of recommendations for future studies.

The empirical work of this dissertation is divided in two major studies: quantitative and qualitative. The mixed methodology design involves the collection, analysis and integration of quantitative and qualitative data, in a single or in a multiphase study in order to fully grasp a phenomenon in its entirety (e.g., Hanson, Creswell, Clark, Petska, & Creswell, 2005). For the purpose of this dissertation, we developed the studies in two phases, the quantitative stage followed by the qualitative study. Data from both studies were subsequently integrated, having an equal emphasis in the results obtained. It is worth noting that mixed methodologies were reported as essential in facilitating a more comprehensive reading of complex and multifaceted phenomena, such as IPV (e.g., Dias, 1997).

The first quantitative analysis (chapter 3), an online cross sectional study, is devoted to characterise the prevalence, the type of violence and the categorization of the 1556 heterosexual men within their intimate relationships (i.e., as a victim, a perpetrator or a victim-perpetrator overlap). This study aims to understand, in particular, how prevalent victimization, perpetration and the victim-perpetrator overlap are within the male reporting of violence. The literature in this field reveals that the

roles of “victim” and “perpetrator” may be interchangeable and suggests that examining the overlap could lead to a greater understanding of criminal behaviors (e.g., Spalek, 2006). To attain this, we apply a wide perspective of the roles of victim and perpetrator in IPV interactions building on research and published data that consistently demonstrated that most IPV is mutual or bidirectional (e.g., Capaldi, Knoble, Shortt, & Kim, 2012; Capaldi, Shortt, Kim, Wilson, Crosby, & Tucci, 2009; Esquivel-Santoveña, Lambert, & Hamel, 2013; Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012). This type of data did not previously exist in Portugal. The implications of the findings are also discussed in relation to the work of practitioners, social services, and on public policies.

The second empirical study (chapter 4) was conducted with a sub-sample of the online study, namely with those who identify themselves as victims ( $n = 89$ ) with the aim of expanding the knowledge experiences of men who sustained IPV from their female partners, namely, the types of violence perpetrated against men and its context, the impact, men’s reactions after an episode of IPV, the perceived motives for a partner’s aggression and the reasons why men do not leave their abusive relationships. This chapter contributes with innovative data to the wider international field of study and its findings are critical, both for intervention and prevention of IPV, highlighting the necessity and importance of adopting a neutral gender approach.

The third empirical paper (chapter 5) carefully scrutinises the help-seeking behaviors and the needs of men who identify themselves as victims of IPV ( $n = 89$ ). This chapter adds new findings to the body of literature on male decision to seek help and the quality of those experiences. To date, few empirical studies have examined the reasons why men are reluctant to come forward, the predictors of help-seeking and the male victim’s needs. It also examines how societal stigmatization, gender bias, and strong endorsement of socio-cultural values could influence the help-seeking process.

The final empirical study (chapter 6) uses a qualitative approach to explore the experiences of 10 help-seeking victims of IPV and their own interpretation of such experiences. Our interest lied in capturing the meanings attributed by men to the violence aimed at them in an attempt to scrutinize the effect of the constraints placed upon men as a result of the accepted social discourse of man as the “stronger” sex. A further aim is to contribute to the research on the nature, dynamics, reactions to IPV, and impact among male victims as well as to significantly enhance the understanding of the process of help-seeking within male victims. This chapter highlights the need for gender-inclusive campaigns and services which are responsive and appropriately equipped to deal with male victims.

The conclusion of this dissertation provides an integrated analysis of the theoretical chapters and the findings of the empirical studies. Points of convergence and discontinuity between studies are

highlighted. We also reflect on the contributions of the studies to the field at a theoretical, methodological, empirical, practical and macro-social level, as well as their limitations and implications on practice, public policies, prevention and intervention alike. Equally, new questions which could serve as guidance for future research are raised as well as some final remarks.

Finally, it is necessary to acknowledge that some redundancy may occur throughout the chapters as a result of the structure. Each chapter of this dissertation, with the exception of the introduction and the conclusion, represents an independent piece of work which was either published or submitted for publication for which we included a reference to its original publication.

Table 1

*Outline of Empirical Chapters*

	Chapter III	Chapter IV	Chapter V	Chapter VI
OBJETIVES	<p>-To map the prevalence of IPV reported by men (i.e., victimization, perpetration or victim-perpetrator overlap);</p> <p>-To explore the prevalence of bidirectional violence;</p> <p>- To explore the differences between the categories (victims, perpetrators, victims-perpetrators overlap).</p>	<p>-To know men 's victimization; its context; the impact that IPV has on men; men 's reactions after an episode of IPV; perceived motives for partner's aggression and reasons why men do not leave the violent relationship.</p>	<p>-To determine the reasons why men do not seek help;</p> <p>-To characterise the help-seeking behaviors and its utility;</p> <p>-To predict help-seeking behaviors.</p> <p>-To know the needs of men victims.</p>	<p>-To explore the experience of male victims who had sought help for their victimization, in particular, it's nature, dynamics, impact, reactions to IPV and how the help-seeking is experience and evaluated.</p>
SAMPLE	<p>Community.</p> <p>1556 heterosexual men.</p>	<p>Community.</p> <p>89 heterosexual men who identified themselves as victims.</p>		<p>Clinical-forensic.</p> <p>10 heterosexual men victims of IPV who sought for formal help.</p>
MEASURES		<p>-Demographics</p> <p>-Revised Conflict Tactics Scale (CTS2)</p> <p>- Victimization against men in intimacy survey</p>		<p>-Demographics</p> <p>- Semi-structured interview</p>
ANALYTICAL METHOD		<p>Quantitative.</p> <p>Online cross-sectional study.</p> <p>Data analysis with the support of SPSS (Version 21).</p>		<p>Qualitative.</p> <p>Face-to-face in-depth interviews.</p> <p>Data analysis with the QSR NVivo10.</p> <p>Thematic analysis.</p>

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CHAPTER I  
THE UNSEEN MEN: THE FORGOTTEN VICTIMS  
OF INTIMATE PARTNER VIOLENCE<sup>5</sup>

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<sup>5</sup> The present chapter was written in Portuguese and was published in 2012 in the journal *Sociedade Portuguesa de Psiquiatria e Psicologia da Justiça*.



**CHAPTER I**  
**THE UNSEEN MEN: THE FORGOTTEN VICTIMS**  
**OF INTIMATE PARTNER VIOLENCE**

**Abstract**

In the last decades, the focus of research and public attention in intimate partner violence (IPV) was on women, neglecting other dimensions and other relational contexts, such as violence against men. However, IPV has been subject of much debate and controversies. Although most report that IPV is perpetrated by men towards women, researchers have increasingly recognized that this experience is not limited to women and that men can also be victims. Several studies have reported that men experience physical violence and significant psychological symptoms as a result of IPV. In Portugal, this phenomenon has not yet received scientific and social attention. Increased understanding of the complex, multifaceted processes and effects of IPV on male victims is vital to the development of services and support systems for this population.

Keywords: Men, victims, intimate partner violence.

## Introduction

IPV constitutes a serious violation of the human rights, being considered as “*an obstacle to the achievement of equality, development and peace goals, and which violates, hinders and nullifies the full enjoyment of human rights and fundamental freedom*” (Presidency of Council of Ministers, 2010, p. 2). It involves any abusive act or conduct in a physical, psychological or sexual level between adults, which are married, live together or have had an intimate relationship (Sartin, Hansen, & Huss, 2006).

Since its social construction – in the international scene, in the 70's, and in the national scene, mainly in the 90's, - the phenomenon of IPV has been progressively assuming a prominent place in society (Matos & Machado, 2011; Matos, Machado, Santos, & Machado, 2012). However, for decades, it was faced as an individual problem rather than social (Shuler, 2010). Nowadays, it is in the scope of public sphere that IPV represents a serious social and criminal problem (Dobash & Dobash, 2004; Dutton & Nicholls, 2005; Matos, 2006; Shuler, 2010).

Throughout the last 30 years, the main focus of research and public attention on the field of IPV has been centred in violence against women, neglecting other relational contexts, and other dimensions of violence, which is the case of IPV against men. This fact led to a feminisation of the phenomenon and to a consequent invisibility of men as victims (Felson, 2010; George, 2003; Lewis & Sarantakos, 2001).

Notwithstanding the lack of visibility concerning violence against male, the literature has been gradually recognising that IPV is not confined to women, and that men can also be victims (Sousela, 2006). Identifying and recognising men as IPV victims strongly defies a society where the male gender is faced as being economical, social and politically dominant. Through history, the assumption has been that women suffered more physical and psychological violence than men, as a result of IPV. However, an increasing body of research has been documenting the expression of this kind of violence over men, considering it a relevant social problem that deserves attention (Randle & Graham, 2011).

The studies on this problematic have been generating a huge debate within the scientific community (Matos, 2006), which resulted in a significant modification not only in the assumptions and research methods level, but also in social ideologies (Randle & Graham, 2011; Sarantakos, 1999).

Nonetheless, and despite the increasing international interest over violence against men, in Portugal this phenomenon hasn't yet received scientific and social consideration.

### **Are men also victims of IPV?**

Nowadays, there are two conceptual perspectives mastering the research on this area: the feminist perspective (e.g., Dobash & Dobash, 2004; Johnson, 1995) and the family researcher's



perspective (e.g., Hines & Douglas, 2010a; Straus, 2010). The respective researchers focus themselves in distinctive theoretical assumptions and typically use different samples (women victims, in the first case, and overall population, in the second) and different methods and technics of data collection (in depth interviews to female victims vs. random surveys performed by door-to-door, mail, or phone to overall population; Archer, 2000). These factors contributed to the many inconsistencies in the literature (Matos, 2006; Randle & Graham, 2011).

The feminist movements started to influence the studies on the phenomenon of IPV, identifying men as primary perpetrators and pointing women only as victims (Dobash, Dobash, Wilson, & Daly, 1992; Dobash & Dobash, 2004; Felson, 2008). The feminist perspective is compromised with the vision where IPV is a patriarchal model product, and thereby, an activity exclusively masculine (Archer, 2000; Dobash & Dobash, 2004; Johnson, 1995), in which women are subordinated, dominated and controlled by men. The interlocutors of the feminist perspective argue that IPV is gendered and should be considered as a women social problem (Kelly & Johnson, 2008; Randle & Graham, 2011; Saunders, 2002). In the feminist perspective, the notion of gender symmetry in IPV is definitively refuted. It should be noted that, in general, the studies developed by this perspective support themselves in qualitative approaches and essentially refer to data gathered in shelters, court houses, police reports, hospitals and people that requested psychological support (Archer, 2000; Casimiro, 2008; Kelly & Johnson, 2008). When these researchers develop quantitative studies that are representative of the population, they specifically focus in the female victim or in criminality in general, emphasising that men are much more violent than women and that women are victims of more severe aggressions (Anderson, Dial, Ivey, & Smith, 2011; Archer, 2000; Casimiro, 2008; Saunders, 2002; Swan, Gambone, Fields, Sullivan, & Snow, 2005). In relation to these national surveys, it should be noted that in the United States of America, the U. S. National Violence against Women Survey and the U.S. National Crime Victimization Survey, which revealed that men are significantly more physically aggressive against its partners (Casimiro 2008). This kind of survey was also implemented in Australia (Australian National Crime and Safety Survey; Violence against Women Survey), in Canada (The Violence against Women Survey) and in the United Kingdom (British Crime Survey), having reached equivalent conclusions. But the data provided by the feminist movement is not only based in national surveys representative of the population. Some studies using delimited samples also highlight the supremacy of women as victims of IPV. For instance, the studies performed by Erin Pizzey, who in 1974 founded the first shelter for women victims of IPV (George, 2003), and the study implemented by Russel (1982 as cited in Casimiro, 2008), who conducted 930 interviews to adult women, and concluded that 1 in 7 American women had already been raped by her husband or ex-husband.

The feminist movement has generated a massive effort in the pro-women social policies, alongside with a bias against male victims, which in turn, sometimes have been ignored, neglected or discredited (Gulas, McKeage, & Weinberger, 2010; Lewis & Sarantakos, 2001) and other times its victimization has been faced as being their fault or trivialised and justified in many ways. For instance, according to the feminist movements, women only use violence against their male partners in self-defence or after many years of being abused (Dutton & Nicholls, 2005; Hines & Douglas, 2010a; Lewis & Sarantakos, 2001).

In turn, studies presented by the family researchers perspective (e.g., Archer, 2000; Sarantakos, 1999), which similarly appealed to large empirical evidence, showed that men and women could equally be violent against his/her partners, and that violence against men can also be very destructive (Hines & Douglas, 2010b; Hines & Douglas, 2011; Lewis & Sarantakos, 2001).

The family researcher's perspective advocates that both men and women can be perpetrators or victims in IPV. Their interlocutors contemplate violence as being feminine and masculine, setting the emphasis on the family dynamics and/or conjugality (Archer, 2000; Casimiro, 2008). An attentive examination of the literature in this field points out that it was in the United States of America that the controversial question of gender symmetry in IPV arose. Thereafter, also Canada, United Kingdom, Finland and Australia developed studies in the same line of investigation (Casimiro, 2008). Therefore, although gender symmetry appears to be a very contested construct in literature (e.g., Archer, 2000; Dutton & Nicholls, 2005; Matos, 2006), there are many studies supporting this notion (e.g., Dutton & Corvo, 2007; Graham-Kevan & Archer, 2009).

Researchers on family violence perspective underlie in national or community samples, and frequently use the Conflict Tactics Scales (CTS), a self-report inventory that measures the presence and frequency of aggressive behaviors (Belknap & Melton, 2005; Kelly & Johnson, 2008). In the end of the 70's appeared the first study that demonstrated that not only women are victims within the walls of a home: U.S. National Family Violence Survey (Straus & Gelles, 1986 as cited in Casimiro, 2008). This study had the participation of 2143 married or living together Americans and not only revealed that marriage is a license to hit, but also that men seem to be more victims than their partners, including what concerns to a more severe violence (Casimiro, 2008). Other studies (Steinmetz, 1978; Straus, 1977 as cited in Casimiro, 2008) corroborated this theory, arising the idea that women, to cope with their physical inferiority, often use objects and arms to harm their partners. In this regard, Steinmetz (1978) even considers that IPV against men reaches a dimension that allows to assert the battered men syndrome. It should also be noted that the U.S. National Family Resurvey (1985; Straus & Gelles, 1990 as cited in Casimiro, 2008), with a sample of 3250 citizens interviewed by telephone revealed, once again, similar

violence rates between men and women. The most surprising data in these national surveys refers to severe violence, in which men appeared, most frequently as victims: In 1975, 4.6% of men versus 3.8% of women, and in 1985, 4.4% versus 3.0%, accordingly (Straus & Gelles, 1990 as cited in Casimiro, 2008). Thereby, various studies that use the CTS point out that the IPV against men can be equivalent, in its nature and extension, to women's victimization (e.g., Archer, 2000; Straus, 2009a).

Another relevant data according to this question, are the homicide rates which, once again, focuses on the reality that women are also or similarly violent in the context of intimacy (McNeely & Robinson-Simpson, 1992 as cited in Archer, 2000). Thereby, in the family researchers' perspective, IPV should be faced as a human/relational question and as being part of intimate relations, independently of who assumes the main role as perpetrator. These researchers consider that the gender perspective is restrictive and can lead to misleading conceptions of what violence is (Felson, 2010; McNelly, Cook, & Torres, 2001).

With this, and recognizing men as victims of IPV, the interlocutors on this perspective argue that there is a need to provide more answers to this population and to prevent this form of violence (Randle & Graham, 2011).

Thereupon a summary presentation on these two perspectives, it is important to critically reflect about the restrictions presented by both. On one hand, the feminist perspective mostly bases its conclusions in samples of women already identified as victims, or that are in touch with specialized services in this problematic. Inevitably, this fact drives to an increase of the data found in this matter, and to the assumption that IPV is almost exclusively a male act (Casimiro, 2008). On the other hand, family researchers face other bias, such as, the number of individuals that refuse to answer to surveys, fact that may call into question the population representativeness; or the data omission, for instance, in telephonic interviews, where the perpetrator may be standing close to the victim. Besides that, the surveys do not deal specifically with violence against women, therefore, the reported violence rates against women are lesser than the ones found by feminists (Casimiro, 2008).

This apparently infertile dispute contemplates other arguments, which are provided by the feminist perspective and call into question all the data found by the family researchers. The feminist theory argues that IPV against men appears from different reasons, and results in different consequences to both men and women (e.g., Dobash & Dobash, 2004; Lupri, 2004). The interlocutors of this perspective argue that the tool used by family researchers, the CTS, do not contemplate the context and ignores the motivations, meanings, and consequences of the violent acts (Belknap & Melton, 2005). Therefore, according to the feminist perspective, there are many reasons that promote a higher level of

violence from men (Hines & Douglas, 2010b): 1) men are the first ones to start an aggression, and women, if they harm the partner is because it's self-defense. The feminist perspective argues that the data found by family researchers result only from the need that woman have to defend themselves or to retaliate upon the aggressions suffered; 2) men are physically dominant; 3) when men are victims, that violence is minor and doesn't have consequences; 4) men have higher socioeconomic resources than women. Besides that, some authors show concern over the fact that the results found, by using CTS, are not correctly interpreted. In other words, Dobash and colleagues (1992) suggests that if a woman undertakes a violent act against her partner she will be assumed as a perpetrator, when that could have been an isolated act, or for instance, self-defense.

In turn, researchers of the family violence perspective argue that the only reason why data collected by the use of CTS is belittled, is because it produces results ideologically unacceptable, i.e., women are frequently as violent as men (Dutton & Corvo, 2007). Interlocutors of this perspective referenced various studies showing that: 1) many women do not point out self-defense to be the main trigger to use violence against their partners. Some of the most mentioned reasons are: anger, jealousy, retaliation, power and control, and emotional confusion (e.g., Follingstad, Wright, Lloyd, & Sebastian, 1991 as cited in Hines, Brown, & Dunning, 2007; Graham-Kevan & Archer, 2009). In fact, the argument of self-defense, which is frequently used as an explanation to the violence rates found in women, will only explain a small part of that violence (e.g., Straus, 2009a); 2) many of the incidents of IPV are started by women (Lupri, 2004); 3) in approximately 50% of the cases the violence is mutual (Hines & Saudino, 2003 as cited in Archer, 2000); 4) in dating violence, the percentage of female perpetrators is higher than male ones (Straus, 2009b); 5) studies show that IPV is more legitimated when the man is the perpetrator (Shuler, 2010; Straus, 2009b); 6) national studies show a decrease in male violence against women, but not the opposite (Straus, 2009a); 7) although rarely discussed, researches performed with women living in shelters show that those reported the use of violence against their partners (e.g., Hines & Douglas, 2010a).

Therefore, a question arises: does it add any extra value to the research to establish which of the partners is more aggressive in intimacy? Or which of them is the primary perpetrator? Would that be differences in the motivations for aggression of men and women? Or is the context a crucial variable? Aren't these points of view of the phenomenon restrictive? Actually, the scientific studies published to date, even those that arise from different theoretical perspectives and elaborate distinctive explanations for its occurrence, show, in lesser or higher number, the possibility to consider IPV as a phenomena both practiced by men and women.

In spite of all of the controversy involving this theme, it can't be denied that men are victims of IPV perpetrated by their female partners, even though that abuse can be less severe than when perpetrated by men (Carmo, Grams, & Magalhães, 2011; Chan, 2011; Johnson, 2011). Thus, the contemporary exchange of arguments in relation to the symmetry or asymmetry of gender is, in our opinion and in other authors' opinion (e.g., George, 2003) a fruitless and counterproductive question. It would be more important to understand the phenomena as a whole, than to discuss if women and men can be victims and perpetrators.

In that sense, and despite the various attempts to argue that neither the feminist perspective, nor the family researchers', is correct, there are two points of view that gather more unanimity. Dobash and colleagues (1992) position, who argue that the measures used by the family violence researchers, mainly the CTS, consider those acts out of context and neglect their consequences – which are more visible to women (Archer, 2000). On the other hand, Johnson's (1995) position whom does not focus on the measures, but on the kind of sample used by the two main conceptual perspectives. The researchers on family violence frequently use representative samples of married couples, couples that live together or dating couples, while the feminist researchers, frequently study samples of women who were selected by the high levels of violence that they have suffered (Archer, 2000). According to Johnson (1995), these two formats of research do not overlap and are mutually exclusive. In an attempt to interpret the different results found by the above mentioned perspectives, this author created two patterns of violence: 1) intimate terrorism, which is characterised by the use of violence in order to take control over the victim; 2) situational couple violence, which is one or various less severe conflicts without the intention of control the partner. This typology suggests that men practise intimate terrorism; situational couple violence can be perpetrated by men and women (Johnson, 1995). It should also be noted that, in accordance to Johnson (2011), in the national surveys, the dominant pattern of violence is situational couple violence, and that this form of violence is not gendered.

A meta-analysis undertaken by Archer (2000) concludes that, when the measures are based in specific acts, women are significantly more likely to use more physical violence against their partners; when the measures are based in the consequences of violence (visible injuries or injuries that need medical assistance), men inflict more serious injuries in their partners. In this regard, it seems consensual that the existing sexual dimorphism between men and women justifies that, when physical violence is specifically considered, the consequences of the acts performed by men over women are more serious than the opposite (e.g., Casimiro, 2008). These results support the point of view in which the measures based in acts (e.g., types of violence) or in consequences (e.g., severity of injuries) produce different

results (Archer, 2000). Other author's support the point of view in which different results are found according to the type of sample used (Archer, 2000). Thus, the use of samples provided by shelters reveal men as perpetrators, while representative samples of the general population point out that women are perpetrators of less severe violence.

The explanation "intimate problems" represents an alternative to gender perspective and postulates that violence in IPV occurs in both genders, being its risk increased by certain psychological features, regardless of the gender (e.g., Dasgupta, 2002; Dutton, Nicholls, & Spidel, 2005). For that reason, Dutton and Nichols (2005) argue that IPV is not specific of men and that it cannot be explained solely on the basis of gender or social roles. A proof of that is, for instance, that IPV also happens in homosexual couples (e.g., Archer, 2004; Straus, 2009a,b). In this way, it is imperative that the research in the IPV field approaches this phenomenon in a more comprehensive way, including all the forms of violence and all its possible perpetrators and victims, instead of focusing just in gender, and in the highest rates of female victimization. Only in this way will be possible to provide social answers suitable to the whole population.

#### **Male victims: What forms of violence do they suffer? Which are its consequences?**

The prevalence of IPV against men has been obtained from a wide range of international researches. Studies in the USA estimated that among the whole victims of IPV, approximately 25% to 50% are men (Hines & Douglas, 2011). In the United Kingdom, it was estimated that men, in a year, represent approximately 43% of IPV victims (Walby & Allen, 2004). In a study performed in Canada, over 5 years, it was estimated that 47% of the IPV victims were men (AuCoin, 2005). In addition, Archer's meta-analysis (2000) revealed that, in more than 80 studies concerning physical violence between heterosexual partners, 35% of the injured victims and 39% that needed medical treatment, were men.

In Portugal, even though the studies in this field are scarce, it is possible to verify the social relevance of this phenomenon among men, using some national indicators: in 2010, 934 men sought for help in the Portuguese Association for Victim Support (APAV; APAV, 2010). Considering the number of the reports filed to the police, men represented 15% of the 31,235 criminal complaints made in 2010 (Ministry of Internal Affairs, 2010). The numbers found in dating relationship's also entail some reflection, due to the fact that those relationships do not show the same discrepancy, which is normally associated to gender, revealing that girls frequently perpetrate aggressions to their partners (Caridade, 2008). Another indicator was provided from Carmo and colleagues (2011) study, which reveals that, between

2007 and 2009, from the 535 victims of IPV who sought assistance in the Forensic Medicine Institute, in Porto, 11.5% were men.

The impact of IPV against men is similarly documented in various studies at international level. These studies report that men experience significant levels of physical and psychological impact caused by the violence they are subjected by their partners (Finney, 2006; Hines & Douglas, 2011; Watson & Parsons, 2005). As an example, various quantitative (e.g., Coker et al., 2002; Hines, 2007; Hines & Douglas, 2010a,b; Tjaden & Thoennes, 2000) and qualitative studies (e.g., Hines et al., 2007) can be mentioned.

In relation to intervention measures, in October 2000, appeared in the USA, the first support line for male victims of IPV - The domestic abuse helpline for men (DAHM) – (Hines et al., 2007; Hines & Douglas, 2010b). Until then, all the information regarding IPV was collected only from women (Hines et al., 2007). Through the data collected by Hines and colleagues (2007;  $n = 246$ ) it is possible to assert that men were equally victims of severe violence, they fear for their own lives, they were afraid of their partners, and that their partners persecuted and tried to control them (Hines et al., 2007). These men were experiencing diverse abusive behaviors from their partners, many of them included in Duluth's wheel of power (Pence & Paymar, 1983 as cited in Hines et al., 2007) – a model which was conceived to women victims of IPV, and that include behaviors such as economical abuse, harassment, social isolation, threats, emotional abuse and guilt and minimisation. Besides that, Hines and colleagues (2007) changed the wheel class “male privilege” to reflect the experiences of male victims: female partners were using the law and social system in their favour, as society is structured to provide support to women (Hines et al., 2007). In relation to physical violence, men reported that women used tactics such as slaps, kicks, and punches during the aggression. Besides that, this study revealed some additional behaviors used by women, such as, aggression addressing the genital area, scratching, and spitting, behaviors which are not included in CTS. On the other hand, many of the male victims revealed to have suffered from severe physical violence, which put their lives into risk, while others stated to have needed medical assistance, and one man reported to have suffered sexual violence (Hines et al., 2007). The same research team (Hines & Douglas, 2010b; Hines & Douglas, 2011) developed in the USA, the first wide range study with men as victims of IPV ( $n = 302$ ), in which was revealed a pattern of victimization consistent with the intimate terrorism proposed by Johnson's categorisation (1995), since men confirm to be victims of physical and psychological violence from their partners. Data collected in Canada, in 1999, also showed the psychological impact of violence against men. In that sense, as a result from the abuse they have suffered, 29% of the male victims stated to feel angry, confused and frustrated, 26% reported anger, and

21% stated feelings of pain and disappointment. Besides that, there are other indicators, which deserve consideration, such as, the economic impact, since the productive cost of IPV are significant – 11% of the male victims reported to have missed work because of the aggressions they have suffered (AuCoin, 2005). Studies developed in Australia provided evidence in the same direction (e.g., Bagshaw & Chung, 2000; Mulroney & Chan, 2005). Apart from physical consequences, the research has pointed out that men experience psychological consequences due to their victimization. In particular, associations were found between IPV and post-traumatic stress disorders (PTSD) as well as, depression and suicidal ideation (e.g., Hines, 2007). In the same way, narrative analysis also captured male emotional suffering (e.g., Mulroney & Chan, 2005). If, on one hand, women struggle with violent men, social standards, and structures which draw power from them, on the other hand, men are struggling to maintain the male ideal – an ideal where men are supposed to be self-confident and independent, as well as more resilient and stronger (Migliaccio, 2002). For both men and women, physical victimization is associated to a higher risk of fragile health, depressive symptoms, and substance abuse and to develop a chronic or mental disease, and injuries (Coker et al., 2000). One of the reasons why the psychological consequences in violence are similar among men and women is, in the case of women, apart from having to deal with violence, women have to deal with a social discourse that weakens and turns them vulnerable. And, in the case of men, it is because they have to deal with a society that conceives them as the strong gender, and does not “allow” them to be victims (Lupri, 2004). In this regard, in fact, a part of the social standard from various nations perceives men as being stronger, as the dominant gender and that they exert this power over their female partners (Hines & Douglas, 2010a,b). In addition, as the above mentioned, violence committed by men against women is considered to be more severe, than the opposite case (Flood, 2005; Hines & Douglas, 2010a,b).

#### **Male victims: What obstacles do they encounter?**

The society's perception about the gender differences seems to influence men help-seeking behavior. In fact, this perception emphasizes their physical ability to stay away from violent intimate relationships, as well as the social expectations over their physical and economical ability to solve their own problems (Hines & Douglas, 2010a,b). Consequently, male victims do not admit their condition and do not seek for professional help (Barber, 2008; Flood, 2007; Hines, 2007). In other respects, many men are afraid to seek for help because they fear to be connoted as perpetrators, especially if they defended themselves (Hines, 2007). In fact, this double standard used from the society and from the support system of help results in many men not seeking for help or the law system (Shuler, 2010).



The researches about health and the use of health services revealed that men present less probability than women to seek for help (Tsui, Cheung, & Leung, 2010). In this way, it is notorious that when men are victims of IPV, they face reconciliation struggles between victimization and the perception of their masculinity (Tsui et al., 2010). A qualitative study conducted by Tsui and colleagues (2010) revealed that men do not seek for help due to social obstacles and to lack of support. The obstacles include shame, embarrassment, fear, denial, stigmatisation, and the most important, the fact that the support system do not treat men equally. In society, men are perceived as the “unacceptable” victims of IPV. Being a man and a victim is a taboo (Kimmel, 2002). A different aspect from this study is similarly supported by Tjaden and Thoennes (2000): the majority of men do not report the violence they suffer because they consider that other people cannot help them in solving their own internal problems. As a result, they tend to minimise the violence used against them and try to avoid the social stigma over their inability to protect themselves. Consequently, in general they hide or deny that they are victims of IPV (Tsui et al., 2010). The data found by Hines & Douglas (2010b) and Tutty (1999) equally supports these evidences.

### **Conclusions**

Violence, of any type, and being perpetrated by men or women, is clearly unacceptable. The answers to the questions of whether men or women are similarly violent or do suffer similar consequences in their heterosexual relationships, varies according to the research focus, the definition of violence and the type of sampling used, as well as the instruments used to measure violence (Archer, 2000; Bagshaw & Chung, 2000; Kelly & Johnson, 2008; Matos, 2006).

Notwithstanding, this review revealed a number of distinct and undeniable facts, as far as it has demonstrated that IPV against men is a real problem and more common than what we are led to believe in a less carefully examination (Carney, Buttell, & Dutton, 2007; Sarantakos, 1999). In fact, various studies document that men are also victims of physical violence in their heterosexual relationships (e.g., Archer, 2000; Carney et al., 2007; Tjaden & Thoennes, 2000) and that they experience significant psychological symptoms as a result from their victimization (e.g., Hines, 2007).

Therefore, in an overall view, the literature review shows that IPV is not a homogeneous problem that occurs in a single form, where men are only the perpetrators and women are just the victims (Dutton, 1994; Graham-Kevan & Archer, 2005; Sarantakos, 1999). The predominant notion that IPV happens in a single way is a conceptual fallacy, which is inconsistent with the perspective of violence being perpetrated by both genders or as being bidirectional (Lupri, 2004; Straus, 2008).

Although many women suffer in the hands of their male partners, and have a higher probability to suffer from severe injuries, assuming that women only attack in self-defense is inconsistent with the abundant empirical evidence which has emerged in the last two decades (Hines & Malley-Morrison, 2001). If it is true that men, being stronger, use physical violence more often than women, it also seems to be true that women, more frequently, make use of weapons, in a sense of gain some advantage (Dutton & Nicholls, 2005; George, 2003; Lewis & Saratakos, 2001).

On the other hand, the data concerning IPV in homosexual couples, and the numbers found in dating relationships, emphasize the insufficiency of the explain of IPV as a gender problem (e.g., Casimiro, 2008; Dutton, 1994; Holtzworth-Munroe, 2005; Straus, 2008).

The gender comparisons – men-women and women-men – should remind us that both involved parts in the relationships must be respected. The exclusive focus in IPV perpetrated by men over their partners ignores the complex dynamics of this phenomenon. Thus, the characterisation of IPV perpetrated against men is also important in order to better understand this phenomenon (Carmo et al., 2011; Graham-Kevan & Archer, 2005). Additionally, it creates a barrier in the attempt to find an equalitarian solution to a social problem, which affects partners of both genders (Lupri, 2004).

A wider comprehension of this complex and multifaceted process, as well as of its effects in male victims, is vital to the development of support and intervention services among the male population (McCollum & Stith, 2008; Holtzworth-Munroe, 2005; Randle & Graham, 2011). To continue to ignore this specificities will make it unviable to provide the necessary support and the proper protection to these victims, and will restrain the ultimate goal of eradicate IPV. It is time to make an effort to cease all types of IPV, and not only violence against women, especially because it is crucial to eradicate all forms of violence in order to protect women (Straus, 2010).

It is of interest, to get to know more thoroughly the violence committed by women against their partners, what triggers that violence, the type of acts and the forms of the practised violence. That information is still incipient in literature and will indicate directions about intervention and prevention of this phenomenon (e.g., Holtzworth-Munroe, 2005; Kelly & Johnson, 2008). It is also important that researchers consider subtypes of women perpetrators, which can use this form of violence for various reasons (Dasgupta, 2002; Graham-Kevan & Archer, 2005).

Finally, due to the potential differences between men and women in regard to behaviors and motivations for aggression, the interventions must be more specific in order to reach a higher effectiveness (Swan et al., 2005; Swan & Snow, 2002). Also, it is essential to encourage male victims to require the support services that they need. Only in that way professionals will be more alert to the

constraints that men face and will develop services to this population. More research over the male experiences is essential to estimate the extension and severity of this problem (Hines & Douglas, 2010b). The little research undertaken to date brings more questions than answers (Tutty, 1999).

In this sense, there is an urgent need to develop research that allows to (re)cognise this phenomenon as a social problematic, and to adopt prevention and intervention measures that effectively meet these victims' needs. The literature shows that the future research in this context should include: a) the development of measures to evaluate the consequences of IPV on men; b) qualitative research about the experiences of male victims, given the absence of studies that can certify whether men are or not victims, for instance, of intimate terrorism; c) systematic studies on the effect of IPV in men, and its costs at an economical and social level.

We would say that the pertinence of the study we are currently undertaking – focused in the characterisation of IPV against men in heterosexual relationships, according to the victims' perspective – it's related to its recently social emergency, associated to an unawareness of its dimension and impact on the victims. We propose, on the one hand, to identify the type, the nature, the extension and the costs of IPV against men in Portugal as well as to access to men's experiences, significances and reasons that inhibit them to seek help.

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**CHAPTER II**  
**MALE VICTIMS OF PARTNER VIOLENCE:**  
**METHODOLOGICAL ANALYSIS OF PREVALENCE STUDIES\***

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**CHAPTER II**  
**MALE VICTIMS OF PARTNER VIOLENCE:**  
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**Abstract**

Intimate partner violence against men is controversial and somewhat neglected. However, there are now several studies that show that men are victims in intimacy. This article includes a methodological analysis of studies on the prevalence of violence against men in heterosexual intimate relationships. The prevalence of violence against men perpetrated by women ranges from 0.6% to 100%, depending on the type of violence, the time period of reference, as well as the method and sample used. Studies show that men are mostly victims of moderate violence, mainly psychological. However, methodological shortcomings and insufficient knowledge in specific areas of victimization against men restrict the conclusions that can be drawn. It is critical that the investigations in this area adopt a more inclusive approach and, specifically, methodologies that address both sexes.

Keywords: Men, intimate partner violence, prevalence.

## Introduction

Until recent times, intimate partner violence (IPV) was considered as an exclusive female issue (e.g., Dobash & Dobash, 2004). However, nowadays, the studies show that men are not only perpetrators, but also victims of IPV (e.g., Archer, 2000). This phenomenon goes frequently unnoticed, to the extent in which men are less likely to report such incidents, because of shame or fear to be ridiculed, or even by the lack of support services (Barber, 2008; Shuler, 2010). Consequently, men, while victims of IPV, are not studied as much as women in the same situation, and the knowledge about this object of study is not so widespread (e.g., Reid et al., 2008; Shuler, 2010). Besides that, most of the countries give more attention and provide more support services to violence perpetrated by men against women, in the detriment of others forms of violence (e.g., Beiras, Moraes, Alencar-Rodrigues, & Cantera, 2012; Granja & Medrado, 2009; Oliveira & Gomes, 2011; Shuler, 2010). At a less carefully look, the interest over this object of study seems to be recent. None of the less, the scientific attention given to this topic dates back to the 70's, through Gelles (1974 as cited in Hines & Douglas, 2010) and Steinmetz (1978). The term "battered man" was introduced by Suzanne Steinmetz (1978), an American sociologist, which when revising some studies found data revealing that men were also victims of their female partners. After more than three decades, there are already many studies documenting that both men and women can be abusive in the context of intimacy (e.g., Archer, 2000; Hines & Douglas, 2010). Notwithstanding, IPV against men is still a controversial topic (Hines & Douglas, 2010; Migliaccio, 2002).

### **Male victims of IPV: Same reality, different points of view**

The lack of solid definitions and methodologies has been hampering the efforts to monitor IPV (e.g., Breiding, Black, & Ryan, 2008). As seen in other phenomena, the knowledge varies according to the methodology, the sample, and the data collection technics used (e.g., Archer, 2000; Cook, 2009; Esquivel-Santoveña & Dixon, 2012). In that way, in knowing the methodology used, it becomes easier to understand the results achieved (e.g., Archer, 2000; Robertson & Murachver, 2007). As systematised by Brodgen and Nijhar (2004), the undertaken studies in the community revealed, tendentiously, symmetry between men and women in what concerns to the use of less severe violence. In turn, the criminal statistics show that women are more victimized (ratio of approximately 9 to 1 complaints presented by women and men). On the other hand, the studies undertaken among couples reveal more violence of men against women, although those differences appear more softened here than in criminal statistics. Recent studies, performed with the use of qualitative methodologies, revealed that the victimization experiences suffered by men are similar to the ones suffered by women. In that sense, the discrepancy



concerning the different types of study and the underlying ideologies stress the need to get to know the data collection methods used before accepting the validity of the results obtained (Esquivel-Santoveña & Dixon, 2012).

### **Move from methodology to theory**

The methodology applied in the surveys derives from the theoretical approaches used to understand the nature of the problem (Esquivel-Santoveña & Dixon, 2012). In accordance with the theories about this phenomenon, traditionally, IPV is conceptualized as a consequence of patriarchy and the deliberated use of violence by men to exert power and control over women (e.g., Hines & Douglas, 2010; Migliaccio, 2002; Oliveira & Gomes, 2011). This paradigm was widely widespread by the feminine activists who brought IPV to the international public attention in 1960, and whose points of view continue, nowadays, to influence and shaping the attitudes and answers toward this phenomenon (e.g., Granja & Medrado, 2009; Narvaz & Koller, 2006). The idea that men are the primarily responsible for IPV has been supported by these researches, which have analysed police records or samples derived from shelters for female victims (e.g., Robertson & Murachver, 2007). The feminists' conceptual perspective generated a major effort on the pro-women social policies, relegating the male victim's phenomenon to a second plan (Machado & Matos, 2012). However, the research on IPV is not restricted to the feminist perspective. Other studies reveal that men and women can be similarly abusive in their intimate relations (e.g., Archer, 2000). This point of view is advocated by family researchers, who argue that gender inequality, by itself, is not enough to generate a violent relationship (e.g., Migliaccio, 2002; Suarez & Bandeira, 1999, as cited in Oliveira & Gomes, 2011). These authors state that there are other factors, which highly influence and contribute to IPV, including, for example, socialization (e.g., Gelles, 1976 as cited in Migliaccio, 2002; Straus et al., 1980 as cited in Migliaccio, 2002) and socioeconomic factors (Ferraro & Johnson, 1993 as cited in Migliaccio, 2002). They also consider that, when isolated, the patriarchal factor fails to explain the violence, for example, among homosexual couples (e.g., Migliaccio, 2002) or dating violence (e.g., Straus, 2009). According to these authors, violence is not a gender problem, but a human problem, (Kimbrell, 1995 as cited in Migliaccio, 2002) and violence which is practised by women cannot be ignored, as far as women do not practise it exclusively in self-defense (e.g., Hines & Malley-Morrison, 2001). In order to integrate those different theories, it is important to remind that the study of IPV has only 40 years of history, and it is characterised by some significantly rapid changes (Whitaker & Lutzker, 2009 as cited in Eisikovits & Bailey, 2011). When the major trends of this phenomenon are outlined, it's noticeable that there is an initial movement which allows a dichotomist analysis between genders, in

which men are perpetrators and women are victims, in mutually exclusive roles (e.g., Dobash & Dobash, 1979 as cited in Eisikovits & Bailey, 2011), shifting to a more interactive and diverse movement in which both men and women can be perpetrators, or where violence can be mutual (e.g., Archer, 2000; Beiras et al., 2012; Granja & Medrado, 2009; Johnson, 2006; Oliveira & Gomes, 2011). None the less, the peremptory differences known among the experiences of male and female victims of IPV cannot be denied, showing that even though those experiences may be comparable, they are not exactly the same (Migliaccio, 2002). For example, women have to deal, not only with their violent partner, but also with a society that keeps withdrawing power from them (Migliaccio, 2002; Narvaz & Koller, 2006). In contrast, men struggle, internal and externally, with keeping up a male ideal (Migliaccio, 2001 as cited in Migliaccio, 2002; Shuler, 2010). In fact, masculinity cannot be ignored in a more profound examination of this phenomenon (e.g., Connel, 1993). The concept of a masculine hegemony assumes a major role when interpreting this phenomenon, as far as, according to George (1994), men are seen as unacceptable victims of IPV, and the concept of being both man and victim remains a great taboo. Given this, and regardless of the existent dissimilarities between both sexes, a growing body of research has been documenting the expression of IPV against men, considering it as a relevant social problem (e.g., Nowinski & Bowen, 2012; Randle & Graham, 2011). In that sense, this study aims to identify the developed scientific research about the prevalence of IPV victimization against heterosexual men. From these studies, a systematisation of the obtained data was made as well as a reflection of how the underlying methodologies and theories influence and/or inform that same data. Ultimately, it is our intention to provide more visibility and recognition to this phenomenon, contributing to a further clarification over IPV against men. That fact can entail implications to the research, and consequently, to the public policies and intervention campaigns, that would also be directed to male victims of IPV.

### **Methodology**

Various databases were searched (Sage, Springer, PsycArticles, PsycInfo, Web of Science, Science Direct, Google Scholar, Scielo) using the following keywords (men victims; battered men; abused men; male victims; and domestic violence; intimate partner violence; and prevalence). The search was performed taking into account the published articles between 2000 and 2013 which reported empirical studies of prevalence of IPV victimization against men, over 18 or more. The studies in which the samples consisted exclusively of adolescents and/or university students were excluded; dating violence, in particular, can have its own specificities. Studies exclusively performed with women, and in languages other than English, Portuguese and Spanish were also excluded. Ph.D. and master's dissertation were

not included. Based on the results obtained by database searching and after being applied the inclusion and exclusion criteria, 27 articles were obtained.

Due to the different methodologies used to capture the prevalence of victimization against men in intimacy, and due to the potential effect that those methodologies can have in the obtained results, the analysed of the studies were organised according to: the type of sample (representative – table 2 and 4 – or convenience – tables 3 and 5); the instrument used to evaluate IPV (i.e., use of the Conflict Tactics Scale (CTS) – tables 2 and 3; or without the use of CTS – tables 4 and 5). Subsequently, the obtained results of that systematisation, based in the most relevant data, and taking into account the prevalence of the suffered victimization over the last year and/or throughout life, and also the types of violence, will be presented.

## Results

### Sample characterisation

According to the provenience of the sample, the studies include mostly local samples ( $n = 17$ ), followed by samples with national representativeness ( $n = 10$  – mostly in the USA). In terms of sex, most of the studies were from a mixed basis ( $n = 19$ ), and 8 studies were performed exclusively with male population. It should be noted, that in all the studies in which the sample was mixed and non-representative, the number of women was always higher than men's. Three studies contemplated ethnic samples (Caetano, Vaeth, & Ramisetty-Mikler, 2008; Chang et al., 2011; Harwell, Moore, & Spence, 2003) and two of them made a distinction between the social contexts of the samples (i.e., rural or urban; Breiding, Ziembrock, & Black, 2009; Murty et al., 2003). In relation to the data collection context, it was also very diverse. The majority of the studies ( $n = 10$ ) were collected with general population samples (Breiding et al., 2008; Breiding et al., 2009; Caetano et al., 2008; Coker et al., 2002; Gómez, Biezma, & Fernández, 2009; Harwell et al., 2003; Rubla & López, 2012; Tjaden & Thoennes, 2000; Watson & Parsons, 2005) or in primary care units/hospitals ( $n = 8$ ; Mills, Mills, Taliaferro, Zimble, & Smith, 2003; Paul, Smith, & Long, 2006; Porcerelli et al., 2003; Reid et al., 2008; Rhodes et al., 2009; Schluter, Paterson, & Feehan, 2007; Schraiber, Barros, Couto, Figueiredo, & Albuquerque, 2012; Swahnberg, Hearn, & Wijma, 2009). Four of the studies were collected in institutions, with clinical samples (Carmo, Grams, & Magalhães, 2011; Chang et al., 2011; Drijber, Reijnders, & Ceelen, 2012; Hines, Brown, & Dunning, 2007) and three were developed from subsamples taken from national surveys ( $n = 3$ ; Chang, Shen, & Takeuchi, 2009; Murty et al., 2003; Parish, Wang, Laumann, Luo, & Pan, 2004). Finally, some of the samples were collected from mixed contexts ( $n = 2$ ; Hines & Douglas, 2010; Robertson &

Murachver, 2007), as an example, within the community and with a clinical sample (Hines & Douglas, 2010).

### **Data collection methodology**

The mostly used data collection method was the telephone interview ( $n = 10$ ; Breiding et al., 2008; Breiding et al., 2009; Coker et al., 2002; Harwell et al., 2003; Hines et al., 2007; Hines & Douglas, 2010; Parish et al., 2004; Reid et al., 2008; Tjaden & Thoennes, 2000; Watson & Parsons, 2005) and the self-report surveys ( $n = 10$ ; Carmo et al., 2011; Chang et al., 2011; Drijber et al., 2012; Gómez et al., 2009; Mills et al., 2003; Paul et al., 2006; Porcerelli et al., 2003; Rhodes et al., 2009; Robertson & Murachver, 2007; Rubla & López, 2012), followed by face-to-face interviews ( $n = 7$ ; Caetano et al., 2008; Chang et al., 2009; Murty et al., 2003; Schluter et al., 2007; Schraiber et al., 2012; Swahnberg et al., 2009).

### **Prevalence rates of IPV**

When analysing tables 2, 3, 4 and 5 it is possible to conclude that IPV against men it's a geographically disseminated phenomenon, representing a reality worth taking into consideration. Notwithstanding, the prevalence indicators of IPV revealed a great disparity. In fact, considering the type of sample, the instrument used to measure violence, the total and/or obtained values for each type of violence, and the time period used, it is possible to verify a significant heterogeneity rates of IPV, ranging from 0.6% to 100%.

Table 2

*Representative samples with the use of CTS*

Author/Country	Sample	Design	Results – prevalence of IPV
Tjaden & Thoennes (2000) EUA	8000 women (W) & 8000 Men (M)	National survey violence against women	Lifetime: 22% W & 7% M. Past year: 1.4% W & 0.8% M.
Coker et al., (2002) EUA	8000 M & 8000 W	National survey violence against women	Lifetime: 28.9% W & 22.9% M. Types of violence: Physical violence (PhV): 13.3% W & 5.8% M. Psychological violence (PsV): 12.1% W & 17.3% M; Sexual violence (SV): 4.3% W & 0.2% M.
Caetano et al., (2008) EUA	1136 couples	Longitudinal study	Past year: 8% bidirectional violence; 4% perpetrated by M & 2% perpetrated by W.
Chang et al., (2009) EUA	1470 (707 M & 763 W)	National survey with latin and asiatic population	Minor violence: 10.1% W & 11.9% M; Major violence: 1.5% of W & 2.4% of M; Bidirectional violence 35% M & W.

In general terms, in the representative samples of the population (cf. tables 2 and 4), when considering the total prevalence rates of IPV throughout life, the prevalence rates ranged from 3% (Parish et al., 2004) to 22.9% (Coker et al., 2002); in the non-representative samples (tables 3 and 5), the prevalence rates ranged from 10.2% (Schraiber et al., 2012) to 54% (Paul et al., 2006). This heterogeneity was also present when the prevalence rates analysis was performed according to the measuring instrument used. Thereby, in studies using the CTS (tables 2 and 3), the obtained values ranged from 7% (Tjaden & Thoennes, 2000) to 22.9% (Coker et al., 2002). In turn, in the studies not using the CTS as a measure (tables 4 and 5), the obtained values ranged from 6% (Watson & Parsons, 2005) to 54% (Paul et al., 2006).

Table 3

*Convenience samples with the use of CTS*

Author/Country	Sample	Design	Results – prevalence of IPV
Murty et al., (2003) EUA	1310 (621 M & 689 W)	Longitudinal study	Types of violence in past year: PhV: 2.9% W & 4.7% M; PsV: 46.7% W & 30.2% M.
Porcerelli et al., (2003) EUA	1024 (679 W & 345 M)	Transversal study	Past year: violent victimization: 7.4% W & 4.7% M.
Robertson & Murachver (2007) New Zeland	172 M & W divided in 3 groups: students; community % prisoners	Transversal study	Victims - 20% M & 8% W. Perpetrators – 2.4% M & 13.8% W. Bidirectional – 27.1% M & 21.8% W.
Schluter et al., (2007) Pacific Island	915 mothers & 698 fathers, from whom 674 were couples.	Longitudinal study	Types of violence in past year: PhV: 37% & 28% mothers & 11% & 8% fathers reported had perpetrated and being victims. Major PsV: 15% mothers & 3% fathers; PsV: 86% mothers & 87% fathers.
Gómez, et al., (2009) Spain	1908 (928 M & 969 W)	Transversal study	Types of violence in past year: PhV: 16% M & 13.4% W; PsV: 67% M & 66.2% W; SV: 14.3% M % 18.2% W.
Hines & Douglas (2010) EUA	520 M community + 302 M clinical	Transversal study	Help-seeking sample: -in the past year, M reported that all partners used minor PsV; 96% major PsV; 93.4% controlling behaviors, 41.1% SV; 98.7% PhV & 90.4% major PhV. Community sample: - M reported that 73.7% of the partners used minor PsV, 13.7% major PsV, 20% controlling behaviors, 9.9% SV & 15.4% reported had been victims of minor PhV & 5.8% of major PhV.

The same dissimilar reality was found when the total prevalence rates of IPV were analysed, but only considering the last year. In the samples representative of the population (tables 2 and 4), the global prevalence rates ranged between 0.6% (Breiding et al., 2009) to 2% (Caetano et al., 2002).

Table 4

*Representative samples without the use of CTS*

Author/Country	Sample	Design	Results – prevalence of IPV
Harwell et al., (2003) EUA	1006 (588 W & 418 M)	National telephonic survey	Types of violence in past year: PsV: 12% M & 18% W; VF: 1% M & 3% W.
Parish et al., (2004) China	3323 (1665 W & 1658 M)	National representative survey	Lifetime: 15% W & 3% M. 15% reported bidirectional violence.
Watson & Parsons (2005) Ireland	3077 M & W	National representative survey	Lifetime: 15% M & 6% H. Types of violence in past year: PhV: 1.4% W & 1.4% M; SV: 0.7% W & 0.1% M; PsV: 2.1% W & 0.5% M.
Breiding et al., (2008) EUA	70,156 (42,566 W & 27,590 M)	National telephonic survey in 18 states	Lifetime: 26.4% W & 15.9% M. Past year: 1.4% W & 0.7% M.
Breiding et al., (2009) EUA	65,737 (11,598 W & 10,191 M)	National telephonic survey in 16 states	Lifetime: 26.7% W & 15.5% M Past year: 1.4% W & 0.6% M in rural areas (vs. 1.4% & 0.8% in urban areas).

In relation to the non-representative samples (tables 3 and 5), the prevalence rates ranged between 4.6% (Reid et al., 2008) to 46% (Drijber et al., 2012). Once considered the use of CTS (tables 2 and 3), the obtained values ranged from 0.8% (Tjaden & Thoennes, 2000) to 20% (Robertson & Murachver, 2007). In turn, in the studies not using the CTS (tables 4 and 5), the obtained values ranged between 0.6% (Breiding et al., 2009) to 46% (Drijber et al., 2012).

Table 5

*Convenience samples without the use of CTS*

Author/Country	Sample	Design	Results – prevalence of IPV
Mills, et al., (2003) EUA	282 M	Transversal study	Past year: 29.3%. Types of violence: PsV (71%); PhV (25%).
Paul et al., (2006) Ireland	237 (139 W & 98 M)	Transversal study	Lifetime: 43% W & 54% M reported had been victims of at least 1 abusive behavior. More M than W (93% vs. 77%) reported had been victims of controlling behaviors.
Hines et al., (2007) EUA	190 M	Transversal study	95% reported had been victims. Types of violence: PsV: 43%.
Reid et al., (2008) EUA	420 M	Retrospective telephonic study	Lifetime: 28.8%. Past 5 years: 10.4%. Past year: 4.6%.
Oliveira et al., (2009)	1631 (658 M & 973 W)	Transversal study	Past 5 years: PhV – 4.3% M & 6.1% W.
Rhodes et al., (2009) EUA	712 M	Transversal study	Past year: 37% of men reported victimization (20%), perpetration (6%) or bidirectional violence (11%).
Swahnberg et al. (2009) Sweden	1667 M	Transversal study	Lifetime types of violence: PhV: 45.7%; PsV: 12.8%; SV: 3.8%. Types of violence in the past year: PhV: 1.4%; PsV: 1.7%; SV: 0.1%. Currently: PhV: 8.8%; PsV: 7.7%; SV: 1%.
Chang et al., (2011) EUA	428 (158 M & 270 W)	Transversal study	Lifetime: 63% M & 32% H. Types of violence in the past year: PhV: 13% W & 6% M; SV: 7% W & 3% M; PsV: 12% W & 17% M.
Carmo et al., (2011) Portugal	535 M	Retrospective study	11.5% of the cases observed in IML (Porto) were M.
Drijber, Reijnders, & Ceelen (2012) Netherlands	372M	Transversal study	Past year: 46%. Types of violence: PsV & PhV (67%); PhV: 9%; PsV: 25%.



Rubla & López (2012) Spain	400 (223 W & 177 M)	Transversal study	49.10 of M & 43.42 of W reported had been victims. PsV was the most reported type of violence by M.
Schraiber et al., (2012) Brazil	775 M	Transversal study	Lifetime: total IPV: 10.2%. PhV: 9.2%; PsV: 7.1%; SV: 1%.

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In sum, from these data, it is clear that representative samples studies' using the CTS showed lower prevalence rates than studies with convenience samples not using CTS. An analysis through the different types of violence, similarly, revealed a great spread of the prevalence rates. Notwithstanding, it is possible to find some common understanding. The psychological victimization had the higher prevalence rates. More specifically, psychological victimization ranged from 7.7% (Swahnberg et al., 2009) to 100% (Hines & Douglas, 2010). Different prevalence rates were found in relation to the indicators of physical violence, although in a relatively lower number than psychological violence ones. Thereby, the lower percentage of victimization rates by any form of physical violence (1.4%) was found in the Swahnberg and colleagues study (2009), and the higher (98.7%), in Hines and Douglas study (2010). Finally, the victimization patterns involving sexual violence registered prevalence rates lower than in other types of violence, even though they ranged from 0.1% (Swahnberg et al., 2009) to 41.1% (Hines & Douglas, 2010). In this sense, in relation to the types of violence, regardless of the sample and the measuring instrument used, and not taking into account the time period, we came up with a significant homogeneity in the predominance of psychological violence, followed by physical violence, and in lower prevalence, by sexual violence.

Finally, it is relevant to mention that four studies revealed bidirectional violence (Caetano et al., 2009; Chang et al., 2009; Parish et al., 2004; Robertson & Murachver, 2007), whose obtained values ranged from 8% (Caetano et al., 2009) to 35% (Chang et al., 2009). Some other studies concluded by the symmetry between genders (e.g., Gómez et al., 2009; Schluter et al., 2007) and others by the defence of the argument that men are more victimised in intimate relations, comparatively to women (e.g., Hines & Douglas, 2010).

## Discussion

The analysis over the prevalence studies highlights the fact that men are also victims of IPV. This revision revealed substantial differences in the chosen methodologies, in the dimension and origin of the samples, in the considered time periods and in the types of violence analysed. Besides that, not all the studies provide the same results, which makes it hard to perform comparisons: as an example, there are

studies only reporting data relative to minor and severe violence, or just providing total values. Notwithstanding, the obtained results allowed us to draw some important considerations. In general, it becomes evident that IPV throughout life is superior to the one occurred in the last year, and also that the higher percentage values of prevalence are obtained from non-representative samples without the use of the CTS. In relation to the victimization throughout life, this data is in accordance to the literature of this field. However, the same cannot be applied in relation to the sample or measuring instrument. Concerning the sample, the literature seems unanimous in reporting that in the community samples, the prevalence rates of both male and female victimization are frequently similar (e.g., Archer, 2000). However, taking into account this revision, that same data was not found in the studies with representative samples of the population (Breiding et al., 2008; Breiding et al., 2009; Parish et al., 2004; Tjaden & Thones, 2000; Watson & Parsons, 2005). This divergence may be explained by the differences concerning the data collection of these samples. Some of these surveys are often collected from studies that are presented to the populations in various forms – personal security studies, health/well-being, crime, etc., which also happened in the previous studies presented, being referred, respectively, as personal security surveys, health and crime (e.g., Esquivel-Santoveña & Dixon, 2012; Hines & Malley-Morrison, 2001). The review of the literature from Esquivel-Santoveña and Dixon (2012) shows that in the surveys, which are present to participants in a context of evaluating mental disorders, alcohol abuse or others issues related to health, the reports may not be so precise, as far as the context does not lead the participants to think, specifically, about their intimate relations. With regard to the samples, there is a need to perform the same reflexion in relation to the non-representative samples. The results vary, considerably, depending on whether the sample is collected among the community or it is a clinical sample; and/or the context of its collection is a waiting room from a health centre/hospital or if it comes from different contexts. For example, samples collected in health centres or hospital emergencies, which is the case of the study by Schraiber and colleagues (2012) and Swahnberg and colleagues (2009) showed lower victimization rates when compared to samples collected among the community or through telephone lines, or even victim support institutions, which is the case of Hines and colleagues (2007) and Drijber and colleagues (2012). However, this is not a consensual data, as in the study performed by Paul and colleagues (2006), which was similarly collected from a health context, the data revealed higher prevalence rates. A potential explanation for this fact can be found in the method used for data collection – face-to-face interviews, telephone interviews, instruments filled by the participant, instruments filled by a researcher. The current revision highlights the fact that when it is the participant who fills the instruments, it seems to facilitate the disclosure of their victimization (e.g., Paul et al., 2006). Another

aspect worth considering is that surveys may not measure the real numbers of victims, but rather the number of participants capable of reporting their victimization (Alhabib, Nur, & Jones, 2010). In this regard, it seems obvious that the use of different survey strategies (e.g., self-reports, retrospective reports) has led to a rather paradoxical situation, in which the growth of the current studies is followed by a constraint in delimiting the real extent of this phenomenon. Other variable that may also contribute to this, already complex, panorama, is the difference found between reports issued both by men and women (e.g., Chan, 2011). Actually, the report discrepancies according to the sex, could explain the ambiguous and inconclusive results found in previous studies. Consequently, the obtained prevalence rates vary according to the type of sample and methodology used. It is also worth considering, the rather consensual notion that men are less likely to seek for help than women (e.g., Barber, 2008), a fact that can also influence the obtained results and conclusions. The commitment in relation to the current cultural values, the notion that men should solve their own issues by themselves, and the public history of violence – that is to say, women as victims and men as aggressors -, are some of the reasons why male victims may possibly appear less represented in the data linked to the prevalence of this phenomenon (Cheung, Leung, & Tsui, 2009; Dempsey, 2013). Finally, in relation to CTS, there is a certain agreement about the similar prevalence rates found between female and male perpetration (e.g., Archer, 2000; Nowinski & Bowen, 2012). However, this data was not confirmed that analysis, as far as the disuse of CTS as resulted in higher rates of prevalence rates. Still in the regard to the use of the CTS, although being a widely used instrument, it is not free of criticism (e.g., it does not evaluate motivations, intentions and consequences of the violent behaviors; e.g., Archer, 2000). In sum, the heterogeneity found among the studies is very clear. By capturing these methodological differences, this revision revealed that both the measuring of IPV and the accuracy of its reports, are full of controversy and ambiguity, showing a need for further exploration. The choice of the measures and methodologies used to determine the prevalence of IPV against men has a very significant impact on the reported prevalence rates (Alhabib et al., 2010; Cook, 2009). On the other hand, the theoretical positioning over the nature of IPV informs on how researchers define the problem and how is the research designed in order to understand the phenomenon (Esquivel-Santoveña & Dixon, 2012).

### **Limitations**

The previously discussed results need to be carefully interpreted, as this revision has found some limitations in the studies used to ascertain the prevalence rates, in which some of them, inclusively, are inherent to the field of research itself. Thereby, one of the first obstacles is related with the concept of IPV

used in the reviewed studies. The absence of a clear definition of IPV and the variety of terms used – domestic violence, IPV, and couple violence - contributes to the differences found in the prevalence rates (e.g., Caridade, 2008). Another condition capable of producing some disparity is the nature of the measure used – the type of IPV measured and the great variability of the instruments used to measure violent behaviors. Similarly, there are some sampling bias – convenience samples, different numbers of men and women, samples not contemplating the respective partner of the couple – that also contribute to the inconsistencies found. Still, in regard of the sample, there are other factors contributing to its less accuracy. This revision revealed the existence of only a few representative studies, and only a minority is performed with the use of CTS. On the other hand, in the majority of the studies there is no questioning about the participants' sexual orientation, which may lead to some under characterised data. Another evident limitation is the absence of data concerning the different types of victimization suffered separately, and the absence of total values of prevalence. Moreover, the diverse time periods contemplated in the studies, contribute at the same time to the great dispersion of the registered prevalence rates (Glass et al., 2003 as cited in Caridade, 2008). Similarly, this revision allowed to identify other insufficiencies and gaps in the undertaken researches, such as the lack of longitudinal studies and studies developed with couples. These last ones would allow to cross some data and enhance the coherence of the inter-reports. On the other hand, the absence of instruments built taking into account the idiosyncrasies of the male population is another evidence, allowing a gendering of the instruments with a feminine bias.

### **Conclusion**

To examine the prevalence studies contemplating men as victims of IPV by their female partners was the aim of this revision. The analysis of the available studies allowed us to prove that men are also victims of IPV, in particular, victims of moderate violence and, in its majority, of psychological violence. Nevertheless, the empirical research faces, as it was highlighted in this study, some conceptual and methodological problems (e.g., type of sampling, type of measured violence, considered time period), that produce extremely variable results hard to interpret, and which inevitably have influence the registered prevalence rates (e.g., Cook, 2009). In this sense, it is mandatory that researches in this area adopt an inclusive gender approach (i.e., use of mix samples; studies measuring both victimization and perpetration) and methodologies orienting both genders to report their experiences (i.e., sample collection in different contexts; instruments produced with a neutral gender language and/or contemplating specificities of the violence against men). This would be, in our opinion, the only way that makes it possible to understand the nature of this problem (EsquivelSantoveña & Dixon, 2012). None the less, nowadays

it seems that society seems to be making some progress in order to a progressive acceptance that both men and women can be perpetrators as well as victims of IPV (e.g., Randle & Graham, 2011).

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**CHAPTER III**  
**MEN AND INTIMATE PARTNER VIOLENCE:**  
**VICTIMS, PERPETRATORS OR BOTH?**

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**CHAPTER III**  
**MEN AND INTIMATE PARTNER VIOLENCE:**  
**VICTIMS, PERPETRATORS OR BOTH?**

**Abstract**

Intimate partner violence (IPV) is a social, criminal and widespread problem. Research in the last decades has shown that this phenomenon has different protagonists and that both men and women can be victims and/or perpetrators in their intimate relationships. The present study aimed to capture the lifetime and past year prevalence rates of victimization and perpetration of different types of IPV. One thousand five hundred and fifty six adult heterosexual men were recruited online and completed measures of IPV. The participants were categorized as being a victim only (2.7%), perpetrator only (3.9%), involved in bidirectional IPV (73.7%), or not involved (19.7%) in IPV and the differences between the categories were explored. The implications for research and public policy are discussed.

Keywords: Intimate partner violence, men, victimization, perpetration, bidirectional.

## Introduction

IPV has been defined as: "*physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner*"; Breiding, Basile, Smith, Black, & Mahendra, 2015, p.11). IPV is recognized as a common, complex, and heterogeneous problem affecting both individuals and societies (e.g., Ali & Naylor, 2013a; Tillyer & Wright, 2014) on multiple levels (Coker et al., 2002; WHO, 2014).

During the last decades different theories have been used to explain IPV (e.g., biological perspective, psychological perspective, feminist perspective, sociological perspective, nested ecological framework theory), although no one theory has been fully accepted in explaining the complexity of this phenomenon (e.g., Ali & Naylor, 2013a; Ali & Naylor, 2013b; Dardis, Dixon, Edwards, & Turchick, 2015). Nevertheless, two main theoretical perspectives continue to dominate the IPV research literature: the feminist perspective (e.g., Dobash & Dobash, 2004; Johnson, 1995) and the family violence perspective (e.g., Hines & Douglas, 2010; Straus, 2010). Advocates of the feminist perspective argue that IPV is highly gendered and should be recognized as a social problem affecting women. Supporters of this paradigm state that sexism and female inequality in patriarchal societies are the main causes of IPV (e.g., Dobash & Dobash, 2004; Johnson, 1995). In contrast, the family violence perspective advocates that men and women are equally likely to be both the perpetrators and victims of IPV (e.g., Dutton & Corvo, 2007; Graham-Kevan & Archer, 2009; Hines & Douglas, 2010). According to the latter theory, violence is a human problem and women also commit IPV.

Researchers from both perspectives typically employ different methodologies (e.g., Archer, 2000; Belknap & Melton, 2005; Esquivel-Santoveña & Dixon, 2012), which has contributed to the ambiguity and inconsistency in the literature in terms of prevalence of the phenomenon. This has led to feminist researchers claiming IPV is predominately asymmetric and researchers of family violence perspective arguing that it is largely symmetric, with both perspectives citing published research to support their position. Although such debates still continue, it is now widely recognized that both men and women can be perpetrators and victims of IPV (e.g., Capaldi, Shortt, Kim, Wilson, Crosby, & Tucci, 2009; Dardis et al., 2015; Tillyer & Wright, 2014), although the proportions are still debated. For example, when studies focus on crime statistics, women form the majority of victims (e.g., Brogden & Nijhar, 2004; RASI, 2015). However, international studies (e.g., Lövestad & Krantz, 2012; Randle & Graham, 2011) with community samples find men also experience significant levels of IPV (e.g., Archer, 2000; Beel, 2013; Hines & Douglas, 2011; Lövestad & Krantz, 2012; Machado & Matos, 2012; Machado & Matos, 2014). In the

United States (US), community studies with adults in heterosexual relationships find that 25% to 50% of victims are male (Hines & Douglas, 2011). The National Intimate Partner and Sexual Violence Survey (Breiding, Chen, & Black, 2014), found that more than 1 in 4 men (28.5%) in the US have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. A review by Desmarais, Reeves, Nicholls, Telford, and Fiebert (2012) explored a decade's research on IPV in heterosexual relationships. Based on data from 91 studies they estimated that approximately 1 in 4 women (23.1%) and 1 in 5 men (19.3%) had experienced physical violence in an intimate relationship (Desmarais et al., 2012). European studies also found this pattern of similar prevalence rates for men and women (e.g. Lövestad, & Krantz, 2012; Costa et al., 2014). In Portugal, there are no national annual surveys on IPV. The only Portuguese survey to date that included men was completed in 2007, with a sample of 1000 women and 1000 men and found 6.4% of woman and 2.3% of men were victims of IPV (Lisboa, Barroso, Patrício, & Leandro, 2009). Clinical samples from Portugal have found that men make up 11.5% of all observed cases in the North Branch of the Institute of Forensic Medicine (Carmo, Grams, & Magalhães, 2011) and the statistics from the last annual report of the Portuguese Association for Victim Support (APAV) revealed that, in the last year, approximately 1500 men had sought help (APAV, 2015).

Despite the widespread debate regarding who is the victim and who is the perpetrator, international data demonstrate that most IPV is mutual or bidirectional (e.g., Capaldi et al., 2009; Capaldi, Knoble, Shortt, & Kim, 2012; Esquivel-Santoveña, Lambert, & Hamel, 2013). A systematic review by Langhinrichsen-Rohling, Misra, Selwyn, and Rohling (2012) found that rates of bidirectional IPV ranged from 39% (military or male treatment samples) to 72% (female orientated samples) with over half of all population, community and student samples demonstrating bidirectional IPV. This pattern continues to be found in more recent surveys (e.g., Tillyer & Wright, 2014). In Portugal, there are no empirical data on this phenomena, however, in the official crime statistics, it has been observed that in recent years there is a small but growing incidents of dual presentations of charges (Matos & Santos, 2014).

The current study is the first cross-sectional research conducted in Portugal to explore IPV using men's accounts. This also represents one of the few studies within the literature that has explored IPV using a male sample as the sole source of information. The research aims are to study the prevalence(s) of IPV, the types of violence and the role of men within intimate violent interactions (i.e., victimization, perpetration and victim-perpetrator overlap). In particular, this study aims to: (a) map the prevalence of victimization, perpetration and the types of violence reported by men; (b) explore the prevalence of bidirectional IPV; and (c) explore differences between the categories (victims, perpetrators, victims-perpetrators).

## Method

### Sample and Procedures

This study was conducted online with a community sample, comprised of adult heterosexual men, who were recruited via an advertisement displayed in organizations such municipal, local councils, and universities, as well as via e-mail and social networking sites. Participation in this study was anonymous and no incentives were provided to take part. The Portuguese Data Protection Authority (CNPD) – an independent national agency, approved this study.

The sample consisted of 1556 men, whose age ranged from 18 and 78 years ( $M = 32.58$ ,  $SD = 10.19$ ). The majority of the participants were Portuguese, currently single or married/cohabiting, and from the 27.6% of the participants with children, the mean number was 1.7 ( $SD = .80$ ). The majority of participants were employed, lived in an urban area, were upper middle class and had higher education qualifications. With regard to exposure to family violence whilst growing up, most participants reported they had never witnessed IPV between parents (84.3%) or been a victim of any type of violence within the home (90.6%). See Table 6 for further information about sample characteristics.

Table 6

#### *Demographic characteristics presented by categories*

	Victim only (n = 42) %	Perpetrator only (n = 62) %	Overlap (n = 1146) %	No violence (n = 306) %
Age ( $M$ , $SD$ )	28,86 (7.10)	30,85 (8.75)	32,61 (10.12)	33,35 (10.97)
Nationality				
Portuguese	100	98.4	97.8	97.7
Other	0	1.6	2.2	2.3
Current marital status				
Single	81	72.6	57.6	62.7
Married/Cohabiting	19	27.4	42.1	37.3
Widowed	0	0	0.3	0
Occupational status				
Employed	57.1	62.9	64.6	66.3
Student	33.3	29	22.4	22.5

Unemployed	9.5	6.5	10.9	7.2
Retired	0	1.6	2.1	3.9
Socioeconomic status				
Lower middle	0	2	0.2	0.8
Middle	6.1	6.1	10.6	13.1
Upper middle	75.8	83.7	74.6	72
Upper	18.2	8.2	14.6	14
Educational level				
Fourth year or less	0	0	0.3	0.3
6 to 9 years	2.4	8.1	2.9	5.5
High school	14.3	25.8	27.7	28.5
Bachelor's degree	50	53.2	47	41.2
Higher education (Master, PhD)	33.3	12.9	22.1	24.5
Housing location				
Countryside	23.8	32.3	21.6	26.5
Urban area	76.2	67.7	78.4	73.5
Family history				
Direct victim				
Yes	14.3	12.9	9.9	5.9
No	85.7	87.1	90.1	94.1
Indirect victim				
Yes	19	17.7	16.4	12.1
No	81	82.3	83.6	87.9

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\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$

## Measures

**Revised Conflict Tactics Scales** (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996; adapted by Paiva & Figueiredo, 2006). This self-report instrument assesses how couples solve their conflicts. It contains five scales - negotiation, psychological aggression, sexual coercion, physical assault, and injury - with 39 pairs of items, which relate to negotiation and aggression in terms of perpetration and victimization, constructing a total of 78 items, responded to on an eight point scale (i.e., 1 = *once in*

*the last year, 2 = twice in the last year, 3 = 3-5 times in the last year, 4 = 6-10 times in the last year, 5 = 11-20 times in the last year, 6 = more than 20 times in the last year, 7 = not in the last year but has happened previously, and 8 = never happened*) separately for victimization and perpetration. Prevalence rates were calculated using previous year (i.e., they indicated a 1-6 on the items comprising that scale) and during lifetime (i.e., they indicated a 1-7 on the items comprising that scale) criteria, for the psychological aggression, sexual coercion, physical assault, and injury subscales. In this study, the negotiation strategies have been excluded because it is not a form of victimization/perpetration. The CTS2 had demonstrated to have good construct and discriminant validity and good reliability (e.g., Straus et al., 1996). Internal consistency reliability statistics for the items of the current sample ranged from .76 (sexual aggression) to .87 (psychological aggression) to .93 (physical aggression) to .95 (injury).

## Results

The lifetime prevalence rate of any behavior of IPV victimization was 76.5% and of perpetration was 77.6%. The mean of the total frequency of all IPV victimization was 2.92 ( $SD = 4.23$ ;  $Min = 0$ ,  $Max = 33$ ) and all IPV perpetration was 2.98 ( $SD = 4.12$ ;  $Min = 0$ ,  $Max = 33$ ). Past year prevalence rates of any IPV victimization was 69.7% and perpetration was 70.6%.

In terms of the types of IPV, with respect to lifetime psychological aggression, 66.8% of the men were victims while 67.5% of the men reported its perpetration (regarding the last year, 59.8% of the participants reported having been subjected to psychological aggression and 60.3% were perpetrators). Regarding lifetime sexual coercion prevalence, 35.2% of the men were victims and 43.8% had sexually coerced their partner (in the last year, 30.6% were sexual coerced and 38.2% reported its perpetration). With respect to lifetime physical assault, 20.4% of men were victims and 16.8% physically assaulted the partner (in the last year, 16.2% had been physical assaulted and 13.5% reported its perpetration). Finally, during lifetime, 4% of men were injured by their partner and 3.8% reported injuring their partner (last year rates were 3.2% and 3% respectively).

In terms of total prevalence, no statistically differences were found between victimization and perpetration. However, regarding the types of violence, statistically significant differences were found between victimization and perpetration, both during lifetime and the past year. Men were significantly more likely to report perpetrating, rather than being the victim of sexually coercive IPV in the last year,  $t(1555) = 11.439$ ,  $p < .001$  and  $t(1555) = 10.594$ ,  $p < .001$ , respectively;  $M = .44$  for victimization versus  $M = .62$  for perpetration,  $SDs = .93$  and  $1.04$ , respectively. However, men reported more physical violence victimization than perpetration, both during lifetime and last year,  $t(1555) = -6.05$ ,  $p < .001$ ;

and  $t(1555) = -5.09, p < .001$ ;  $M = .40$  for victimization versus  $M = .31$  for perpetration,  $SDs = 1.47$  and  $1.33$ , respectively. Furthermore there was a significant association between being a victim and being a perpetrator,  $\chi^2(1) = 1025.74, p < .001$ .

Participants were categorized by whether they had been exposed to IPV between their parents in their own childhood. Those who had been exposed perpetrated significantly more psychological aggression,  $t(1479) = -5.104, p < .001$ ; physical aggression,  $t(1479) = -3.717, p < .001$ ; sexual coercion,  $t(1479) = -3.650, p < .001$ ; and inflicted more injury,  $t(1479) = -3.597, p < .001$  than those not exposed. A similar pattern was found for having been a victim of violence in childhood, i.e., those men who had been victims in childhood were more likely to perpetrate violence, in particular, psychological aggression,  $t(1479) = -4.666, p < .05$ , and physical assault,  $t(1479) = -2.439, p < .001$ .

### **Victims, perpetrators, victim-perpetrator overlap and no violence**

Participants were categorized into four categories: (1) Victim only; (2) Perpetrator only; (3) Victim-perpetrators and (4) No violence (reference category).

As seen above, during lifetime, the victim-perpetrator overlap represented 73.7% of the cases, and in the last year it was 67.4%. During lifetime, the “overlap” category reported having been victims and perpetrators of psychological abuse (87.9% and 88.6%, respectively), sexual aggression (46.7% and 56.6%, respectively), physical assault (27.1% and 22.3%, respectively) and injury (5.5% and 5%, respectively). In the last year, men were more likely to report more perpetration of psychological abuse (79.2% vs. 78.9% of victimization) and sexual aggression (49.6% vs. 40.7% of victimization), but reported having been more victimized by physical assault (21.4% vs. 17.9% of perpetration) and injury (4.4% vs. 3.9% of victimization).

The differences between the level of victimization and perpetration for those categorized as “victim-perpetrator overlap” were analysed (lifetime and last year) by subscale of the CTS2. As shown in Table 7, during lifetime and last year, men who were involved in bidirectional violence were most likely to be victims of physical assault and perpetrators of sexual coercion. In addition to these analyzes, we tested the differences between “victims” and “victims-perpetrators” in victimization, whether it was lifetime or in last year. The results (see Table 7) document that the category “victim-perpetrators” reported higher levels of psychological and sexual victimization, whether lifetime or the last year when compared to victim’s category. Regarding the differences between “perpetrators” and “victims-perpetrators” at the level of perpetration, results revealed that for both lifetime and last year, the overlap category reported more perpetration of psychological violence than the perpetrator category.

Table 7.

*Differences between the types of violence according the different of the categories of victims, perpetrators and overlap for both lifetime and last year*

Period of time	Types of violence	Overlap: Differences between victimization and perpetration			Differences between victims and victim-perpetrators in victimization			Differences between perpetrators and victim-perpetrators in perpetration		
		Victimization ( <i>n</i> = 1146) <i>M (SD)</i>	Perpetration ( <i>n</i> = 1146) <i>M (SD)</i>	<i>t</i> (1145)	Victims ( <i>n</i> = 42) <i>M (SD)</i>	Overlap ( <i>n</i> = 1146) <i>M (SD)</i>	<i>t</i> (1186)	Perpetrators ( <i>n</i> = 62) <i>M (SD)</i>	Overlap ( <i>n</i> = 1146) <i>M (SD)</i>	<i>t</i> (1206)
Lifetime	Psychological aggression	0.88(0.33)	0.89(0.32)	1.09	0.76(0.43)	0.88(0.33)	-2.25*	0.73(0.99)	2.34(1.70)	-7.40**
	Sexual coercion	0.47(0.50)	0.57(0.50)	9.10***	0.29(0.46)	0.47(0.50)	-2.32*	0.76(1.09)	0.94(1.19)	-1.18
	Physical assault	0.27(0.44)	0.22(0.42)	-5.26***	0.19(0.40)	0.27(0.44)	-1.15	0.29(1.55)	0.52(1.67)	-1.07
	Injury	0.05(0.23)	0.05(0.22)	-1.03	0(0)	0.05(0.23)	-1.56	.00(0)	.15(0.80)	-1.47
Last year	Psychological aggression	0.79(0.41)	0.79(0.41)	-0.48	0.62(0.49)	0.79(0.41)	-2.63**	0.63(1.01)	1.96(1.67)	-6.22**
	Sexual coercion	0.41(0.49)	0.50(0.50)	-8.59***	0.24(0.43)	0.41(0.49)	-2.19*	0.66(1.10)	0.80(1.12)	-9.68
	Physical assault	0.21(0.41)	0.18(0.38)	4.30***	0.17(0.38)	0.21(0.41)	-0.73	0.27(1.54)	0.40(1.50)	-6.64
	Injury	0.04(0.20)	0.04(0.19)	0.93	0(0)	0.04(0.20)	-1.38	.10(.76)	.10 (0.68)	-0.89

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$



## Discussion

This is one of the few known studies examining IPV based on men's reports, providing information on victimization, perpetration, victim-perpetration overlap, both lifetime and in the last year. Four broad conclusions summarize our findings. First, global victimization and perpetration rates reported by men in this study indicate gender symmetry, i.e., men reported that they are victims and perpetrators at similar rates. Additionally, both victimization and perpetration are more likely to be part of a repeated pattern rather than an isolated event. These findings are consistent with previous research (e.g., Archer, 2000; Hines & Douglas, 2011; Machado & Matos, 2014). In contrast to claims from some feminist scholars (e.g., Dobash & Dobash, 2004; Saunders, 2002) there was also evidence of unilateral aggression by women towards their males partners, which is a challenge to the pervasive assumption that women only use violence in self-defense (e.g., Tyler & Wright, 2014).

Generally, we found relatively high rates of prevalence of violence (both victimization, perpetration and overlap) in this sample. These results support the assumptions of some authors that the methodological differences across studies, in particular the type of instruments and samples used, can lead to different results (e.g., Archer, 2000; Belknap & Melton, 2005; Esquivel-Santoveña & Dixon, 2012; Machado & Matos, 2014). Specifically, a factor that may have influenced the results of this study is the online participation method. Such an approach may be effective in reducing the fear and social disapproval experienced by men as the anonymity of computer may increase their disclosure (e.g., Rhodes, Lauderdale, He, Howes, & Levinson, 2002; Tsui, 2014).

Exploring the different types of IPV, several authors have reported the existence of gender asymmetry in the perpetration of IPV, because the types of aggression used by both sexes differ: women are responsible for less severe violence and sexual violence is mainly attributed to men (e.g., Anderson, 2002; Dobash & Dobash, 2004; Saunders, 2002; Tjaden & Thoennes, 2000). In the present study, this asymmetry in the types of violence reported by men, whether victims or perpetrators, was also observed. We found that men reported higher rates of perpetration (versus victimization) of sexual coercion, both lifetime and last year, and this was highest in the "victim-perpetrator" category, which is consistent with previous research (e.g., Coker et al, 2002; Costa et al, 2014; Lövestad & Krantz, 2012). This did not hold for physical IPV however, where we found that men were more likely to report being victims than perpetrators of physical IPV, both lifetime and last year, with the highest rates in the victim-perpetrator category, which is a challenge to some literature (Coker et al., 2002; Chang et al., 2011; Esquivel-Santoveña et al., 2013; Lövestad & Krantz, 2012; Swan, Gambone, Caldwell, Sullivan, & Snow 2008).

This may be due at least in part to the high rates of overlap of victim and perpetrator status found in the current sample. Interestingly, there was no difference in rates of psychological IPV and injury.

Third, one of the innovative data of this study is that violence can be exerted in both directions and any element of the relationship can experience the role of victim and/or perpetrator. Specifically, in our sample, more than 70% of violence reported during lifetime and more than 65% occurred in the last year was bidirectional. Therefore, these results are consistent with literature about community samples: reciprocal violence is the most common dynamic of IPV (Capaldi et al., 2009; Capaldi et al., 2012; Esquivel-Santoveña et al., 2013; Langhinrichsen-Rohling et al., 2012). In addition, this high rate of overlap reported by men suggests a need to move away from the dichotomous reading of the role of victim and perpetrator, since the overall data of this study confirmed that these positions are frequently not mutually exclusive. It is important to note however that in this study, the context of violence is unknown, so it is not possible to know how and why the violence occurs. The importance of the context of violent behavior is highlighted by the typology of Johnson (1995), that depict four distinct forms of violence in heterosexual relationships: (a) the situational couple violence, which is a reciprocal dynamic of violence, where violence is a interpersonal response to a conflict, and therefore of episodic character; (b) the "intimate terrorism", based on the power of men over women; (c) violent resistance, which consists of aggression perpetrated by women against men who always attacked and controlled them; and the (d) mutual violent control, which is common in relationships where both the man and the woman are violent and seek to control the relationship. Therefore, the percentage of dual involvement or overlap found in this study could represent situational couple violence, violent resistance or mutual violent control.

Fourth, and finally, the results found in this sample also demonstrates that IPV is not limited to any particular social group and can occur in any class, level of education and age (Ali & Naylor, 2013a; Tillyer & Wright, 2014). The stereotype that IPV only occurs in more disadvantaged social layers dominated by poverty and low education (e.g., Casique & Furegato, 2006) is contradicted by this study: the majority of participants have high levels of education and a higher average socioeconomic status. In addition, IPV is not exclusive of married couples. Another contradictory feature of this sample was that, even though most of the men in this study reported never having witnessed (84.3%) or had been victims of violence (90.6%) in childhood, most of these men reported being in the role of a victim and/or perpetrator of violence in their intimate relationships. Those who had experienced bidirectional IPV were more likely to have experienced childhood violence however. According to Bandura, Ross, and Ross (1963), the more a subject is exposed to violent models, the greater the learning and modelling of these same behaviors. More recent research has found that reactive aggression in adulthood is related to

childhood maltreatment (e.g. Kolla, Malcol, Attard, Arenovich, Blackwood, & Hodgins, 2013), with neurocognitive explanations being favored (Blair, 2001). As IPV is related to negative affect (Birkley & Eckhardt, 2015) it is likely that this relationship explains this finding to some degree.

Although the results of this study are important, it is necessary to acknowledge that this research has limitations, specifically, the use of an online data collection method that only collected reports from one member of the couple. The sample was also homogeneous in terms of socioeconomic status and educational level and so may not generalize to other demographic populations. Lastly, the instrument used in data collection is not free of criticism, as it does not collect information on the context of violence, the motivations and the impact (e.g., Kimmel, 2002). Future research is needed with both members of an intimate dyad in order to understand the extent of IPV, its context, motives and impact.

In conclusion, this study presented data from an under researched population of Portuguese men and found patterns that are consistent with research from other nationalities. Overall, this study has social implications, such as, alerting and reporting on a less known and studied reality - men as victims of female violence in intimate relationships - and contributing to the desmystification of different beliefs, as for example, the widespread idea that IPV is limited to people with low education and from a lower social status. In addition, the victim-perpetrator overlap on IPV presents challenges for those working in this field. Public services, domestic violence agencies, police, courts, and other service providers should be alerted to the factors that intensify both victimization and perpetration of IPV, and when possible, reduce or respond to these risk factors (e.g., Tyler & Wright, 2014).

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**CHAPTER IV**  
**HOW IS VICTIMIZATION SUSTAINED**  
**BY MALE VICTIMS OF INTIMATE PARTNER VIOLENCE?<sup>8</sup>**

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<sup>8</sup> The present chapter was written in English and is in preparation for submission to Journal of Interpersonal Violence (Impact factor: 1.210; Quartile 1).



**CHAPTER IV**  
**HOW IS VICTIMIZATION SUSTAINED**  
**BY MALE VICTIMS OF INTIMATE PARTNER VIOLENCE?**

**Abstract**

International research has established that men can be victims of intimate partner violence (IPV). In Portugal, this phenomenon has not yet received scientific or social attention, although since the 1990s IPV has been acknowledged as a notable problem in the country. An online cross-sectional study was conducted with 89 heterosexual men who, after completing the Revised Conflict Tactics Scales, were questioned if they identified themselves as victims of IPV. Their IPV experiences were examined, namely, its prevalence, context, reactions after an episode of violence, impact, perceived motives for the partner's aggressive behavior, and also reasons that enable men to leave the abusive relationships. The results revealed many similarities to the findings in the literature on female victims of IPV. Practical implications are discussed. Increased knowledge of this underreported phenomenon is vital to the development of suitable policies and support services.

Keywords: Men, IPV, victims, reactions, impact, motives, reasons.

## Introduction

Intimate partner violence (IPV) is a worldwide social problem that has complex implications for victims and their loved ones, as well as for the community, the health care system, and social and judicial services. Although research that examines IPV in heterosexual couples is vast (e.g., Alhabib, Nur, & Jones, 2010; Archer, 2000; Breiding, Chen, & Black, 2014; Hamel, 2009; Hines & Douglas, 2010; Tjaden & Thoennes, 2000), IPV by women against men is a phenomenon that has received little attention within the scientific community, governments and the media.

Female-on-male IPV has been the subject of theoretical and empirical controversy, and there is currently no consensus on its explanation or even existence (e.g., Dobash & Dobash, 2004; Graham-Kevan & Archer, 2009). Attitudes toward research in this area and related ideologies have undergone significant changes in recent years (e.g., Eisikovits & Baley, 2011; Hamel, 2009), varying from a dichotomous analysis of the sexes in which men and women have mutually exclusive roles in IPV (i.e., men as the perpetrators and women as the victims; Dobash & Dobash, 1979 as cited in Eisikovits & Bailey, 2011) to a movement that asserts that the roles of men and women are more interchangeable and that both sexes can be violent (Archer, 2000; Johnson, 2006; Swan & Snow, 2006). The former view is typically entitled the feminist paradigm, whereas the latter is often known as the family violence paradigm (Dutton & Corvo, 2006). Researchers who embrace these different paradigms generally use different measures and sampling techniques (Archer, 2000; Esquivel-Santoveña & Dixon, 2012; Machado & Matos, 2014).

### Prevalence and impact of IPV against men

Despite these conceptual, theoretical and methodological differences, a growing body of research has documented violence against men in intimate relationships and considers it an important social problem (e.g., Douglas, Hines, & McCarthy 2012; Nowinski & Bowen, 2012; Randle & Graham, 2011). Research on IPV toward men, mainly with a focus on its prevalence and impact, has shown that men are frequently the targets of IPV by their female partners and that they suffer both physically and psychologically from it (e.g., Archer, 2000; Douglas et al., 2012; Reid et al., 2008; Straus, 2009). Studies from the United States reveal that between 25% and 50% of victims of IPV, in a given year, are men (Breiding et al., 2014; Tjaden & Thoennes, 2000). The National Intimate Partner and Sexual Violence Survey (Breiding et al., 2014) states that more than one in four men (28.5%) in the US have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. In Europe, a cross-sectional community study was designed to compare IPV among men and women in six European

countries (including Porto, Portugal) and found no significant differences in victimization between women and men (Costa et al., 2014). A review by Desmarais, Reeves, Nicholls, Telford, and Fiebert (2012) of the last 10 years of research on IPV in heterosexual relationships demonstrates that physical IPV victimization is prominent among men and women in heterosexual relationships. Based on the 91 studies that the authors reviewed, approximately one in four women (23.1%) and one in five men (19.3%) had experienced physical violence in an intimate relationship.

In Portugal, national surveys about victimization are nonexistent. Victimization rates are derived only from crime statistics. In 2014, IPV was the third most common type of interpersonal violence; 27,317 of the crimes against people (8%) reported to the police authorities were cases of IPV (Ministry of Internal Affairs, 2015). Among these cases, 18% of the victims were men (Ministry of Internal Affairs, 2015).

In terms of impact, studies of men and women victims have reported that IPV can result in long-lasting consequences for an individual's psychological and physical well-being (e.g., Breiding et al., 2014; Finney, 2006; Hines & Douglas, 2011; 2015; Reid et al., 2008; Watson & Parsons, 2005), and victims may be more likely to experience and perceive their overall health as poor (Coker et al., 2002; Hines & Douglas, 2015). Specifically, victims may experience cognitive and anxiety disorders, phobias, feelings of fear, guilt and shame, physical damage, reduced self-esteem, social isolation, depressive behaviors, changes in body image, sexual dysfunction, and post-traumatic stress disorder (e.g., Breiding et al., 2014; Hines & Douglas, 2011; Hines, Malley-Morrison, & Dutton, 2013; Randle & Graham, 2011).

### **Context of IPV and men's reactions after an episode of violence**

Although a strong body of evidence demonstrates that men are victims of IPV, the context of this victimization is unclear and this decontextualization of abuse is one of the major criticism made by the feminist perspective (e.g., Allen-Collinson, 2009; Fergusson, Horwood, & Ridder, 2005). Much less is known about the victimization that men sustained from their female partners, namely, who is the first to use violence, where the abuse happens and who assist to the episodes of IPV. In our review of the literature, we only found similar data in the study of Hines and Douglas (2010a). Also, the knowledge about the reactions that men adopt after an episode of IPV is scarce and resulted from qualitative studies. For instance, Gadd, Farrall, Dallimore, and Lombard (2002) revealed that men attempted to cope with their victimization in varied ways, from isolation to do physical exercise or to seek for support from third parties. In a case study, Allen-Collinson (2009) illustrated that the principal strategy used by the victim was staying out of way of his wife, for instance, sitting out in his car sometimes for hours on end. Other known studies that addressed this issue (Cook, 2009; Hines & Douglas, 2010a; Migliaccio, 2002) also

demonstrated strategies such as not hitting back, avoid or hide the problem, try to appease their partners, dissociation or use a physical response to try to control or stop the partner.

### **Perceived motives for violent behavior of the partner**

One of the most well known controversies in the field of IPV involves arguments about why women's use aggression in their relationships, often with a polarization of theoretical and methodological positions (Olson & Lloyd, 2005; Walley-Jean & Swan, 2009). Feminist theory argues for the importance of gender inequity and argues that women use IPV in self-defense or as a reaction to their partner's abuse (Bair-Merritt, Crowne, Thompson, Sibinga, Trent, & Campbell, 2010; Dasgupta, 2002; Dobash & Dobash, 2004; Swan & Snow, 2006; Walley-Jean & Swan, 2009). In contrast, family violence research argues that men and women have similar motivations (e.g., Hines & Douglas, 2010b; Straus, 2005), such as anger and the desire to resolve arguments (e.g., Straus, 2005). However, currently, several studies have revealed that self-defense is not the only - or even the most reported - motivation reported by female perpetrators of IPV (e.g., Hines & Malley-Morrison, 2001). For example, anger, retaliation, domination and control of the partner, attempts to receive attention from the partner, poor communication skills, temper, jealousy and stress are some of the motivations reported by female perpetrators (e.g., Hamberger, 2005; Kernsmith, 2005; Olson & Lloyd, 2005). In other words, motivations for women's use of violence seem to be varied and complex (e.g., Olson & Lloyd, 2005; Walley-Jean & Swan, 2009). Furthermore, with regard to the motives that men attribute to their partners' perpetration of violence, the empirical research is vast but has used mixed samples of male and female perpetrators of violence (e.g., Bair-Merritt et al., 2010; Caldwell, Swan, & Allen, 2009; Hamel, Desmarais, & Nicholls, 2007; Kernsmith, 2005; Llorens, Salis, O'Leary, & Hayward, 2015; Rhatigan, Street, & Axsom, 2006; Walley-Jean & Swan, 2009; Weston, Marshall, & Coker, 2007). Any sample of men as victims were found and we believe that it is important to know men's perceptions in order to better intervene and understand men's behaviors towards IPV.

### **Reasons that enable men victims to leave their violent relationships**

Early literature on IPV portrayed (women) victims as masochists who triggered their abuse and had no intention of leaving the relationship (Alexander, 1993; Rhodes & McKenzie, 1998). The literature has since abandoned the "blaming the victim" perspective and has studied numerous macro and micro barriers to leaving abusive relationships, such as children, tradition and religion to not leave the marriage, fear of repercussions, financial independence, witness of parental violence, psychological factors, and the



police response to the domestic violence call (e.g., Kim & Gray, 2008; Meyer, 2012; Rhodes & McKenzie, 1998). However, these studies remain focused on women. Only three studies included men's victim's reasons to not leave the violent relationship (Cook, 2009; Eckstein, 2011; Hines & Douglas, 2010a). In those studies, some of the variables that were associated with not leaving an abusive relationship were commitment to the marriage, love, societal embarrassment for revealing victimization, concern for the children, wanting to maintain custody or fear of never see again their children, hope in the change of the partner, not enough money to leave and negative responses or lack of responsiveness from officials regarding filing complaints.

### **The current study**

This analysis is part of a larger community study with a sample of 1,556 men who completed the Revised Conflict Tactics Scales (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) questionnaire to assess IPV victimization. The main objectives of the larger study were to examine the prevalence of IPV, the types of IPV experienced, and the role of men in IPV (see Machado, Graham-Kevan, & Matos, 2016).

In Portugal, where to the authors knowledge, any study to date had examined data exclusively about men victims of IPV. Moreover, at an international level, there is a paucity in the portrayal of men as victims. Few researchers have focused the context of IPV against men, their reactions after an episode of violence, the reasons that enable men from leave their violent relationships and the motives that they attribute to their partners' perpetration of violence (e.g., Flynn & Graham, 2010).

This is the first national study with a community sample, to focus on men who self-identify themselves as victims of their female partners ( $n = 89$ ). The primary aim was to build upon the lacking literature that document and explore the experiences of men who sustained IPV from their female partners. Previous research shed some light on the subject, but mainly through case studies or small help-seeking samples (e.g., Allen-Collison, 2009; Cook, 2009; Migliaccio, 2002), with only one larger-scale study (Hines & Douglas, 2010a). The literature is scarce on men who sustain IPV from their women partners (e.g., Eckstein, 2009). Therefore, this exploratory study addresses the following research questions: (a) how prevalent is IPV victimization of men? Which is the context of those episodes? What are the actions that men adopted after an episode of IPV? How are men affected by these experiences? What are the motives that men attribute to their partner's violent behaviors? What enables men from leaving their abusive relationships? We believe that it is important to know men's victims experiences and perceptions in order to better understand and intervene in men's behaviors towards female aggression.

## Method

### Participants and procedures

An online cross-sectional study of a convenience sample gathered from the community was conducted in Portugal. Attention was drawn to the online questionnaire through emails advertising the study that were sent to formal contacts (e.g., municipal and local councils, universities, companies) and by posts on social networking websites (e.g., Facebook). The advertisement invited men to participate in a study about their intimate relationships and included information about the length and inclusion criteria of the survey (i.e., male, aged 18 or older and with at least one intimate heterosexual relationship that lasted for more than one month). Men who decided to participate were directed to the study website. The participants could withdraw from the study at any time, in accordance with ethical board regulations and could pause and re-enter the study at any time. Their participation was anonymous and no financial assistance, compensation or incentives were provided. The Portuguese Data Protection Authority (CNPD), an independent national body, approved this study.

A total of 1,556 men participated in this study and completed the demographic information and CTS2 (for more information, see Machado et al., 2016). After completing it, a direct question was asked to the men about whether they perceived themselves as victims of IPV: "*During your current or former intimate relationship, have you been the target of abusive behavior (physical, verbal, psychological, economic and/or sexual)?*". Only men who answered yes to this question completed the survey "Victimization against men in intimacy" (Machado & Matos, 2012), which is the basis of the current analyses. Therefore, the sample for the current analysis consisted of participants who self-identified as victims and answered the entire "Victimization against men in intimacy" survey, i.e., 5.7% of the original sample ( $n = 89$ ). The demographic data from the sample are presented in Table 8.

Table 8

*Demographic Data (n = 89)*


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Age		
Mean		33,62 ( <i>SD</i> = 9.63)
Marital status		
Single		60.7%
Married/Cohabiting		39.2%
Nationality		
Portuguese		95.5%
Others		4.5%
Educational qualifications		
Elementary school or less		3.9%
High school		20.4%
Bachelor's degree		9.5%
Higher education (Master, PhD)		66.2%
Professional situation		
Active		59.6%
Student		20.2%
Unemployed		19.1%
Retired		1.1%
Socioeconomic status		
High class		16.9%
Upper middle class		67.4%
Middle class		14.6%
Lower middle class		1.1%
Lower class		0.8%
Housing location		
Urban area		80.9%
Countryside		19.1%

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## Measures

**Demographics.** Each participant completed questions regarding socio-demographic characteristics (e.g., age, marital status, level of education, occupation).

**Revised Conflict Tactics Scales (CTS2).** The men completed a questionnaire about how they solved conflicts in their current or former intimate relationships, the CTS2 (Straus et al., 1996; adapted by Paiva & Figueiredo, 2006). The CTS2 is a 78-item, Likert-type scale that asks about both perpetration and victimization of various behaviors during a disagreement within an intimate relationship. The CTS2 contains five subscales: Negotiation, Psychological Aggression, Physical Assault, Sexual Coercion and Injury. For the current analyses, we focus only on the victimization items and the scales measuring aggressive behaviors (i.e., psychological, physical, sexual, and injury). The participants identified how many times during the past year each act had occurred and whether the act had ever occurred with a female partner during their lifetime (0 = *never*, 1 = *1 time in previous year*, 2 = *2 times in previous year*, 3 = *3-5 times in previous year*, 4 = *6-10 times in previous year*, 5 = *11-20 times in previous year*, 6 = *more than 20 times in previous year*, 7 = *ever occurred, but not in the past year*). The prevalence rates were based on whether the act had ever occurred. Frequency of past-year victimization for each type of aggression was computed by adding together responses on options 0-6. The CTS2 has good construct and discriminant validity and good reliability (Straus et al., 1996). Internal consistency reliability statistics for the victimization items of the current sample were .79 for psychological aggression; .82 for sexual aggression; .88 for injury; and .92 for physical aggression.

**Victimization against men in intimacy survey (Machado & Matos, 2012).** This survey was developed for the study purposes and allowed us to gather additional information on IPV, specifically about the context of the victimization acts sustained, men's reactions after violence, the impact of victimization, their perceived motives for their partner's aggression, the reasons that prevented men from leaving their relationship, their help-seeking behaviors and its utility, and the needs of the male victims. For the current analysis, we focus on the context of the victimization, men's reactions after violence, the impact of their victimization, their perceived motives for their partner's aggression and the reasons that prevented men from leaving their relationships.

The context of the victimization questions focused on (a) who initiated the first abusive behavior in the relationship (the man or his partner); (b) where the abusive behavior(s) usually happened (e.g.,

couple's house; public areas; family or friends' houses; other places); and (c) who usually heard or watched the abusive behavior(s) (e.g., children; family; friends; neighbors; work colleagues; others).

To assess the male victims' reactions after an episode of IPV, the men were asked, "What do/did you usually do after an abusive episode?" A list of possible reactions (see Table 9 for the full list) was presented to the participants, who were asked to indicate on a 5-point scale the actions adopted (1 = *Never*, 2 = *Rarely*, 3 = *Sometimes*, 4 = *Often*, 5 = *Always*). This list was based on a review of the literature (e.g., Cook, 2009; Hines & Douglas, 2010; Hines & Douglas, 2011; Hines et al., 2007; Randle & Graham, 2011; Shuler, 2010; Tilbrook, Allan, & Dear, 2010) in addition to the clinical experiences of the first and third authors.

In terms of the impact of victimization, we assessed different life domains: professional/academic performance, physical health, psychological health, relationships with others, economics/finance, and lifestyle/behavior. Participants were asked, "How was your life affected?" for each domain, and the answers were provided on a 5-point Likert scale (1 = *Not at all*, 2 = *Almost nothing*, 3 = *A little*, 4 = *A lot*, 5 = *Very much*). Responses to the six domains were summed to obtain a measure of the overall perceived impact on the man's life (*Min* = 0, *Max* = 24).

To assess the perceived motives for the partner's aggression, the men were asked, "How often do the following motives explain the abusive behavior you experienced?" A list of possible motives (see Table 10) was presented to the participants, who were asked to indicate on a 5-point scale (1 = *Never*, 2 = *Rarely*, 3 = *Sometimes*, 4 = *Often*, 5 = *Always*), the extent to which each motive applied. The possible motives were informed by a review of the literature (e.g., Bair-Merritt et al., 2010; Caldwell et al., 2009; Flynn & Graham, 2010; Hamel et al., 2007; Kernsmith, 2005; Llorens et al., 2015; Olson & Lloyd, 2005; Rhatigan et al., 2006; Walley-Jean & Swan, 2009; Weston et al., 2007) in addition to the clinical experiences of the first and third authors.

The participants were also asked "If you did not leave your relationship, what were the reasons that prevented you from leaving?". A list of possible reasons was presented (Table 11), and participants were asked to indicate on a 5-point scale (1 = *Totally disagree*, 2 = *Disagree*, 3 = *Neither disagree nor agree*, 4 = *Agree*, 5 = *Totally agree*) the extent to which they agreed with each option. The list was based on a review of the literature (e.g., Eckstein, 2011; Henning & Connor-Smith, 2011; Hines & Douglas, 2010; Kim & Gray, 2008; Meyer, 2012; Rhodes & McKenzie, 1998) in addition to the first and third author's forensic and clinical experiences.

## Results

### Prevalence and context of IPV

Data from the CTS2 revealed that, in the previous year, 91% of the participants reported that their partners had perpetrated at least one abusive behavior (e.g., psychologically, physically, and/or sexually) against them (84.3% reported two abusive behaviors, and 33.7% reported 3-5 abusive behaviors). The most common types of violence were psychological violence (85.4%), followed by physical violence (47.2%) and sexual violence (29.2%). Regarding psychological violence, the most frequently reported behaviors included the following: "Shouted or yelled at me" (73%); "Insulted or swore at me" (69.7%); and "Said something to spite me" (61.8%). The most common types of physical violence included the following: "My partner threw something at me that could hurt me" (34.8%); "My partner pushed or shoved me" (27%); and "My partner slapped me" (16.9%). In terms of sexual violence, the most common behaviors included "My partner made me have sex without a condom" (21.3%) and "My partner insisted on sex when I did not want to have it but did not use physical force" (14.6%). Finally, 13.5% of the participants reported having been injured by the violence against them.

Regarding context, 76.4% of the participants revealed that, most of the times, were their partners who initiated the abusive behavior. In terms of setting, 65.2% indicated that, most of the times, the episodes occurred at home, at the house of their partner (27%), in a public space (25.8%) and/or at a friend's home (14.6%). Additionally, 25.8% reported that other people observed the abusive behavior, including children (60.9%), other family members (47.8%), friends (34.8%), strangers (30.4%), neighbors (26.1%) and colleagues (17.4%).

### Reactions to IPV

Men used diverse strategies to cope with their IPV victimization (Table 9). The strategies most frequently adopted included "Talking with the partner to reach an agreement" ("Often/Always" - 55.1%), "Trying to calm the partner down" ("Often/Always" - 51.7%) and "Trying to please the partner so that this situation does not occur again" ("Often/Always" - 31.5%). The strategies that were reported least often ("Never") included "Calling the police" (94.4%), "Taking care of wounds/injuries through medical care" (94.4%), and "Asking for professional help (e.g., psychologist, lawyer)" (82%).

Table 9

*Reactions adopted by male victims to episodes of IPV (n = 89)*

	Never	Rarely/ Sometimes	Often/ Always
Talk with partner to reach an agreement	6.7%	38.2%	55.1%
Try to calm the partner	11.2%	37.1%	51.7%
Try to please the partner so that this situation does not occur again	24.7%	43.8%	31.5%
Act in self-defense (e.g., defend myself, hold my partner)	42.7%	31.5%	25.8%
Isolate myself	20.2%	56.2%	23.6%
Go to a safe room or area of the house	34.8%	42.7%	22.5%
Pretend that nothing happened (e.g., avoid the subject)	28.1%	50.6%	21.3%
Cry or be depressed	27%	55.1%	18%
Leave home	32.6%	49.4%	18%
Care for the wounds/injuries that were caused at home	77.5%	12.4%	10.1%
Consume alcohol and/or drugs or medicate himself	70.8%	20.2%	9%
Become violent and/or aggressive toward the partner (e.g., yelling, fanning the flames)	47.2%	43.8%	9%
Ask for professional help (e.g., psychologist, lawyer)	82%	14.6%	3.4%
Assault or hurt himself	91%	5.6%	3.4%
Request help from friends and/or family	77.5%	20.2%	2.2%
Take care of wounds/injuries that were caused through medical care	94.4%	4.5%	1.1%
Call the police	94.4%	4.5%	1.1%

## Impact of IPV

The men's life domains that were most frequently impacted ("Much" or "Very much") were psychological health, relationships with others and professional/academic performance (46.1%, 43.8% and 32.6%, respectively). In contrast, the life domains that were least affected were physical health, lifestyle and behavior, and economics/finances. Approximately 70% to 80% of the participants reported that they had suffered "Nothing", "Almost nothing" or "Little" impact on their physical health (82%), lifestyle and behavior (79.8%), and economics/finances (79.8%).

On average, the victims had 4.06 areas that were impacted ( $SD = 2.04$ ;  $Min = 0$ ,  $Max = 6$ ). Only 6.7% of the victims did not indicate any impact.

## Motives for partner's aggression

A principal component analysis of the 20 items of the perceived motives for the partner's aggression was conducted with an oblique rotation (Promax). We also tested the orthogonal rotation but the interfactor correlation was weak. The Kaiser-Meyer-Olkin measure verified the sample adequacy for analysis ( $KMO = .751$ ). Bartlett's sphericity test ( $p < .001$ ) indicated that the correlations between items were sufficient to perform the analysis. The analysis revealed six factors (Table 10) that had eigenvalues greater than 1. These five factors explained 66.9% of the total variance. The Cronbach's alpha coefficients of the factors were  $\alpha = .749$ ;  $\alpha = .762$ ;  $\alpha = .712$ ;  $\alpha = .599$ ; and  $\alpha = .711$ , which indicate good internal consistency reliability. By studying the items that loaded onto each factor, the five factors were labeled as (1) *Imbalance in marital roles & dependencies* (4 items), (2) *Relational and communication difficulties of the dyad* (4 items), (3) *Protest & retaliation* (4 items), (4) *Structural and External problems* (4 items), and (5) *Jealousy* (2 items) and (6) *Partner's vulnerabilities* (2 items). These factors appear intuitive and viable for further research. Results revealed that men attributed the violent behavior of the partner mainly to *Structural and external problems* (65.2%), followed by *Relational and communication difficulties of the dyad* (50.6%) and *Obsessive behavior of the partner* (43.8%). A few percentages of men attributed that behavior of the partner to *Partner's vulnerabilities* (28.1%), *Imbalance in marital roles & Dependencies* (23.6%) and *Protest* (15.7%). The top 5 perceived motives for the partner behavior endorsed by men were: *Power & Control* (46.1%), *Jealousy/Distrust* (38.2%), *Communication Problems* (38.2%), *Personal Characteristics* (34.8%) and *Anger/Resentment* (30.3%).



Table 10

*Exploratory oblique-rotation principle components analysis of perceived motives for partner's aggression  
(n = 89)*

Items	Factor Loadings
Factor 1 – Imbalance in marital roles & Dependencies	
7.Problems with children (e.g., disobedience, disagreement on their education)	.68
19.Problems at the level of sexuality	.67
6.Partner's consumption of alcohol/drugs	.64
18.Duty inequality between partners (e.g., household chores, taking care of children)	.58
Factor 2 – Relational and communication difficulties of the dyad	
16.Personal characteristics (e.g., do not take no for an answer)	.92
15.Communication problems (e.g., misunderstandings, difficulties to respect the opinion of others)	.81
17.Breach of marital duties (e.g., respect, cooperation, assistance)	.52
12.Despair (e.g., losing his head, reaching the limit)	.47
Factor 3 – Protest	
11.Self-defense (e.g., aggressive behavior because she feels threatened by you)	.73
13.Protection of children (e.g., you're angry with the children and your partner attempts to defend them)	.68
20.Preconceived ideas about the role of men (e.g., if men are not good husbands, they should be punished)	.56
14.Retaliation/vengeance (e.g., hurt by something you have done against your partner)	.54
Factor 4 – Structural and external problems	
8.Problems with the extended family (e.g., excessive involvement in married life)	.70
1.Power/Control (e.g., the intention to dominate and/or control)	.68

5. Financial problems	.62
2. Anger/resentment	.42
Factor 5 – Obsessive behavior of the partner	
3. Obsession (e.g., having an exaggerated preoccupation)	.85
4. Jealousy/Distrust (e.g., suspicion of her infidelity, cannot “share her” with family and/or friends)	.80
Factor 6 – Partner’s vulnerabilities	
9. Mental illness in partner (e.g., depression, anxiety, schizophrenia)	.70
10. Having been a victim in childhood (e.g., negligence, watching violence between parents)	.65

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### Reasons that enable men from leaving the abusive relationship

In order to investigate the factor structure of the reasons that enable men from leaving their abusive relationships, the 20 reasons measured were subjected to principal components analysis (PCA), which results are described in Table 11. The analysis was conducted with orthogonal rotation (varimax). For this scale KMO = .768 revealed the sample adequacy for analysis. Bartlett’s sphericity test was statistically significant ( $p < .001$ ). Four factors (Table 11) with eigenvalues greater than 1 were retained for the final solution, which explained 63.25% of the total variance. The Cronbach's alpha coefficients of the factors indicate good internal consistency reliability:  $\alpha = .889$ ;  $\alpha = .747$ ;  $\alpha = .776$ ; and  $\alpha = .759$ . By studying the items that loaded onto each factor, the four factors were labeled as (1) *Personal vulnerabilities* (9 items), (2) *Commitment to relationship* (5 items), (3) *Beliefs about family* (4 items), and (4) *Partner vulnerabilities* (2 items). *Commitment to the relationship* (87.6%) was the factor more endorsed for men to not leave their relationship, followed by *Beliefs about family* (71.9%), *Personal Vulnerabilities* (48.3%) and *Partner Vulnerabilities* (21.3%). These factors appear intuitive and viable for further research. When analysed items isolated, frequencies illustrated the percentage of men who endorsed the five main reasons that prevented them from leaving the violent relationship: Love (73%); Hope that the partner will change (64%); Desire to maintain the family life (64%); Emotional dependence (48.1%); and Concerned for the well being of children (44.9%).

Table 11

*Exploratory orthogonal-rotation principle components analysis of reasons why men not leave their relationships (n = 89)*

Items	Factor Loadings
Factor 1 - Personal vulnerabilities	
11.Afraid that people would not believe in my story	.83
13.Fear of reprisal and/or retaliation to third parties (e.g., children, family)	.82
18.Pressure from family	.74
19.Lack of support from family and/or friends	.73
20.Lack of support from institutions	.73
14.Fear of the partner	.71
9.Shame	.64
17.Economic dependence	.60
12.Low self-esteem	.57
Factor 2 - Commitment to relationship	
2.Emotional dependence	.85
8.Guilt	.69
1.Love	.66
6.Hope that the partner will change	.54
10.Failing to recognize the episodes as abusive	.43
Factor 3 - Beliefs about family	
3.Concern for the well-being of children	.86
5.Afraid to not see children anymore	.70
7.Desire to maintain family life	.70
4.Believe that marriage is for a lifetime	.63
Factor 4 - Partner vulnerabilities	
15.Threats of suicide by the partner	.84
16.Partner's disease (e.g., physical and/or psychological)	.82

## Discussion

Several ideas arise from the current study. Overall, there is evidence that the male victim's experiences of IPV in many ways resemble the experiences of female victims. The findings of the current study support previous investigations (e.g., Breiding et al., 2014; Costa et al., 2014; Desmarais et al., 2012; Finney, 2006; Hines & Douglas, 2011; Randle & Graham, 2011) which showed that women use IPV against their male partners, mainly psychologically, repeated, between closed doors and initiated by women. In addition, this violence, when observed, have mainly children as witness, as well as a negative and diffused impact on the victim's life and well-being.

The evidences also suggests, consistently with other studies, that men adopted different reactions to deal with their victimization, such as try to calm the partner, act in self-defense, withdrawing (e.g., leave the room) and avoidance (e.g., refuse to discuss the issue; Cook, 2009; Hines & Douglas, 2010a; Migliaccio, 2002). These reactions are also mentioned in the literature about female victims (e.g., Rhodes & McKenzie, 1998; Weston et al., 2007). However, contrarily to what was found by Hines and Douglas (2010a), the majority of these men victims in this study do not went away from their partners or went to another room, yell or curse the partner or call someone for help. The most common response was talking with partner to reach an agreement, try to calm the partner or try to please the partner so that it didn't occur again. In the present study, men seemed to adopt more covert reactions to address IPV. A possible explanation for this divergence could be the type of violence that men sustained, which in this case is less severe than the one sustained in the sample of Hines and Douglas (2010a) or the type of the sample (community vs. help-seeking, respectively).

This study adds new information to the scant literature on the perceived motives for a partner's aggression and reasons that prevented men from leaving the relationship that involves some type of abuse. The literature on female victims revealed that men's IPV perpetration is motivated by a desire to control their partners (e.g., Johnson & Ferraro, 2000) and women's IPV perpetration is described as having intricate motivations, often in self-defense (Saunders, 1986), or in the context of an escalated conflict (Kimmel, 2002). However, the findings of the current study, as well as other researches in the field (e.g., Leisring, 2013; Hamberger, 2005; Kernsmith, 2005; Olson & Lloyd, 2005) did not support that assertion. *Structural and External problems*, Relational and communication difficulties of the dyad *and Obsessive behavior of the partner* were the main perceived motives reported by men victims to explain the abusive behavior of the partner. In particular, participants reported that power and control and jealousy were the main motives for partner's aggression. It is also worth mentioning that although Relational and communication difficulties of the dyad *and Obsessive behavior of the partner* can be

changed by the involvement of the victim and the perpetrator, the *Structural and External problems* are out of individual's control.

Regarding the reasons that prevented victims from leaving their relationships, some researchers proposed differences in the reasons sustained between men and women (Eckstein, 2011). Our results do not support that claim. The findings sustain the already existent literature with men (Cook, 2009; Eckstein 2011; Hines & Douglas, 2010a) that demonstrate diverse and complex explanations for not leaving the relationship, as well as resemblance with the reports of female victims (e.g., Eckstein 2011; Rhodes & McKenzie, 1998). Despite abuse, men reported that love, hope that the partner would change and desire to maintain the family life were the main reasons that prevented them from leaving the relationship.

Although more investigation is needed, the analyses of the perceived motives for the partner's aggression and of the reasons that prevented men from leaving their relationships call for a change in the dominant perspectives enlightening IPV. A more inclusive approach to gender is needed given the similarities found between men and the known literature about female victims. In particular, it is necessary to expand the frameworks for examining women's motives for IPV and men's reasons for not leave the relationship through a more ecological analysis that considers women's use of violence in the context of power and control (Dasgupta, 2002) and the men's reasons for not leave the relationship in the larger effects of the masculinity ideal and the constrains that men face in a system design to help women (e.g., Machado, Hines, & Matos, 2016). Current results revealing men's similar concerns that prevent them from leave seem to indicate that approach safety concerns, resources, and parenting ideologies are important milestones in confronting IPV for both men and women (Eckstein 2011). This de-engender approach would better inform prevention and intervention efforts.

The limitations of this study should be addressed in future studies on male victims of IPV. First, the data were gathered online. Because male victims of IPV were expected to be difficult to reach, the Internet was considered a good tool to ensure their anonymity and increase the response rate. Unfortunately, this method of assessment restricted the sample to men who had access to Internet, saw an advertisement for the study, and were willing to participate without compensation. Consequently, this sample has specific characteristics that may not be generalizable to the population of men victims in Portugal. Second, we relied solely on the participants' self-reports. Recall bias or an unwillingness to report may have affected the findings. Third, we specifically requested heterosexual men, but we cannot guarantee that exclusively heterosexual men participated in the study. A final limitation is that a validated, standardized instrument to assess male victimization was not used, and questions were specifically

generated for this study. Therefore, additional research is needed to examine the psychometric properties of this measure.

As Rhodes and McKenzie (1998, p. 391) argues, research in IPV “*is challenged by the fact that humans are inherently complex beings who engage in a variety of behaviors for a multitude of reasons*”. We believe that this study, which suggest several commonalties with research on female victims, provide compelling reasons for why research on IPV needs to move beyond the argument of gender and over if are the male or the female who perpetrates more or suffers more from IPV. By continuing doing so, many victims, as men, remain largely overlooked. It is time to adopt victimization prevention strategies that are targeted at both sexes as well as more gender-inclusive and dyadic intervention strategies (e.g., Desmarais et al., 2012). Moreover, the findings emphasize the need for more education and awareness so that male victims are able to recognize themselves as such. The fact that many men do not seek formal help after an IPV episode should be considered. In addition, the findings about the perceived motivations for the partner’s aggression from their standpoint and the reasons that prevent men from leaving their relationships are crucial for intervention and prevention efforts and challenge some of the frameworks used to interpret IPV.

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CHAPTER V  
HELP-SEEKING AND NEEDS OF MALE VICTIMS  
OF INTIMATE PARTNER VIOLENCE IN PORTUGAL<sup>9</sup>

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**CHAPTER V**  
**HELP-SEEKING AND NEEDS OF MALE VICTIMS**  
**OF INTIMATE PARTNER VIOLENCE IN PORTUGAL**

**Abstract**

A large body of research clearly indicates that men are victims of intimate partner violence (IPV). However, in Portugal, the phenomenon of male victims of IPV remains hidden and is not a target of research, public policy, or social attention. This exploratory study analysed the prevalence of victimization, help-seeking behaviors, and needs of 89 men who defined themselves as victims of IPV. Men reported that they had been the victims of at least one abusive behavior by their current or former female partner. Psychological violence, followed by physical and sexual violence, was the most frequently reported experience. The majority of the men did not seek help because of difficulty in self-identifying as victims, shame, and distrust of the support system. When they did seek help, informal sources, such as friends and family, were used more often than formal sources. In terms of formal support, victims used health professionals and social/victim support services more than any other type. The male victims evaluated the formal resources (e.g., social/victim support services, police, justice system) as unhelpful. A mediation model showed that both frequency of physical violence and self-reported impact of IPV predicted help-seeking, with impact of IPV partially mediating the association between physical IPV and help-seeking. The results indicate the difficulties that men have in recognizing themselves as victims of abuse, their reluctance to seek help, the barriers they face, and their heterogeneous and idiosyncratic needs. The implications regarding masculinity, the help-seeking system, and public policy are discussed.

Keywords: Intimate partner violence, men, help-seeking.

## Introduction

Intimate partner violence (IPV) is a social problem that cuts across socio-economic, cultural, and ethnic boundaries (e.g., Flynn & Graham, 2010). It includes a broad pattern of coercive or violent tactics used by one partner over the other that may include physical (i.e., the use of physical force against another person resulting or not in physical harm), psychological (i.e., verbal actions [threats] and nonverbal [symbolic] that are likely to hurt the other) or sexual aggression (i.e., behavior that is intended to compel the partner to engage in unwanted sexual activity; Strauss 1990a as cited in Paiva & Figueiredo, 2006).

IPV is typically framed as a “woman’s issue” or “violence against women”, which generates the perception that men involved in violent intimate relationships are aggressors and women are victims (e.g., Dempsey, 2013; Dutton & White, 2013). However, 30 years of research has demonstrated that men, as well as women, sustain IPV (e.g., Hines, Malley-Morrison, & Dutton, 2013; Machado & Matos, 2014; Randle & Graham, 2011).

Men are victims in their intimate relationships by their other-sex or same-sex partners and they suffer both physically and psychologically as a result (e.g., Baker, Buick, Kim, Moniz, & Nava, 2013; Dixon & Graham-Kevan, 2011; Hines & Douglas, 2010; Messinger, 2011; Straus, 2009). A meta-analysis by Archer (2000), with more than 80 studies on physical violence between heterosexual partners, demonstrated that 35% of victims who were injured by their partner and 39% of the individuals who required medical treatment were men. A review of the last 10 years of research in IPV conducted by Desmarais, Reeves, Nicholls, Telford, and Fiebert (2012) revealed that approximately one in four women (23.1%) and one in five men (19.3%) experienced physical violence in an intimate relationship. Sources from the USA have indicated that between 25% and 50% of victims of IPV, in a given year, are men (Hines & Douglas, 2014b; Tjaden & Thoennes, 2000). For instance, the National Intimate Partner and Sexual Violence Survey (Breiding, Chen, & Black, 2014), indicated that more than 1 in 4 men (28.5%) have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. In Europe, a multinational research project (DOVE) designed to evaluate the frequency of IPV in men and women in the general populations of six cities (Athens, Budapest, London, Östersund, Porto and Stuttgart) reported relatively equal rates across sexes (Costa et al., 2014).

The impact of IPV against men is also well-documented in several international studies. For example, in quantitative (e.g., Coker et al., 2002; Hines & Douglas, 2010; Reid et al., 2008; Tjaden & Thoennes, 2000) and qualitative studies (e.g., Cook, 2009; Hines, Brown, & Dunning, 2007), men report experiencing substantial levels of physical and psychological impact, such as PTSD, depression, suicidal

ideation, psychosomatic symptoms, and general psychological distress. A recent study by Hines and Douglas (2014b) indicates that being a male victim of IPV constitutes a risk to men's physical health as well.

Nonetheless, general attitudes and responses to IPV worldwide have been influenced by the feminist paradigm (e.g., Beiras, Moraes, Alencar-Rodrigues, & Cantera, 2012; Shuler, 2010), and this paradigm, as well as other ideologies (e.g., role expectations for men, hypermasculinity) likely make it difficult for men to recognize themselves as IPV victims, and to ask for and get the help they need (Douglas, Hines, & McCarthy, 2012).

### **Male victims of IPV: The situation in Portugal**

In Portugal, there are no national population-based victimization surveys, and studies on male IPV victims are rare. Moreover, IPV against men is absent in the national plan against domestic violence (CIG, 2014), even though domestic violence has been considered a public crime since the year 2000 and Portuguese law is gender neutral (Penal Code, 2014).

Nevertheless, national indicators demonstrate the increasing criminal relevance of this phenomenon: IPV is the second most common type of interpersonal violence (Ministry of Internal Administration, 2014). In 2014, 27,317 of the crimes against individuals reported to police were cases of IPV, and 18.6% of the victims were men. Among 40 victims of intimate partner homicide in Portugal, 10 victims were men (MAI, 2014). The most widely known non-governmental agency in the country, the Portuguese Association for Victim Support (APAV, 2014), helped 8,733 victims in 2013, and of these victims, 1,444 (16.5%) were men. Moreover, since 2000, when only 255 men sought help from this agency, there has been a large increase in the number of men who sought help. Additionally, in a retrospective study conducted with 4,646 cases between 2007 and 2009 in the Clinical Forensic Medical Department of the North Branch of the National Institute of Legal Medicine of Portugal, 11.5% of the cases were men (Carmo, Grams, & Magalhães, 2011).

Despite the fact that a sizeable percentage of the victims who seek help for IPV are men, social attention and public policies related to male IPV victimization are scarce in Portugal. Thus, considering that in Portugal there is a dearth of research regarding male victims of IPV, we gathered data on male victims of IPV in Portugal concerning: (a) the prevalence and nature of the IPV against men; (b) their help-seeking behaviors; (c) predictors of men's help-seeking, as well as the reasons why some men did not seek help; (d) the responsiveness of the sources of help, and (e) the needs expressed by male victims.

## Help-seeking, masculinity and male victims of IPV

Help-seeking is a complex and multifaceted behavior that varies based on a range of individual, interpersonal, and sociocultural factors (e.g., individual trauma histories, cultural and religious beliefs, economic resources, awareness to formal support; e.g., Addis & Mahalik, 2003; Ansara & Hidin, 2010; Liang, Goodman, Tummala-Narra, & Weintraub, 2005). It is well-documented that men are less likely than women to seek help for a wide range of problems, a finding that spans across all ages, nationalities, and racial and ethnic backgrounds (Addis & Mahalik, 2003; Hammer, Vogel, & Heimerdinger-Edwards, 2013; Syzdek, Addis, Green, Whorley, & Berger, 2014). This gender difference remains even when men and women experience the same levels of distress (Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). Furthermore, men tend to not seek help for problems that society views as non-normative for men and that men were taught they should be able to handle themselves (Addis & Mahalik, 2003). Traditional masculine norms dictated by the dominant culture in Western European countries and the USA indicate that men should be stoic, emotionally controlled, and self-reliant, and empirical evidence shows that the extent to which a man conforms with traditional masculinity norms is associated with negative attitudes toward help-seeking, more stigma regarding help-seeking, and lower rates of formal and informal help-seeking (e.g., Courtenay, 2000; Hammer et al., 2013; Mahalik et al., 2003; Pederson & Vogel, 2007; Smith, Tran, & Thompson, 2008; Syzdek et al., 2014).

Another issue that must be considered is that men as a group can have power because of their gender, but as an individual, they can be in a position of disempowerment because of other characteristics, such as social class, income, education, ethnicity, sexual orientation or physical strength (e.g., Kaufman, 1994; Schrock & Schwalbe, 2009). Consequently, masculinity can simultaneously privilege and damage men (Mankowski & Maton, 2010). Nonetheless, previous research that links masculinity with IPV has focused on men as perpetrators and less on men as the victims of IPV (e.g., Durfee, 2011).

A review of the literature on the help-seeking behaviors of male victims of IPV suggests that there is not yet a thorough and well-grounded conceptual understanding of this behavior. Little research has focused on men's help-seeking behaviors (e.g., Ansara & Hidin, 2010; Hines et al., 2007; Douglas et al., 2012; Tsui, Cheung, & Leung, 2010). The few studies that have researched men's help-seeking following IPV victimization note that compared with women, men are less likely to have spoken with informal sources regarding IPV (AuCoin, 2005; Coker et al., 2000; Walby & Allen, 2004), and there are limited services available specifically for male victims and the existing services often do not help male victims (e.g., Barber, 2008; Cook, 2009; Douglas & Hines, 2011; Drijber, Reijnders, & Ceelen, 2012; Hines et

al., 2007). In addition, men who sustain IPV from their female partners face numerous barriers in the process of help-seeking (Drijber et al., 2012; Hines & Douglas, 2011b; Hines et al., 2007; Hines et al., 2013; Tsui et al., 2010). According to George (1994), being a man and a victim of IPV is an unacceptable combination. Because of masculinity norms, male IPV victims face internal (i.e., denial, fear of not being believed, shame, emotional confusion and ambivalence) and external (i.e., lack of appropriate services, bias, societal protection of the perpetrator who is automatically deemed to be a victim because of her gender) barriers to seeking help, all of which contribute to the invisibility of IPV against men (e.g., Barber, 2008; Cheung et al., 2009; Drijber et al., 2012; Tilbrook, Allan, & Dear, 2010; Tsui et al., 2010). When male IPV victims do seek help from services responsible for addressing IPV (e.g., domestic violence agencies), they tend to report external barriers, such as, that these services turn them away, laugh at them, accuse them of being the real perpetrator, and/or refer them to a batterer intervention program (Cook, 2009; Douglas & Hines, 2011, Drijber et al., 2012; Hines et al., 2007; Hines & Douglas, 2011b).

Regardless of this apparent bias and despite the low rates of help-seeking by men, some men seek help for their IPV victimization through diverse sources of support, including both formal (e.g., domestic violence helplines, police, mental health professionals) and informal (e.g., friends, relatives, the Internet) sources (e.g., Ansara & Hidin, 2010; Douglas & Hines, 2011). For example, in a Canadian study, 44% of male IPV victims had talked with a family member regarding the IPV, 41% had approached a friend or a neighbor, and 12% revealed the IPV to a doctor or nurse (AuCoin, 2005). A small percentage of men (3%) contacted a men's center or support group (AuCoin, 2005). In an American study of 302 male victims of IPV who sought help, informal types of support, namely friends/neighbors and relatives/parents, were the sources more often used (84.9%), followed by online support (63.4%). Regarding formal resources, two-thirds of the men sought help from a mental health professional and almost half of the sample sought help from domestic violence agencies and police (Douglas & Hines, 2011). However, this study also demonstrated that when men seek help through formal sources of support, these experiences are often negative. About two-thirds of the sample who sought help from domestic violence agencies said that the agency was not at all helpful. Of the men who reported that the DV agency was not at all helpful, the main problems were that: the domestic violence agencies said that they only helped women (78.3%), were biased against men (95.3%), and accused men of being the batterer in the relationship (63.9%) (Douglas & Hines, 2011). The justice system is also not regarded as a helpful resource to men and may even further exacerbate their situation (e.g., Douglas & Hines, 2011; Tilbrook et al., 2010). Other studies of male IPV victims demonstrate that the men report losing custody of their children and being a target of false accusations of child abuse (Hines, Douglas, & Berger, 2014).

According to some authors (e.g., Cook, 2009), the price that male victims pay for reporting and experiencing IPV appears to be particularly high.

### **Current study and hypotheses**

The current study uses data from the first cross sectional study conducted in Portugal on heterosexual male victims of IPV; data were collected between February and May 2013. A detailed description of the study design has been provided previously (Machado & Matos, 2015). In brief, the main goals of the larger study were to investigate the prevalence, nature and context of the violent interactions, men's reactions to IPV and the impact of IPV on men victims. In the present paper, we used only the subsample of men who self-identified as victims in order to provide an in-depth analysis regarding their help-seeking and needs.

As mentioned above, the existing literature on male victims of female-perpetrated IPV has identified that some men do seek help and that they rate formal sources of help as unhelpful (e.g., Douglas & Hines, 2011; Hines, et al., 2007; Hines & Douglas, 2014a); yet to date, few empirical studies have examined the reasons why men do not come forward, the male IPV victims' needs, and predictors of help-seeking. Moreover, these few studies were conducted in the USA, Canada, and Asia (e.g., Ansara & Hindin, 2010; Cheung, Leung, & Tsui, 2009; Cook, 2009), thus, there is a need for such research in European countries as well. Therefore, in the present study, we aim to predict help-seeking behaviors from men who recognize themselves as victims, explore why some do not seek help, and what their needs are. We hypothesized that the majority of male victims would not seek help and that one of the factors that would constrain help-seeking would be internal barriers. Second, it was hypothesized that men would rate formal sources of help as hindering and that external barriers play a role in explaining their difficulties in obtaining the help they need.

Another major goal of the current study is to begin to develop a model to predict the circumstances under which male victims of IPV seek help. Research suggests that men may relent to seeking help once they deem that situation is having a strong negative impact on them (e.g., Biddle, Gunnell, Sharp, & Donovan, 2004; Komiya, Good, & Sherrod, 2000; Syzdek et al., 2014). However, no research has linked this finding to male IPV victims, which may be a special circumstance because IPV victimization is traditionally viewed as a woman's issue. Therefore, we will test this mediation model in a sample of male IPV victims to investigate whether perceived negative impact mediates the associations between experiences of IPV and seeking help. Thus, our third hypothesis is that frequency of physical IPV would predict men's help-seeking through the mediator of perceived negative impact. We

chose frequency of IPV as the independent variable because research shows that frequency of physical IPV is a proxy for severity of IPV (Moffitt et al., 1997). Finally, we hypothesized that men's needs would be mainly focused on having specialized support and access to information/prevention campaigns; in other words, men's needs would relate to the creation of specialized services for male victims and to the raising of social awareness about male victims of IPV.

## Methods

### Participants

The Portuguese Data Protection Authority (CNPD), an independent agency, approved this study. The participants for this online study were recruited from the community. Participants were gathered through mailing lists (e.g., municipal and local councils, universities, companies, personal contacts), and Websites (e.g., Facebook, online forums). To be eligible, men had to be 18 years of age or older and have had at least one intimate heterosexual relationship that lasted more than one month. Only heterosexual men were included because there could be some unique issues (e.g., types of abuse and help-seeking dynamics) within the different relationships (i.e., same vs. other sex) that, in a first study about men victims in Portugal, we would not be able to address adequately enough. No financial assistance, compensation, or incentives were provided to the participants. The total sample consisted of 1,557 men (for further information cf. Machado & Matos, 2015), but for the design of the present study, only the 89 men who self-identified as victims in the questionnaire "Victimization against men in intimacy" (Machado & Matos, 2012) were evaluated. Demographic information on this sample is shown in Table 12. The average age of these participants was 33.62 years old ( $SD = 9.63$ , range: 18-60 years); 95.5% were Portuguese. The majority was single (60.7%). The participants reported high levels of education: 47.2% had a college degree, 13.5% a master's degree and 3.4% a doctorate degree. The majority was employed at the time of the study (59.6%) and 67.4% were upper middle class and 80.9% lived in an urban area.

Table 12

*Demographics of the male IPV victims at the time of the survey (n = 89)*


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Demographics	M (SD) or %
Age	33.62 (9.63)
Current marital status	
Single	60.7%
Married/Cohabiting	39.3%
Divorced/Separated	0%
Widowed	0%
Nationality	
Portuguese	95.5%
Other	4.5%
Number of years of schooling	
<= 12 years	25.8
>12 years	74.2
Occupational status	
Employed	59.6%
Student	20.2%
Unemployed	19.1%
Retired	1.1%
Socioeconomic status	
Upper class	16.9%
Upper middle class	67.4%
Middle class	14.6%
Lower middle class	1.1%
Lower class	0.8%
Housing location	
Urban area	80.9%
Countryside	19.1%

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## Measures

**Demographics.** The men were asked basic demographic information regarding them, including age, current marital status, level of education, and occupation.

**Revised Conflict Tactics Scales (CTS2).** We used the 78-item *CTS2* (Straus, Hamby, Boney-McCoy, & Sugarman, 1996 adapted Paiva & Figueiredo, 2006) to measure the extent to which the men perpetrated and sustained psychological (e.g., insulting/swearing; doing something to spite partner; threatening to harm partner; intentionally destroying something belonging to partner), physical (e.g., grabbing; shoving; slapping; using knife/gun), and sexual abuse (e.g., had been forced to sex without or with the use of physical force (such as hitting, holding down, or using a weapon), and injuries (e.g., having a small cut or bruise; broken bone) in their relationships. Only the victimization items were used in the current analyses. Participants responded to items depicting each of the conflict tactics by indicating the number of times these tactics were used by the participant and his partner in the previous year or during his lifetime. Participants indicated on a scale from 0 to 7 how many times they experienced each of the acts, 0 = *never*, 1 = *1 time in previous year*, 2 = *2 times in previous year*, 3 = *3-5 times in previous year*, 4 = *6-10 times in previous year*, 5 = *11-20 times in previous year*, 6 = *more than 20 times in previous year*, 7 = *ever occurred, but not in the past year*. Only past year prevalence rates were used in the present study. Prevalence rates were based on whether any of the items comprising each form of abuse happened in the previous year (i.e., they indicated a 1-6 on the items comprising that scale).

The *CTS2* has been shown to have good construct and discriminant validity and good reliability (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). For example, in prior studies, victimization from physical IPV, sexual IPV, psychological IPV, and injury were related to symptoms of PTSD (e.g., Hines & Douglas, 2011a, 2013, 2014a). Internal consistency reliability statistics for the victimization items of the current sample were: .79 for psychological aggression; .82 for sexual aggression; .88 for injury and .92 for physical aggression.

**Victimization against men in intimacy survey.** Following the *CTS2*, self-identified victimization was assessed by the question: "During your actual or former intimate relationship, have you been the target of abusive behavior (physical, verbal, psychological, economic and/or sexual)?" Individuals who perceived themselves as victims of abusive behavior completed this survey (Machado & Matos, 2012) for the purpose of gathering additional information on their experiences of IPV, such as a description of the abusive acts sustained, the perceived motives for their partner's aggression, what they normally did after

an episode of violence, what prevented them from leaving their relationship, perceived impact of victimization, help-seeking and its utility, and the needs of the men. Of the items addressed in this survey, this paper will focus only on the perceived impact of victimization, help-seeking behaviors and their utility, and needs of the victimized men.

In terms of Perceived Negative Impact, we assessed the men's self-reported impact of the IPV on six life domains: professional/academic performance, physical health, psychological health, relationships with others, economics/finance, and lifestyle/behavior. We asked the participants, "How was your life affected?" in each domain, and participants indicated on a 5-point Likert scale the extent to which they perceived that particular domain of their life had been impacted by IPV (1 = *not at all*, 2 = *almost nothing*, 3 = *a little*, 4 = *a lot*, 5 = *very much*). Responses to the six domains were summed to obtain a measure of the overall negative impact on the men's life (*Min* = 0, *Max* = 24).

The help-seeking questions focused on: (a) if they sought help and if so, where; (b) the helpfulness of the resources; and (c) if they did not seek help, their reasons why. The men were asked if they had sought help from various resources, including formal (health professionals, social or victim support services, police, justice system, legal advice) and informal (friends, family, work colleagues, other individuals) resources, as can be found in Table 13. For each of the sources used, men assessed the helpfulness of the resource on a scale ranging from 1 to 5, with 1 = *not at all helpful*, and 5 = *very helpful*. For the men who did not seek help, the reasons why were questioned, and the answer choices provided were based on a review of the literature (e.g., Cook, 2009; Hines & Douglas, 2009; Hines & Douglas, 2010; Hines & Douglas, 2011b; Hines et al., 2007; Randle & Graham, 2011; Shuler, 2010; Tilbrook et al., 2010), in addition to the experiences of the authors in their clinical practice. Answer choices included: shame; distrust in the support system (e.g., police, social services for victims); fear of retaliation by the partner; fear of not being believed; and not having realized that I was the victim. Participants were instructed to mark one or more of the options provided. A final choice of "other" was provided for the cases in which a particular participant's experiences did not fit the choices provided.

To assess the male victims' needs, we asked the men, "As a victim of an abusive partner, what would you say are your key needs?" A list of potential needs was then presented to participants, who indicated on a 3-point scale the extent to which they agreed with each potential need (1 = *Totally disagree / disagree*, 2 = *Neither agree nor disagree*, 3 = *Agree/Totally agree*). The list of needs provided to the participants were chosen based on a review of the literature (e.g., Cook, 2009; Hines & Douglas, 2009; Hines & Douglas, 2010; Hines & Douglas, 2011b; Hines et al., 2007; Randle & Graham, 2011; Shuler,

2010; Tilbrook et al., 2010), in addition to the experiences of the authors with clinical practice. The complete list of needs for this measure can be found in Table 14.

## Results

### Prevalence and nature of IPV

According to the CTS2, during the previous year, 91% of men reported their partners used at least one psychologically, physically, and/or sexually abusive behavior against them (84.3% reported two abusive behaviors, and 33.7% reported 3-5 abusive behaviors).

The most common types of IPV the male victims sustained in the past year were psychological (85.4%), followed by physical (47.2%), and sexual IPV (29.2%). Of the forms of psychological IPV reported, the most common ones were that their partner: “shouted or yelled at” them (73%), “insulted or swore” at them (69.7%), and “said something to spite” (61.8%) them. With regards to physical IPV, the most commonly endorsed items were: “My partner threw something at me that could hurt” (34.8%), “My partner pushed or shoved me” (27%), and “My partner slapped me” (16.9%). In terms of sexual violence, the behaviors most commonly reported were: “My partner made me have sex without a condom,” (21.3%) and “My partner insisted on sex when I did not want to (but did not use physical force)” (14.6%). Participants also reported being injured (13.5%) from the IPV used against them.

### Help-seeking behaviors

The majority of the sample (76.4%) did not seek help. Of the 23.6% ( $n = 21$ ) who sought help, Table 13 indicates informal types of support were the most used by the victims. Victims who sought help mainly sought it from friends and family. In terms of formal support, health professionals and social/victim support services were the resources most often used.

Table 13 shows that the men were mostly satisfied with the support they received from informal sources of support. Overall, the support received from family and friends was found to be very helpful. Health professionals were the most helpful form of formal support. None of the men found the police, justice system, or social/victim support services to be very helpful.

Of the 76.4% ( $n = 68$ ) of male victims who did not seek help, their reported reasons why included: “I did not notice that I was victim” (64.7%), “Shame” (30.9%), “Distrust of the support system (19.1%)”, “Fear of them not believing my story,” (10.3%) and “Fear of retaliation from my partner” (8.8%).

Table 13

*Help-seeking among victims (n = 21)*

Sources of support	% who used the resource	% who said the resource was a lot/very helpful
<i>Informal Support</i>		
Friends	71.4	77.8
Family	66.7	70.6
Work colleagues	28.6	36.4
Other individuals you know	9.5	12.5
<i>Formal Support</i>		
Health professionals	57.1	50.0
Social or victim support services	23.8	0
Police	14.3	0
Justice	14.3	0
Legal advice	14.3	28.6

To investigate the predictors of help-seeking among male IPV victims, we used a simple mediation model (Baron & Kenny, 1986) that was guided by the research discussed in the literature review. As shown in Figure 1, our independent variable (IV) was the past-year frequency of physical IPV, according to the men's reports on the CTS2. Our dependent variable (DV) was seeking help (yes/no; regardless of the type of help), and our mediator was the perceived negative impact that the IPV had on the victim. As indicated by Baron and Kenny, mediation occurs when (1) the IV significantly predicts the mediator, (2) the IV significantly predicts the DV in the absence of the mediator, (3) the mediator has a significant unique prediction on the DV, and (4) the prediction of the IV on the DV shrinks following the addition of the mediator to the model.

To test these four criteria, we conducted a series of regression analyses. Both frequency of physical IPV and perceived negative impact were standardized prior to the analyses, and the choice of

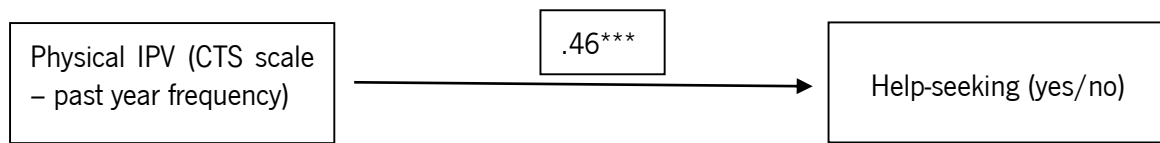
analysis (i.e., Ordinary Least Squares regression [OLS] vs. logistic regression) depended upon the DV (i.e., OLS when perceived negative impact was the DV; logistic regression when help-seeking was the DV). Figure 1 displays the standardized regression coefficients for all regressions.

To test the first criterion above, a regression model was conducted with frequency of physical IPV as the IV and perceived negative impact as the DV (i.e., path from the IV to the mediator); this model was statistically significant,  $R^2 = .07$ ,  $R^2_{Adj} = .06$ ,  $F(1,87) = 6.34$ ,  $p = .01$ , suggesting that IPV predicted perceived negative impact,  $\beta = .26$ ,  $t(87) = 2.52$ ,  $p = 0.01$ . To test the second criterion, frequency of physical IPV was the IV and help-seeking was the DV (i.e., association between frequency of physical IPV and help-seeking in the absence of the mediator); this path was statistically significant,  $\chi^2(1) = 3.96$ ,  $p = .05$ , and IPV predicted help-seeking,  $\beta = .46$ , Wald (1) = 3.91,  $p = .05$ . To test the third and fourth criteria, both frequency of physical IPV and perceived negative impact were the IVs, and help-seeking was the DV; this model was statistically significant,  $\chi^2(2) = 12.66$ ,  $p = .002$ . Specifically, perceived negative impact predicted help-seeking,  $\beta = .83$ , Wald (1) = 7.51,  $p = .006$ , and frequency of physical IPV did not predict help-seeking,  $\beta = .30$ , Wald (1) = 1.40,  $p = .236$  ( $R^2 = .20$  [Nagelkerke]). Because the path coefficients were derived from two different models (i.e., OLS and logistic regression models), the path coefficients cannot be contrasted with each other.

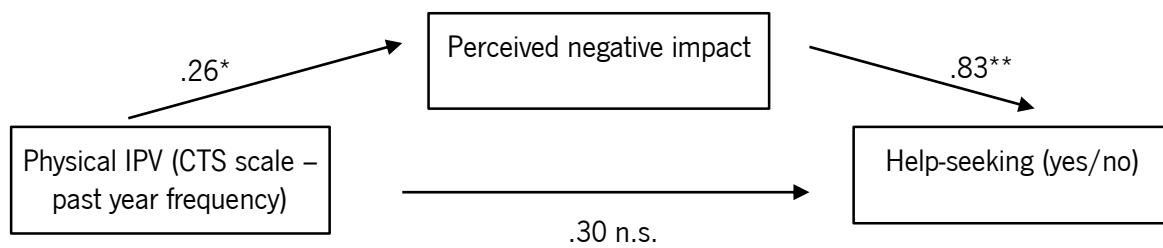
As shown in Figure 1, the relationship between frequency of physical IPV and help-seeking becomes non-significant once perceived negative impact was added to the model. To formally test whether perceived negative impact was a significant mediator, a Sobel test was conducted, which was marginally significant,  $z = 1.85$ ,  $p = 0.06$ . Therefore, there is initial evidence that perceived negative impact might be a mediator through which experiences of physical IPV contribute to seeking help.

Figure 1

*Direct relationship between frequency of physical IPV and help-seeking (n = 89)*



The influence of frequency of physical IPV on help-seeking via perceived negative impact.



\* $p < .001$ ; \*\* $p < .01$ ; \*\*\* $p < .05$ .

### Needs of Male IPV Victims

Table 14 indicates the needs of the male victims of IPV. The most commonly endorsed by the men were emotional support, specialized support, and social support, as well as “having security” (e.g., a place to stay) and access to “health care”. A minority of the participants was worried about their partners being held criminally responsible or about compensation for the damages caused by experiencing IPV.

Table 14

*Needs of male victims (n = 89)*

	Totally disagree / disagree	Neither agree nor disagree	Agree/ Totally agree
Having someone close to talk to	7.9%	14.6%	77.5%
Having security (e.g., a place to stay)	18%	27%	55.1%
Having specialized support (e.g., crisis management, psychological support)	15.7%	32.6%	51.7%
Having social support (e.g., not being criticized or a “laughing stock”)	22.5%	25.8%	51.7%
Access to information/prevention campaigns	22.5%	32.6%	44.9%
Having health care	23.6%	37.1%	39.3%
See your partner held criminally liable for what she did (e.g., conviction)	36%	40.4%	23.6%
Be compensated	53.9%	33.7%	12.4%

### Discussion

This is the first study in Portugal that focused on men’s experiences as victims of IPV. The results demonstrate that Portuguese men are victims of IPV from their intimate partners, mostly of psychological abuse. The results also highlight the difficulty that men face in dealing with victimization and seeking help. This is a demanding process, as Mythen (2007 as cited in Walklate, p. 3, 2011) stated: “Being, or becoming a victim is not a neat or absolute journey. Acquiring the status of victim involves being party to a range of interactions and processes, including identification, labelling and recognition.”

This study also contributes to the literature on the decision to seek help among male IPV victims and the quality of those experiences when they do decide to get help (e.g., Douglas & Hines, 2011). Our findings are consistent with previous research that indicates male IPV victims are reluctant to seek help (e.g., Cook 2009; Douglas & Hines, 2011; Hines et al., 2007; Tilbrook et al., 2010; Tsui et al., 2010). In

prior studies, the majority of male victims did not seek help because of societal obstacles or external barriers, such as the public stereotype that IPV is something that men do to women; or because of internal barriers such as the reluctance of men to see themselves as victims because of masculinity norms, shame, embarrassment, and threats to their masculinity (Cheung et al., 2009; Tsui et al., 2010). Our study was consistent with this literature and our first hypodissertation was supported: male victims of IPV are unlikely to seek help and the reasons why are related to internal barriers, namely not recognizing themselves as victims and shame.

Likewise, the literature on male IPV victims in other Western nations shows that men who sought help have reported external barriers in obtaining help (e.g., Cook 2009; Drijber et al., 2012; Douglas & Hines, 2011; Hines et al., 2007; Tsui et al., 2010). For example, Douglas and Hines (2011) found that among a USA sample of male IPV victims who sought help, the majority of those who sought help from DV agencies, DV hotlines, and the police found these sources to be not at all helpful. Reasons provided by the men included that the sources did not think women could abuse men, they appeared to be biased against men, they assumed he was the real batterer, and they laughed at or ridiculed him for claiming to be abused. Our study provides evidence that such experiences may also be the norm for men in Portugal who seek help for IPV victimization, none of whom found DV/social agencies, the police, and the justice system to be helpful. Therefore, our second hypodissertation was supported: men rated formal sources as unhelpful, and thus, men's help-seeking behaviors are also constrained by external barriers.

These difficulties in men receiving the help they need have been confirmed by reports of DV agencies themselves. For example, in a study in the USA that evaluated the reported availability of DV services to IPV victims, Hines and Douglas (2011b) found evidence of exclusion from victim services based mostly on gender. Regardless of age or sexual orientation and according to the agency directors' own reports, male IPV victims were excluded from a variety of DV services, including housing, legal support, counseling support, and outreach. A potential explanation for such exclusion may be the prevailing theory that guides DV agencies: that IPV is causally linked to patriarchy. The women's movement was mainly responsible for the creation and institutionalization of DV agencies (Cook, 2009; Hines & Douglas, 2011b), but their prevailing philosophy makes it difficult for a male victim and a female perpetrator to fit in their model and receive help (e.g., Cook, 2009; Drijber et al., 2012; Hines & Douglas, 2011b; Hines et al., 2013). Thus, men appear to have unique experiences when they seek help from a system designed to support female IPV victims (e.g., Hines et al., 2007).

In addition, results support the idea that the relation between masculine gender socialization (e.g., gender role conflict) and help-seeking is complex. Men's willingness to seek help for problems in



their lives varies according to different factors (Lane & Addis, 2005). In particular, societal stigmatization, gender bias, and strong endorsement of socio-cultural values appear to be the main reasons why abused men do not seek services (e.g., Cheung et al., 2009; Pederson & Vogel, 2007). Men are seen as unacceptable victims of IPV, and this phenomenon remains a social taboo (George, 1994; Kimmel, 2002). Consequently, it is essential that DV agencies adapt their services to fit the needs of the IPV victims who seek them, regardless of their gender (e.g., Hines & Douglas, 2011b; Shuler, 2010). Men are victims of IPV and are in need of help (e.g., Hines et al., 2013). Portugal, like other Western nations, does not appear to be prepared to address male victims of IPV, most likely because male IPV victimization remains invisible and there is a dearth of media and social information regarding this reality.

Given this complex nature of both internal and external barriers that appear to interfere with men's help-seeking, we investigated a simple mediation model to explore what might prompt men who are the victims of physical IPV to seek help, particularly because the majority of men did not seek help. We investigated whether the perceived negative impact suffered by these men mediated the association between the frequency of physical violence (a proxy for IPV severity) experienced and help-seeking. The marginally significant mediation effect provided an initial indication that physical violence sustained may predict help-seeking through the perceived negative impact the men reported experiencing as a result of the IPV. These findings provide preliminary support for our third hypodissertation that when men seek help for IPV victimization, they are likely suffering from a higher rate of physical IPV and perceive a greater negative impact on their lives as a result of it. In fact, it seems that perceived negative impact has a key role in the decision to seek help. Therefore, the help-seeking behaviors of men should be taken seriously by victim agencies and law enforcement. Because of the preliminary nature of these results, along with the small sample size and marginal significance of the mediation effect, the results need to be replicated. In addition, future research should explore other potential mediators between IPV victimization experiences and help-seeking behaviors among men.

Finally, and a key contribution, the present investigation provides new information regarding the needs of male victims of IPV. Men indicated that they are in emotional need (i.e., "Having someone close to talk to") and that they need both specialized (i.e., crisis management, psychological support) and social support (i.e., "not being criticized or a "laughing stock" because they are male and victims). The participants also indicated the need for access to information/prevention campaigns and health care. We hypothesized that men's primary need would be having specialized support and access to information/prevention campaigns; thus, our fourth hypodissertation was only partially supported, in that the men reported primarily emotional and specialized support needs. These results underscore the

pressing need for the development of services that specialize in male IPV victims and the education of existing DV services about the needs of male victims. Furthermore, if men feel support and have access to publicly available information, it would most likely facilitate disclosure. Other potential options to meet the men's needs would be the development of online support services, which could help men break the silence, or the creation of support groups. Neither of these options is currently available in Portugal for men.

### **Limitations and Implications**

The findings of this study must be viewed in light of its limitations. The data were collected online. As male victims of IPV were expected to be hard to reach and persuade to participate in a non-confidential way, the Internet was considered to be a good pathway to ensure anonymity and increase the response rate. This method restricted the sample to the victims who had access to this study and had an Internet connection. Regarding the sample, the number of men who identified themselves as victims was relatively small. A larger sample size and a sample with more heterogeneous characteristics would have enabled more powerful and detailed analyses. Convenience sampling does not allow generalizations of the findings to a broader population. Another weakness of the current study was that we specifically requested heterosexual men; however, we cannot guarantee that the participants were exclusively men and heterosexual. In addition, we cannot assure whether men were, at the time, in the abusive relationship or if they were reporting victimization from former relationships. Data with that information would be richer.

We relied on self-report and are thus limited by our participants' willingness to disclose their experiences, as well as the memories and meanings attributed to their experiences. These are common challenges faced in this field. Although the men completed the most widely used and validated measure of IPV in the field (i.e., the CTS2), part of the results was based on a researcher-constructed instrument. The survey "Victimization against Men in Intimacy" was developed for the purpose of this study, and thus, additional research is necessary to examine the potential usefulness and accuracy of this measure. It is also worth mentioning that impact was measured quantitatively by the participant: the higher the score, the higher the impact, so our variable "perceived negative impact" was additive. The measurement of perceived negative impact on male IPV victims can be the focus of future research. Moreover, the number of participants is smaller than the preferred minimum for regression analyses. Another limitation was that we used frequency of physical IPV as a proxy for severity (Moffitt et al., 1997), even though in our sample the most prominent form of IPV was psychological violence. Because research suggests that

psychological IPV may have worse psychological outcomes than physical IPV (e.g., Baldry, 2003; Hines & Douglas, in press), future research should explore how – and the mechanisms through which – different forms of IPV may impact help-seeking, independently and synergistically.

Future research is also needed to determine what is necessary to help men overcome IPV victimization. In addition, now that we have preliminary data on men who self-identify as victims of IPV in Portugal, future research might also consider men without using the criteria of identification. For example, the study of Artime, McCallum, and Peterson (2014) demonstrated that males who do not identify sexual abuse as abuse (or themselves as victims) report worse symptomatology than those who do identify as abused/victims. This knowledge would translate into more responsive service planning and more effective interventions.

Despite these limitations, this study adds to the extant literature on IPV by providing additional evidence that like men from other Western nations (e.g., Hines & Douglas, 2010; Tilbrook et al., 2010), Portuguese men are victims of IPV; the majority appear to suffer in silence, and they face both internal and external barriers to seeking help (e.g., Addis, 2011; Addis & Mahalik, 2003; Cook, 2009). Moreover, this study constitutes one of the first steps in studying and voicing male victims' needs, particularly for emotional and specialized support.

The findings from this study yield new and useful information that may be helpful for policymakers and social service practitioners, as well as male victims of IPV. It is essential to recognize the importance of including men in the study and prevention of IPV victimization; to make an effort to assess IPV victimization and perpetration among both men and women; and to maintain a philosophy of non-discrimination, protection and empowerment of all victims (e.g., McHugh, Rakowski, & Swidersk, 2013; Hines & Douglas, 2011b; Sarantakos, 1999). Finally, it is also necessary to challenge the negative qualities linked to the broader concept of masculinity (e.g., Mankowski & Maton, 2010) that impede male victims themselves from recognizing male IPV victimization and that create barriers for male IPV victims from getting the help they need.

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## CHAPTER VI

### EXPLORING HELP SEEKING EXPERIENCES OF MALE VICTIM<sup>10</sup>

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<sup>10</sup> The present chapter was submitted for publication to Journal of Family Violence (Impact factor: 0.748; Quartile 1).



**CHAPTER VI**  
**EXPLORING HELP SEEKING EXPERIENCES OF MALE VICTIM**

**Abstract**

Intimate partner violence (IPV) is a common phenomenon worldwide. However, there is a relative dearth of qualitative research exploring IPV in which men are the victims of their female partners. The present study used a qualitative approach to explore how men experience IPV. Ten male victims (aged 35-75) who had sought help from domestic violence agencies or from the police were interviewed. Transcripts were analysed using QSR NVivo10 and coded following thematic analysis. The results enhance our understanding of both the nature and dynamics of the violence that men experience as well as the impact of violence on their lives. This study also highlights the difficulties that men face in the process of seeking help. Finally, this study has important implications for practitioners and underlines certain macro-level social recommendations for raising awareness about this phenomenon, including the need for changes in victims' services and advocacy for gender-inclusive campaigns and responses.

Keywords: Men, victims, intimate partner violence, experiences.

## Introduction

Intimate partner violence (IPV) is a social and public health problem, as well as a violation of human rights (e.g., Centers for Disease Prevention and Control, 2015). It is defined as “*a pattern of abusive behaviour in any relationship that is used by one partner [or a former partner] to gain or maintain power and control over another intimate partner. It can be physical, sexual, emotional, economic, or psychological actions or threats of actions that (...) intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone*” (US Department of Justice, 2015). IPV occurs on a continuum and can vary in frequency, severity and impact (e.g., Centers for Disease Prevention and Control, 2015; McCarrick, Davis-McCabe, & Hirst-Winthrop, 2015).

Worldwide, victimization against women by their intimate partners is a well-known phenomenon (e.g., WHO, 2013). However, IPV against men by women has received little attention, both within the scholarly literature and the popular media (e.g., Costa et al., 2015; Hines & Douglas, 2009). Published data, mainly from English speaking countries, estimates that men are victims of IPV in 25% of the reported cases (e.g., Costa et al., 2015). A review of more than 80 studies on physical violence between heterosexual partners established that men comprised 35% of those victims who were injured by their partner and 39% of those individuals requiring medical treatment (Archer, 2000). Studies published from 2000 to 2010 also found that approximately 1 in 5 men (19.3%) have experienced physical violence in an intimate relationship (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012). More recently, the US National Intimate Partner and Sexual Violence Survey (Breiding, Chen, & Black, 2014) indicated that 28.5% of men had experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. Nonetheless, IPV against men has received little attention in the literature.

Moving beyond prevalence studies, there is an emerging body of research demonstrating that men experience significant psychological and physical symptoms as a result of IPV. In particular, associations have been found with PTSD, depression, suicidal ideation, psychosomatic symptoms, high blood pressure, and general psychological distress (e.g., Fergusson, Horwood, & Ridder, 2005; Hines & Douglas, 2009; Randle & Graham, 2011; Reid et al., 2008). Consistent with these findings, Hines and Douglas (2014) concluded that male IPV victimization represents a risk to men’s health.

However, due to a set of premises known as the gender paradigm, IPV usually is viewed as male-perpetrated abuse against female victims (Dutton & Nicholls, 2005). Consequently, men are generally more reluctant to disclose their victimization and less likely than women to seek help (e.g., Archer, 2000; Barber, 2008; Choi, Wong, Kam, Lau, Wong, & Lo, 2015; Hamel, 2009; McCarrick et al., 2015; Tjaden & Thoennes, 2000; Tsui, Cheung, & Leung, 2010). The gender paradigm, associated with both internal



(e.g., denial; fear of not being believed; shame; internalized gender stereotypes; masculinity norms; emotional turmoil and ambivalence) and external barriers (e.g., dearth of support services; bias; suspicious perpetrator) are likely to prevent male victims of IPV from seeking help (e.g., Barber, 2008; Cook, 2009; Douglas, Hines, & McCarthy, 2012; Machado, Hines, & Matos, 2016; Tilbrook, Allan, & Dear, 2010). In fact, when male IPV victims do seek help to address IPV (e.g., domestic violence agencies), they report negative responses, such as being turned away, being ridiculed, and being accused of perpetrating the violence themselves and/or referring them to a batterer intervention program (e.g., Cook, 2009; Douglas & Hines, 2011; Drijber, Reijnders, & Ceelen, 2012; Hines, Brown, & Dunning, 2007; Hines & Douglas, 2011; Machado et al., 2016; Tsui, 2014). In addition, men have reported that locating specific services to meet their needs is not an easy task and that some services, such as helplines or shelters, work with female victims exclusively (Dutton & White, 2013).

Moreover, social perceptions of the severity of IPV are profoundly affected by gender stereotypes and are consistent with gender norms (Dutton & White, 2013). Generally speaking, male victimization is not perceived by society to be as severe and harmful – both physically and psychologically – as female victimization (Dutton & White, 2013).

Qualitative methods can promote a more detailed and contextualized understanding of men's experiences (e.g., Allen-Collinson, 2009; McCarrick et al., 2015). However, the experiences of men victims are underrepresented in the IPV literature. Some of the qualitative studies conducted in this domain have highlighted men's experiences of severe physical violence and control and manipulation (e.g., Allen-Collinson, 2009; Stitt & Macklin, 1995). Other qualitative studies have highlighted the negative psychological effects of IPV on male victims – such as suicidal thoughts, disassociation, and avoidance (e.g., Fergusson et al., 2005; Migliaccio, 2002) – and revealed that men often find their experiences as victims severely harmful, both emotionally and physically (e.g., Gadd, Farrall, Dallimore, & Lombard, 2002). Furthermore, Cook (2009) and Hines, Douglas, and Berger, 2014 highlighted that male victims pay a particularly high price for both reporting and experiencing IPV (e.g., losing custody of their children and being targets of false accusations of child abuse).

### **The current study**

Current knowledge of the nature, dynamics and reactions to IPV among male victims is limited. Furthermore, there is a need for a better understanding of how male victims use existing resources: When do men seek help? When seeking help, which sources of help do men seek and how do they experience this process? This information is essential to comprehend the process of help-seeking from the male

victims' perspective. To fill these knowledge gaps, we conducted in-depth qualitative research with Portuguese male victims of their female partner's violence. The overall aim of the present study was to explore the experience of male victims who had sought help for their victimization. The specific research questions were: a) What forms of abuse and dynamics do male victims of IPV experience? b) Which consequences do male victims report after the experience of violence? c) How do male victims cope with violence? d) How do male victims perceive the process of seeking help? and e) How do men feel about the help utilized or offered?

This qualitative study is also important because IPV against men remains largely overlooked across the European Union (UE) and absent in the national plan against domestic violence (DV) even though IPV has been considered a political and social priority area (e.g., Commission for Citizenship and Gender Equality, 2014). This is in spite of the fact that the number of men seeking help in the country had increased significantly in the last decade (Geral Secretary of Ministry of Internal Affairs, 2015; Portuguese Association for Victim Support (APAV; APAV, 2015). In addition, to the author's knowledge, the few qualitative studies to date were conducted in the USA, United Kingdom, and Australia (e.g., Cook, 2009; Hines et al., 2007; Gadd et al., 2002; Lewis & Sarantakos, 2001; Migliaccio, 2002; Stitt & Macklin, 1995; Tilbrook et al., 2010; Tsui, 2014); therefore, there is a need for more knowledge in European countries.

## Method

### Participants

The participants in the present study were ten Portuguese male victims of IPV in heterosexual relationships who had sought formal help from DV agencies and/or the legal system. The men ranged in age from 35 to 75 years ( $M = 51.6$ ,  $SD = 13.84$ ). Participants' levels of education varied from elementary school to a doctoral degree. Six participants were employed at the time of the study and four were retired. In terms of socio-economic background, eight participants were middle class or lower and six men lived in a rural area. Table 15 outlines additional demographics.

In terms of relationships, the majority of the participants ( $n = 8$ ) were currently out of the violent relationship. The mean of the length of the relationships was 15.5 years ( $SD = 12.43$ ;  $Min = 4$ ,  $Max = 38$  years) and the average number of children was 1 ( $SD = .88$ ;  $Min = 0$ ,  $Max = 2$ ). The majority of the participants ( $n = 9$ ) had reported to police the incident of DV. All of the data from relationship characteristics are listed in Table 15.

Table 15

*Participant's demographics*

Participant <sup>11</sup>	Age	Nationality	Education	Professional situation	Socioeconomic status	Housing location
A	45	Portuguese	≥ 12 years	Employed	Upper middle class	Urban
B	35	Portuguese	≥ 12 years	Employed	Middle class	Urban
C	66	Portuguese	<12 years	Retired	Lower class	Urban
D	53	Portuguese	≥ 12 years	Employed	Upper middle class	Countryside
E	40	Portuguese	≥ 12 years	Employed	Middle class	Countryside
F	43	Portuguese	<12 years	Employed	Lower middle class	Countryside
G	61	Portuguese	<12 years	Retired	Lower class	Urban
H	62	Portuguese	<12 years	Retired	Lower middle class	Countryside
I	75	Portuguese	<12 years	Retired	Lower class	Countryside
M	36	Portuguese	<12 years	Employed	Lower middle class	Countryside

Violence reported by the participants was only unidirectional (women's violence toward men) and there was no overlap of the victim/perpetrator roles. However, the majority of the cases included a dual allegation of DV: in 6 cases, female partners reported the incident to police first, and in 4 cases, men reported to police first. In two cases, only one of the members of the couple reported to police: a woman in one case and a man in the other case. At the time that data collection was finished, the majority of the legal processes were ongoing in the judicial system. However, in two cases, the judicial process had already concluded, resulting in female partners receiving "suspended sentences" and being ordered to pay financial compensation to their partners.

<sup>11</sup> In order to ensure anonymity participants' real names have been replaced with initials.

Table 16

*Relationship characteristics*

Participant <sup>12</sup>	Relationship status	Relationship Length	N of children	Current violence	Criminal complaint
A	Past	20 years	2	No	Yes
B	Past	10 years	2	No	Yes
C	Past	5 years	0	Yes	Yes
D	Past	4 years	0	No	Yes
E	Past	8 years	1	No	Yes
F	Current	16 years	1	Yes	No
G	Past	38 years	2	Yes	Yes
H	Current	36 years	2	Yes	Yes
I	Past	5 years	0	No	Yes
M	Past	13 years	1	No	Yes

**Instruments**

**Demographic form.** A demographic form was used to collect information about the participant's demographics and the abusive relationship characteristics.

**Semi-structured interview.** The semi-structured interview consisted in 21 open questions divided into five sections. The first section dealt with "insight of victimization – the turning point" (e.g., "Can you identify the moment when you realized that you were a victim of violence?"). The second set of questions focused on the participant's experience of IPV, in particular, the identification and description of victimization (e.g., "Throughout the intimate relationship that you maintain/maintained, were you the target of abusive behaviour(s)?"). The third part of the interview was developed to understand how and where men seek help (e.g., "How was it for you asking for help?"). In addition to describing their experiences, the participants were asked questions about the social reactions to IPV against men (e.g., "How do people [family, friends, and society in general] see men who are victims of intimate violence?"). The final set of questions dealt with the participants' needs and resources to face IPV (e.g., "Given your

<sup>12</sup> In order to ensure anonymity participants' real names have been replaced with fictional initials.

experience as a victim of abusive behaviour, which are the main needs of men that suffer from intimate violence?”). For the purpose of this study, we focused on the second, third and final set of questions.

## **Procedures**

**Data collection.** A pilot interview was conducted with two male victims of IPV. The interview protocol was then reviewed on the basis of the participants' comprehension of the questions (this resulted in simplifying the language used). Subsequently, several organizations in Portugal specializing in IPV support (e.g., DV agencies, police, social services), were contacted. The responsible members of the organizations were informed of the goals of the study and their collaboration was requested to help identify and contact potential participants. Then, appointments were made with men who volunteered to participate. Participation was free and no incentives were offered. The first researcher, who conducted all the face-to-face interviews, visited the organizations specializing in IPV that had referred the participants to obtain informed consent from them. The consent form explained the nature of the study, ensured confidentiality, explained the conditions of participation (e.g., volunteer collaboration, exit at any stage) and requested permission to record the interviews. At that point, the participants were asked to complete a short demographic form. Participants were interviewed individually in the institutions that collaborated. Data collection lasted 6 months. The interviews ranged from approximately 45 minutes to 2 hours. All interviews were audio recorded and transcribed verbatim to respect the specificities of the discourses. Transcriptions were reviewed by the first author for accuracy and revised when necessary.

**Data analysis.** Data were coded by the first author following thematic analysis. Interview transcripts were analysed based on the emerging themes, using an inclusive criterion, as each theme could be included in more than one category. An initial coding grid was used to guide the initial coding's (e.g., first signs of IPV, cycle of violence, and factors that intensified violence were independent codes), which were refined and added as inductive codes emerged (e.g., dynamics of violence incorporated the three codes discussed above). The final coding grid includes core categories, subdivided by secondary and more ideographic categories. Themes emerged from the data and interpretative work was necessary to identify them.

To ensure the validity and credibility of the results, different strategies were adopted, including constant comparative analysis of the data and a dense description of the meanings found therein, further identified in the results section by a detailed presentation and illustration of each category with excerpts of the participants' speech. Additionally, an independent coder (the second author) analysed 50% of the

interviews, randomly assigned, to ensure data reliability. After independent review by a co-coder, the fidelity rate was calculated using Vala's (1986) formula:  $F = 2(C1, 2) / C1 + C2$ . The number of agreements between the codifiers was divided by the total categorizations performed by each:  $2(638) / 638 + 662 = 0.98$ . The result was a fidelity rate of 0.98, which represents an excellent level of agreement (Guest, Bunce, & Johnson, 2006; Martins & Machado, 2006), allowing confidence in the results obtained. Coding discrepancies were discussed and resolved by the coders by consensus. A senior researcher (fourth author) audited the coding process.

## Results

Analysis of the interviews yielded the following five main themes that describe the voices and experiences of men as IPV victims: 1) Types of violence; 2) Dynamics of violence; 3) Impact of IPV; 4) Coping; 5) Type and quality of help-seeking. Each main theme has a number of subordinate themes (see Table 17). Direct quotations from interview transcripts highlighting particular aspects of these themes can be found throughout the text and each is identified by an interviewer code.

Table 17

*Discourses of men victims: Main themes and sub-themes*

Theme	Sub-theme
Type of violence	Direct
	Indirect
Dynamics of violence	First signs
	Cycle of violence
	Intensification factors
	Most remarkable episode of violence
Impact	Victim
	Children
Coping	Do something in isolation
	Engage with the partner in some way
	Seeking help
Nature and quality of help-seeking	Formal
	Informal

## Type of Violence

All participants described a range of minor to severe forms of violence inflicted by their female partners. From this theme emerged the following sub-themes: (a) direct violence; and (b) indirect violence.

**Direct violence.** The majority of participants reported being subject to five types of direct violence, i.e., violence perpetrated directly against them: psychological, physical, economic, stalking and legal administrative. Each of these types of violence consisted of different types of behaviors, with minor to major consequences. Overall, men describe being victims of multiple forms of violence. Physical and psychological violence were mostly cumulative. No man reported the episodes of IPV as isolated incidents; instead, men described the violence as a continuing part of the relationship.

*"... from throwing things that I liked the most. For instance, I had gone on a trip to Canada (...) I brought a footprint of a bear and (...) a statue (...). And it was on the table not even eight days before she threw it right at me, and broke it all..."; The other situation is the psychological torture (...) Many times she left me somewhere and left with the car (...); on the weekends she turned off the lights on me and cut the water (...) The torture is to feel that I am there under her control, and that she does what she wants." (B., 35 years).*

Concerning legal administrative abuse (i.e., when one partner uses the legal and administrative system to the detriment of the other partner), participants described the following.

*"The game was: I [partner] will massacre you, you will lose your head, and I will reported it to the police! It's the use of the law that I was telling you [interviewer] about." (C., 66 years)*

*"What is your idea of accusing me to have threatened you or hit you, or whatever you had accused me of... (...) when it was you, throughout our life, who sometimes lost control and hit me? And she laughed at me and said: "Ah, you didn't reported to the police at me that time, so now you cannot do it because now more than six months are passed and you can no longer do it". And she said that to me perfectly cynically." (A., 45 years)*

As a sub-theme of legal administrative abuse, "self-partner aggression," emerged. This was a tactic used to legitimize the violent partner's own behavior.

*"She mutilated and scratched herself and made up as if I had run her over. And since that incident, it was from there that I was charged of DV (...) I was notified to present in the court (...) identified, and prohibited to leave the country." (B., 35 years)*

**Indirect violence.** Some men also described indirect violence, i.e., violence that was not perpetrated directly against them. More specifically, men reported that their children were also victims of IPV.

*"This is always connected to the problem of children, isn't it? It is always connected to the blackmail that is made and the violence that is done using the children and that children are exposed (...) My daughter was subjected to brainwashing about me, the most barbaric things involving intimate life scenes, where I was painted as a perfectly wicked person and a pervert."*  
(A., 45 years)

### **Dynamics of Violence**

Four sub-themes emerged and highlighted different aspects of the dynamics of violence: (a) first signs of IPV; (b) cycle of violence; (c) intensification factors; and (d) most memorable episode of violence.

**First signs of IPV.** The first signs included what men recognized as the red flags or factors that might have alerted them to the abusive nature of their intimate relationships: evidence of control, jealousy, problems with children, pressure to disconnect from children from a previous relationship, social isolation, other family members' reactions, and economic problems.

*"I think things start from the very beginning, but we do not really notice them. For example, I used to belong to the scouts, I used to play in a group, I was involved in a lot of activities, and then I had to give up all that. Gradually the pressure was greater."* (B., 35 years)

**Cycle of violence.** Some men described a pattern similar to Walker's cycle of violence (1985), i.e., three distinct phases, varying in time and intensity. Those phases were described as tension-building, then acute battering, followed by "loving" and apologetic behaviour.

*"She regrets a lot. She regrets it all the time, I already lost count of the times she asked me for forgiveness. But afterwards, she does it all over again."* (H., 62 years)

In addition, men reported that these patterns of violence often began with forms of violence that were psychological and economic but then extended to other forms of violence that became more physical.

*"She always was very suspicious. And at the beginning, she was always inventing stories that I was involved with woman A or B, even from men she was jealous, but as time went by, she started to become furious with her jealousy and started to hit me, to rip my clothes (...)." (H., 62 years)*



**Intensification factors.** Men reported the birth of a child, economic problems and housework, lack of respect, betrayals and divorce as factors that intensified violence.

*"...Discussions began to be more frequent, because of questions about basic needs and also because the cleaning of the house." (M., 36 years)*

*"Things get more complicated after having children, you know?" (E., 40 years)*

**Most memorable episode of violence.** The majority of participants reported psychological violence as more significant to them than physical injuries. Men also discussed episodes that had serious effects on them. These involved the first instance of aggression, being locked up in the garage, presentation of false complaints to police, episodes of severe physical violence, attempts at trampling, threats to hurt other family members, threats of never seeing their children again, denigration of sexual performance and betrayals.

*"...and at a certain point, she started to talk about lock me up in the garage (...) she went to the kitchen and got a knife in a plastic bag and then when she was about to close the door she showed me the knife that was to stab me. I remained silent out of fear." (I., 75 years)*

*"I was in fact severely and barbarically injured. I was kicked in the head and in my ribs with sharp-toed boots. When I went to the hospital, I thought that I had broken my ribs...I had pain for several months, I couldn't sleep. On that day, I clearly realized that I was a victim of IPV." (A., 45 years)*

## Impact

Participants described the consequences of being victims of IPV in terms of negative effects on themselves and on their children.

**Consequences of being a victim.** Many participants described how the experiences of IPV had negatively affected their lives and their well-being at the psychological, physical and social-relational levels.

*"...this is not easy, as it makes you think too often about shooting yourself in the head, to disappear. It's a lot, a lot of a pressure." (B., 35 years)*

*"I was sad, very sad. I even trembled, my fingers trembled (...) It seems that I was afraid all the time." (I., 75 years)*

Additionally, negative consequences affected professional performance, daily routines, parenthood and finances.

*"It's sad, because, in my work, I was never late, you know? If I started to work at 8, at least fifteen minutes before I needed to be there. And then there was a phase that I was really tired, you know? I could not rest because she would not let me and I started to be late for work." (E., 40 years)*

A clear picture emerges from the data, suggesting that participants sustain the cumulative effects of injuries as a consequence of their violent intimate relationships.

**Consequences for children.** Men also reported that they weren't the only ones affected by these experiences. Many participants reported direct and indirect consequences of this experience on their children.

*"It is so sad that a child watches this, it is very sad (...) my son suffered a lot (...) And he does not like his mother, I already picked up many papers where he wrote down what he feels." (F., 43 years)*

## **Coping**

Men described having developed a range of coping strategies and tactics in order to manage life with an abusive partner. The following sub-themes emerged: (a) do something in isolation; (b) engaging with the partner in some way; and (c) seeking help.

**Do something in isolation.** Participants described using strategies such as leaving home temporarily, trying to hide, trying to calm themselves, trying to leave the relationship, sleeping in separate rooms, crying, isolating themselves, devaluing the situation, avoiding the problem, and consuming alcohol.

*"I tried to calm myself (...) be alone, away from confusion and people (...) and I waited for time to pass. For this passes too." (B., 35 years)*

*"I never talked much with my friends about this. I always, I always hid it. I remember one time that she scratched me in the face, and I put facial foundation or something like that (...) that thing that you [women] use for trying to hide such things; even with that, the scratches were visible, so I didn't went to work on those days." (B., 35 years)*

**Engage with the partner in some way.** After an episode of violence, victims' strategies included talking to the partner, trying to calm the partner and acting in self-defence. Participants reported having attempted talking to or trying to calm the partner more than acting in self-defence.

*"Typically, I tried to calm her down." (A., 45 years)*

Regarding self-defence, participants indicated that they reacted to violence only by restraining their partners from hurting them.

*"I never attacked her; instead, I always tried to defend myself from her attacks." (B., 35 years)*

**Seeking help.** Seeking help was divided into informal help (including family, friends and colleagues at work) and formal help (including police, domestic violence agencies, the legal system, health care and social services). The first sources of support that most men activated were informal, and sometimes these sources informed men about the existence of formal resources.

*"The times that she was broken everything, totally euphoric, and she looked like a werewolf, I called my mother, and she came running to try to calm her down." (B., 35 years)*

*"The other day, my neighbor saw me, and I was really down; she marked me an appointment and took me to the doctor." (F., 43 years)*

Regarding formal help, men looked for help from different sources and sometimes from more than one source at a time. The majority of men had looked more for formal than informal help.

### **Nature and quality of help-seeking**

Men described how the help-seeking process occurred from the victim's perspective. As discussed above, men looked more for formal than informal help. However, the overwhelming majority of participants rated formal sources as unhelpful, especially the services of the judicial system. Conversely, men reported that they had received valuable support from friends, family and colleagues at work.

Regarding formal sources of help, the voices of these men were affected by their contact with the police and the legal system. Men also reported differences in treatment of men versus women, as well as the constraints of the system, mainly in terms of the help provided by the legal system and police. More specifically, most participants who had contact with the police were not satisfied with the outcome, describing how they were further victimized by such contact. Some men reported that when they called the police during an incident in which their female partners were violent, the police typically failed to respond.

*"A man calls the police (...) and do you know how many I reported the incidents to the police? At least 6 or 7! And nothing (...) they didn't responded to it as domestic violence! My partner*

*scratched me, called me names, and hit me (...) I called the police (...) and in the end, the prosecution doesn't consider it violence nor offense." (G., 61 years)*

Men also reported being ridiculed by the police:

*"The officers made fun of men. I was scorned by the system. The officer told me: your wife scratched you, but the only thing that I have to say to you is: you are worthless. You push her against the wall, give her two punches and the problem was solved." (G., 61 years)*

Within the judicial system, some male victim of IPV also reported experiencing gender-stereotyped treatment.

*"The mother of my daughter was there and talked maybe almost 2 hours (...) and I was heard for 10 minutes, you see? (...) The judge heard only her version, and chose a side." (E., 40 years)*

Regarding social services, men also reported experiencing bias and double standards, as they were always treated as the aggressor:

*"The professional [from social services] always treated me as if I was an offender." (M., 36 years)*

Health care services were characterised as doing nothing except prescribing medication. Nevertheless, a minority of participants did mention helpful interventions from formal services.

*"They heard me, they didn't judge me, they gave me support. Sometimes, only hearing what we have to say and having friendly words make the difference." (M., 36 years)*

It is also notable that men cited improvements after seeking help from DV agencies. They described the psychological benefits of this help.

*"...I consulted a psychologist and it was good (...) It changed the way, perhaps, to think about it and to understand what was happening to me. For example, one thing that always got me into confusion was (...) why this, why this was happening to me." (B., 35 years)*

Informal help was viewed by men as successful. Men explained that relatives and colleagues at work were very helpful.

*"They [colleagues at work] support me all the time. They told me to go to see a psychologist, they told me to go to social services." (E., 40 years)*

## Discussion

IPV inflicted on male victims by their female partners is an under-researched area of IPV that, at an international level, is only now coming to the forefront of debates. In Portugal, to the authors' knowledge, this is the first qualitative study to explore men's experiences as victims of IPV and their help-seeking process.

Nevertheless, although the participants in the current study are heterogeneous and differentiated in terms of their demographics, all had been victims of different types of violence, i.e., psychological, physical, financial, stalking and legal administrative abuse. The four types of violence are similar to those reported by other victims of IPV (see, e.g., Costa et al., 2015; Finney, 2006; Hellemans, Buysse, De Smet, & Wietzker, 2014; WHO, 2013). However, legal administrative abuse seems to be a “contemporary” phenomenon that remains absent from general definitions of IPV (see introduction). This term has been used in a few studies (Hines et al., 2014; Tilbrook et al., 2010; Tsui, 2014), but in the present investigation, many participants have described experiences that qualify as legal administrative abuse (Tilbrook et al., 2010). In addition, even though (by the men’s accounts) they were nonviolent victims, six of the men described their female partners making false allegations of abuse to police. This could lead to the question if legal administrative abuse is specific of male victimization. This subject requires further investigation as for the men in this study, this type of abuse was particularly destructive and typically resulted in negative consequences for the victim.

As documented in other victimization phenomena (e.g., Matos, Dias, Gonçalves, & Santos, 2014), men also appear to be subject to multiple forms of violence, and physical and psychological violence were cumulative in the majority of the cases. Participants remained in the abusive relationship, on average, for 15 years, indicating an on-going pattern of violence with multiple occurrences over time. None of the reported episodes of violence were isolated incidents. In addition, several men described the violence as a continuing part of their relationships. Although eight participants were currently out of their relationships, in four cases, the violence continued. Finally, although stalking was infrequently reported as a type of violence used against them, for some men in this study violence did not necessarily end with the end of the relationship (e.g., Ferreira & Matos, 2013).

The literature on IPV dynamics indicates that violent intimate relationships with male victims and female perpetrators display similar characteristics in their initiation and growth as those found for male to female IPV (e.g., institution of abuse, normalization of violence; social isolation; Migliaccio, 2002; Walker, 1985). In our study, there was a consistent pattern: progressive introduction of abuse, with early signs being ignored, such as control, jealousy and social isolation, but which led to an escalation of abuse, similar to what is called the “cycle of violence” by Walker (1985). It is also worth noting that the men were able to identify factors that intensified the violence, such as the presence of children, economic problems, housework, betrayals and divorce. Delineating the dynamics of violence against male victims is one of the key contributions of the present work, which sheds light on the similarities of victims of IPV, regardless of the sex of either the victims or perpetrators. In addition, as shown in the work of Hines and

Douglas (2010), men can be considered victims of intimate terrorism (a type of violence that in Johnson's [1995] typology only attributed to women). The data seem to indicate that some descriptions of male victims also match this type of violence. Therefore, as discussed above, some typical conceptions and frameworks of IPV are challenged. In addition, according to male victims, IPV seems not to be limited to them alone, as some participants also described effects on their children. This vicarious victimization is consistent with the existing literature about IPV (see e.g., Martinez-Torteya, Bogat, Eye, & Levendosky, 2009).

Furthermore, it is generally acknowledged that experiences with IPV undermine the individual well being of victims (e.g., Hellemans et al., 2014). Men also experience this negative impact as a result of their victimization, whether at physical, emotional, or economic levels (e.g., Brogden & Nijhar, 2004; Coker et al., 2002; Reid et al., 2008). Participants described suffering from physical injuries, suicidal ideation, social isolation, sleep deprivation and loss of self-worth, joy in living, and weight, as has been assessed in prior research (e.g., Breiding et al., 2014; Coker et al., 2002; Finney, 2006; Randle & Graham, 2011). In addition to impacts on themselves, men also reported indirect consequences for their children, again consistent with the literature on female IPV victims (e.g., Evans, Davies, & DiLillo, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003). Moreover, extensive research has also indicated that IPV has consequences and implications for the future of those children who witness abuse between their parents, such as higher risks of future victimization and perpetration (e.g., Bowlus & Seitz, 2006), for males, this risk may be even higher than woman's (Coker et al., 2002).

Another important result of this study is that men were active in coping with violence. Men attempted to cope with their victimization in a variety of ways – from taking action in isolation, engaging with the partner, to seeking help. Regarding coping, we found only a small number of studies reporting on how men managed violence (e.g., Cook, 2009; Gadd et al., 2002). For instance, Gadd and colleagues (2002) found that participants activated different strategies, like self-isolation, physical exercise, and asking for support from third parties. Cook (2009) found that strategies such as not hitting back, hiding, masking the violence and calling the police to be common. Thus, in our study, men seemed to have used numerous strategies to cope with their partner's aggression, which probably made them more effective at handling violence because at the time of the interview, the majority of the participants were no longer exposed to violence.

Finally, as with the findings of Douglas and colleagues (2012), the participants looked for help in somewhat patterned ways. On one hand, it seems that when men looked for formal help (e.g., police, health services) the violence was more severe. Men were less likely to seek help through more active

means when the violence did not involve physical incidents and injuries. On the other hand, when the violence was less damaging, it seems that informal help was activated. It is vital that service providers and professionals are aware of this, so that they can better prepare to help male victims.

Most of the men who had sustained IPV reported experiencing gender-stereotyped treatment and dual criteria behaviour from professionals and services. Consistent with other research (e.g., Cook, 2009; Gadd et al., 2002; Hines et al., 2007; Hines & Douglas, 2011; Tsui, 2014), this study found that when men sought formal help for their IPV victimization, it frequently resulted in secondary victimization (i.e., statements/actions that could be distressing to victims; Campbell, 2005). In fact, seeking formal help was associated with negative effects on the participant's well being and life, aggravating the impact of his victimization.

Thus, men seem to become further (re) victimized by the system, and this seems to be an integrative part of their experience in seeking help. Being a victim seems to be coded as a female experience in Western society. Men experience serious difficulties when victimized in intimate relationships, both because of internal barriers they may have to address (men may perceive the help-seeking process as a threat to their masculine identity and have a fear of losing face; e.g., Choi et al., 2015; Oringher & Samuelson, 2011) and because of the treatment received from professionals. These difficulties appear to be intrinsically linked to dominant gender stereotypes and double standards that affect society as a whole, and professionals in particular (McCarrick et al., 2015).

Although the present study constitutes an analysis of men's experiences and yields innovative and valuable information that may be profitable for victims, policy makers and social service practitioners alike, it is not without its limitations, which future research should address. By using a qualitative approach, we were able to respond to some critics concerning the design of quantitative studies and to the lack of meaningful results about the experiences of men as victims. However, one potential limitation of the current study is its small sample size. Conversely, the richness and in-depth nature of the findings may balance out the limits of the small research population (Brodgen & Nijhar, 2004). A further limitation is the retrospective nature of the research, given that the majority of the men were longer in their abusive relationships at the time of their interviews and were asked to recall their past experiences. It is also acknowledged that when using a clinical-forensic sample, we get to know the experiences of those who sought help; however, the experiences of these men may not reflect the experience of all male victims, including the experiences of those who never sought help. Another point worth mentioning is that we used

face-to-face interviews and the researcher was a female; however, there are other variables that also seem to play a role in self-disclosure (e.g., Chan, 2011).

### Conclusion and recommendations

Qualitative studies are essential to give voice to overlooked populations, such as male victims of IPV. This study suggests that violence against male victims who seek help is quite severe on both mental and physical levels. There seems to be an endemic response to victimization that is perpetuated by the negative outcome of seeking help from formal sources. Although under researched, there appears to be a consistent pattern emerging that professionals and society are still configured to offer stereotyped services and so cannot properly serve other victims, in particular, men (e.g., Hines et al., 2007).

Thus, one of the major contributions of this study is to establish that there are many more similarities between male victims and other victims than may be expected from current conceptualization (e.g., dynamics of violence, coping). In addition, it was found that men looked for help in somewhat patterned ways.

Following the argument of McCarrick and colleagues (2015), it is our understanding that there is a need to adopt a gender informed approach, i.e., “*a movement away from the traditional feminist perspective of domestic violence and towards a societal view that addresses the potential for both men and women to be victims and perpetrators of domestic violence*”. Developing awareness and prevention measures aimed at both sexes is critical. Men must be targets of inclusive public campaigns. For instance in Portugal, as far as we know, there is no victim-support network or media campaign targeting men. In addition, it is essential to encourage abused men who need services to request such support. Only by adopting this approach will professionals become sensitized to the difficulties faced by men and develop services for them, if such services are needed. More research into male victimization is necessary, particularly regarding the process of change that allows some men to recognize themselves as victims and to overcome their victimized positions.



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## DISCUSSION AND CONCLUSION



"It ain't what you don't know that gets you into trouble.

It's what you know for sure that just ain't so".

Mark Twain



The study of IPV has decades and the scientific literature knowledge on this field is, currently, solid and diverse. The same cannot be said, however, about the awareness of male victims of IPV, especially in the Portuguese context. Given the paucity of studies on male victims of IPV in Portugal, the first aim of this research was to contribute to the social visibility and to raise awareness to this phenomenon. Simultaneously, this work ambition was to produce knowledge that could inform the practice, contributing to lighten the characteristics and difficulties of those victims. Moreover, at an international level, this work has innovative contributions shedding light in some areas that were less target of attention.

Therefore, it was from these core objectives that this dissertation was designed and organized. Transversal to all the chapters were the first two goals, but mainly, it was in the chapters I and II - theoretical studies - which these goals were, in its majority, achieved. Chapters III, IV, V and VI, the empirical studies, with a mixed design, responded to the other goals and developed further the international knowledge on this subject. According to the assumptions of a mixed design, for a study to effectively assume a "mixed" character, it is necessary that it includes some form of integration and combination of the quantitative and the qualitative data, which should occur during the discussion of the work (Hanson, Creswell, Clark, Petska, & Creswell, 2005; Leech & Onwuegbuzie, 2007). The data from each study were already discussed individually in the previous chapters, hereinafter, we do not intend at this stage to be exhaustive in the discussion of the results, but rather reflect about this work from its points of convergence or discontinuity and integrate the main findings from both study phases with an equal emphasis.

Firstly, we begin by highlight the innovative nature of this research through the inclusion of two empirical studies methodologically distinct but complementary. Also, despite all the limitations of the studies presented and discussed earlier (see chapters II, III, IV, V and VI), we tried to overcome the limitations pointed out to the IPV field by using a mixed method design, a criteria of victims identification and men's reports of victimization, perpetration or overlap. The methodological design adopted allowed us to investigate a coherent set of questions, arriving at consistent results across studies and building upon them from one study to another. To better present this conclusion, we organized this final discussion around 4 areas: 1) key findings drawn from the empirical studies; 2) practical implications the empirical studies; 3) general consideration of future research developments and 4) final remarks.

## 1. Key findings

In this section the main findings of the studies conducted will be analysed, as well as how they integrate and complement each other. The findings allowed us to broaden our understanding about this phenomenon, namely:

### 1.1 IPV is a complex and multifaceted phenomenon; IPV against men is one of its distinctive facets

In the last years, a growing segment of the IPV literature demonstrates that this phenomenon is complex and heterogeneous with numerous distinctive facets (e.g., Winstok & Straus, 2014). Johnson (2006, p. 45) argues "*It is no longer scientifically or ethically acceptable to speak of domestic violence without specifying the type of violence to which one refers*". Langley and Levy (1977, p. 208) defend that "*husband abuse or battering should not be viewed as merely the opposite side of the coin to wife abuse or battering. Both are part of the same problem, which should be described as one person abusing or battering another person*".

Almost 40 years after the first mention of men as victims of IPV (Steinmetz, 1978), a sizeable proportion of empirical data on this subject demonstrates that IPV against men constitutes a real worldwide phenomenon. The findings of the studies contribute to this empirical evidence. In our community sample, in the quantitative study, a pattern of less severe violence was found. The form of violence more common (chapter III) was bidirectional (73.3%) which had given support to the symmetry perspective of the family violence researchers. According to Johnson's (1995) typology, these findings could represent situational couple violence or mutual violent control. As shown by the literature (e.g., Tyller & Wright, 2014) and corroborate by this study (chapter III), the high prevalence of cases of overlap demonstrate the complexity of this phenomenon and reiterates the need for a change in the prevalent paradigm of victimology. Likewise, in the qualitative study (chapter VI), with a help-seeking sample, our results also revealed that men are victims of IPV, but in a more severe pattern than the community sample. Men reported to be victims of intimate terrorism, a type of violence that, in Johnson's typology is almost entirely male-perpetrated and is strongly related to gender attitudes (e.g., Johnson, 2011). Even though our dissertation aim was not to test Johnson's typology, the main findings of this study failed to provide it full support and challenge this typology: according to this typology, men shouldn't be found to be victims of intimate terrorism.

Furthermore, another topic that contributes to the complexity of this phenomenon is the way in which the theories and methodologies used can change the findings of the prevalence rates found (chapter II; Cook, 2009; Dias, 2004; Esquivel-Santoveña & Dixon, 2012). Consequently, the results of

this work highlight the importance and the ethical responsibility of the researchers and practitioners when deciding on the theory, methodology and sample of their empirical studies to capture this phenomenon.

## **1.2 Men have difficulties in recognize themselves as victims of IPV and their victimization seems to have some idiosyncrasies within the literature**

Our findings suggested that male victims have difficulties in label their experiences as “violence” or “abuse” or even identify themselves as victims, which other authors have also found (e.g., Artime, McCallum, & Peterson, 2014). In the community sample (chapter III), only 5.7% of the sample ( $n = 89$ ) recognized themselves as victims when a direct question was asked, even though 76.4% of the whole sample revealed that their partner initiated the first abusive behavior in their intimate relationship. In chapter V, men reported the obstacles that they experience as victims: “I did not notice that I was victim” (64.7%), “Shame” (30.9%), “Distrust of the support system (19.1%)”, “Fear of them not believing my story,” (10.3%) and “Fear of retaliation from my partner” (8.8%). The qualitative study (chapter VI) also gave strength to these findings. These results seem to reflect the social invisibility and the lack of awareness of IPV against men as well as the obstacles that men experience as victims (e.g., Barber, 2008; Douglas, Hines, & McCarthy, 2012).

Identification as a victim seems to depend upon wider historical, social and cultural processes, as well as other characteristics of the victim, as their gender, race or class (Spalek, 2006). As a result, men may be particularly resistant to recognize themselves as victims due to the “*threat that notions of passivity and helplessness may have for their masculinity, when the dominant representations of manliness valued in western society appear to include men as ‘being able to look after themselves and their families’, as men who are ‘strong’ and resilient*” (Spalek, 2006, p.9). If men do not acknowledge their victimization and this phenomenon continues to be involved in social invisibility, men victims will remain hidden (e.g., Artime et al., 2014) and their symptoms and victimization may be exacerbated by these conditions, leading, consequently, to a bigger need in having specialized support answers and well-trained professionals.

Another idiosyncrasy of being a men and a victim is the legal administrative abuse. Consistently with other studies (Hines, Douglas, & Berger, 2015; Tilbrook, Allan, & Dear 2010) we found in chapter VI that men reported being victims of this type of violence characterised by the differential treatment that men are subject by the employees of relevant non-governmental (e.g., domestic violence agencies) and governmental (e.g., family courts) services on the base of stereotypes which associate men as always the perpetrators of IPV and women as victims.

Men also seems to live hard times when they sought for help in a system built to help women, as we will develop further in the next topic. Therefore, as another specificity men victims indicated that they are in need of emotional, specialized and social support. The participants also indicated the necessity to have access to information/prevention campaigns and health care services.

In its turn, this research also analysed, throughout the chapters, some similarities between male victims and the literature about female victims (e.g., Walker, 1985). As reported in the literature with female samples, men in our studies also reported: a significant negative impact as a result of their experience of victimization (chapter IV and VI), being victims of intimate terrorism (chapter VI), and similar patterns of violence, i.e., long relationships, cycle of violence, dose effect of victimization, and the continuity of violence after the end of the relationship (chapter VI). In chapter IV, factorial analyses of the perceived motives for partner aggressive behaviour and the reasons that prevent men from leaving the violent relationship revealed likewise similar results (e.g., Kim & Gray, 2008; Weston, Marshall, & Coker, 2007).

So, this research contributes to establish that there are many more similarities between male victims and other victims that we might expect. At the same time, it alerts to the unique characteristics of IPV against men.

### **1.3 The majority of men victims suffer in silence, evaluate negatively the help-seeking services and are revictimized by the support system**

As literature review (Cook, 2009; Douglas & Hines, 2011; Tilbrook et al., 2010; Tsui, 2014) and chapter IV, V and VI evidenced, male victims of IPV are unlikely to seek help. Masculinity hegemony and social gender discourses and expectations seem to impede male victims from recognizing their victimization and to create barriers for getting the help they need (e.g., Mankowski & Maton, 2010). Relations between masculine gender socialization and help-seeking are complex.

Nevertheless, the data gathered in chapter VI demonstrates that men were active in reaction to IPV and were able to go through various attitudes and resources to manage violence. However, when men do seek help, they rate formal sources as unhelpful. In chapter V and VI, the findings revealed that the impact and effects of IPV in men's lives seems to be higher due to the pressure of the societal expectations of masculinity, gender-stereotyped treatment and dual criteria behaviour from professionals and services. In Portugal, as in other western nations, our findings showed that it is hard for a male victim to fit in a support system who was not built considering them as victims (e.g., Cook, 2009; Drijber,



Reijnders, & Ceelen, 2012; Hines, Malley-Morrison, & Dutton, 2013). Indeed, professionals and society seem to be still configured to offer stereotyped services.

Another important finding is that predictors of help-seeking (chapter V) indicates that when men seek help, they are really in need (e.g., Hines et al., 2013). In addition, the help-seeking process of men victims in the qualitative sample seems to occur in a patterned way. That signify that when men seek help, they are likely to suffering from a higher rate of physical IPV and perceive a greater negative impact on their life's as a result of it. In contrast, men looked for informal help when violence was less severe. Consequently, this information is critical for the support system: help-seeking behaviors of men, when observed, should be taken seriously by victim's agencies and law enforcement.

Finally, the findings demonstrates that the impact of IPV is perpetuated by men victim's experiences of not being believed or being treated like the perpetrator by the support system, thus it frequently resulted in secondary victimization by the system (chapter V and VI). These experiences seems to be intrinsically linked to the prevailing gender stereotypes which affect society as a whole, thus it is not surprising that likewise affects the professionals of the support system. Therefore, men are revictimized by the support system, and this seems to be endemic to their help-seeking process.

In sum, IPV against men has some similarities to the known literature of female victims (e.g., a significant negative impact, dynamics of violence), but has also some specificities (e.g., legal administrative abuse, gender bias) that create barriers to men's help-seeking process and consequently contributes to the social invisibility of this phenomenon and constrains the support system availability.

## **2. Practical implications**

The main findings described can yield new and useful information that may be helpful for policymakers, social service practitioners, male victims of IPV and society as a whole. Indeed, one of the major goals of this work, having in consideration the paradigm of Applied Victimology that oriented all the research process, was to make some contributions and implications for academic and professional practice.

First and foremost, it is crucial that public policies and measures to combat IPV (i.e., prevention and intervention) adopt a more neutral gender approach and an ecological analysis to understand and guide research and practice into IPV.

The review of the literature and the findings of this dissertation provide a further challenge to the dominant frameworks used to interpret IPV (i.e., IPV is a "women's issue" and arises predominantly from

assaults by male perpetrators on female victims; e.g., Fergusson, Horwood, & Ridder, 2005). It is our understanding that IPV needs to be analysed from a wider perspective to allow its full acknowledgment and to meet the experiences and needs of all its possible victims (e.g., Archer, Dixon, & Graham-Kevan, 2012; McCarrick, McCabe, & Hirst-Winthrop, 2015), including men victims. The lack of interest and concern for violence against men has limited our understanding of IPV as a complex phenomena and of victimization in general (e.g., Graham-Kevan, 2007b).

Theoretical perspectives underlying the nature, etiology and contexts of IPV are essential as they inform professionals and policymakers how they should best address and act to reduce (ideally, to eliminate) this social and criminal problem. Until research is able to reconcile the opposing findings and policy makers have a clear understanding of gender in violent relationships, some victims may be overlooked and resources may be misallocated. Understanding the gender debate is essential to assure that victims receive services, agencies receive funding, and perpetrators have accountability within the social and criminal justice systems (Melton & Sillito, 2012). Therefore, it is crucial that practices are driven by theory that is supported by good quality empirical evidence (Dixon & Graham-Kevan, 2011). Nevertheless, policy and practice in Western nations seems to still be shaped by a gendered approach to IPV, which is associated with feminist analyses (e.g., Bates, Graham-Kevan, & Archer, 2014; Bates & Graham-Kevan, 2016).

Despite much international evidence that undermines the gendered perspective of IPV (e.g., Archer, 2000), this approach is often reflected in the aims of many organizations to date (e.g., Dixon & Graham-Kevan, 2011; Graham-Kevan, 2007a). For example, nowadays, the most known political instrument in Europe used to prevention IPV, protecting victims and prosecuting accused offenders, is the Istanbul convention. This instrument is the first to legally-binding the countries, which creates a comprehensive legal framework and approach to combat violence against women (Council of Europe, 2011). Istanbul convention was a step forwarding in having a coordinated action in Europe to eradicate this phenomenon, however, this convention also has its ground in the gender perspective of IPV. In order to be able to effectively respond to a phenomenon as complex as IPV is, we, as other authors (e.g., Dixon & Graham-Kevan, 2011; Graham-Kevan, 2007a) believe that Europe (in particular Portugal) needs to adopt a wider theoretical perspective, one that includes, for example, same sex, female to male or reciprocal IPV. This dissertation intention is not, at any moment, to de-emphasize the importance of providing services for women, but to increase awareness of the pervasiveness of other forms of violence, as IPV against men. However, having in mind the findings of this dissertation, Portugal, like other Western nations, does not appear to be prepared to address male victimization in their intimate relationships: for

instance, the national plans against IPV incorporate men as perpetrators and women as victims; and men evaluated negatively the help provided by the national support system.

Secondly, the research reviewed and the results found in the present dissertation clearly emphasize the need for more education and awareness from society, key stakeholders, practitioners and researchers, so that male victims of IPV can be recognized as such. Using as a model the path made by researchers dedicated to the study of woman victims, i.e., an increasing in research to achieve awareness of the magnitude and severity of the phenomenon, a similar path shall be done for IPV against men (McCarrick et al., 2015). Furthermore, if men were recognized as victims, if they felt support and had access to public available information, it would most likely facilitate their disclosure.

Thirdly, it is essential to develop measures of prevention that includes men as victims of IPV and address female-to-male violence appropriately (e.g., Arias & Corso, 2005). In Portugal, as far as we know, there is no victim-support network or media campaign targeting men. In chapter V and VI men acknowledged that need. In addition, having in mind the high rates found of victimization and perpetration in chapter III, it is urgent to implement prevention campaigns directed for the general population and to develop public measures to combat IPV contemplating the overlap phenomenon and its complexity (e.g., Dixon & Graham-Kevan, 2011). The results of the study developed in chapter III also called our attention to the need of preventing dating violence. Prevention programs in adolescence should recognize girls as potential perpetrators in the context of an intimate relationship, instead of just conceptualizing them as victims (Caridade, 2011). Adopting a gender inclusive perspective will allow to demystify the idea that female violence is less serious or more benevolent than that practiced by boys. IPV is a multifaceted phenomenon, and as such it is necessary that boys and girls are well educated to monitor their behaviors and to adopt other forms of problems resolution that do not involve the use of violence (e.g., Caridade, 2011).

Fourth, the results of this dissertation (mainly in chapter V and VI) underscore the pressing need for the development of services responsive to the psychological and social needs of men victims and an urgency to adapt these services to fit all victims who seek them, regardless of their gender (e.g., McCarrick et al., 2015; Hines & Douglas, 2011; Shuler, 2010). In the present dissertation, the negative evaluation made from men regarding formal support can be considered as being a possible barrier in investigating and preventing present and future violence. Findings from both quantitative and qualitative studies suggest that the formal support agencies need adequate training in the area of IPV against men. In addition, the victim-perpetrator overlap presents challenges for those working in this field. For instance, police officers called to a situation of IPV may have difficulties in determining who is the victim or the

perpetrator, as each element of the couple can claim the role of victim. It is important to change the dichotomous reading of the role of the victim and perpetrator in intervening in this field, once that the findings demonstrate that these roles are not often static or mutually exclusive (e.g., Tillyer & Wright, 2014). Consequently, it is particularly important that frontline professionals (e.g., psychologists, health professionals, police officer's) receive training in the subject in order to be able to carry out an early screening of cases of victimization, aggression or overlap, as well as proper plans of intervention and risk evaluation/management with male victims of IPV. Moreover, this dissertation also highlights the need for professionals and policymakers to recognize the potential for bias in their beliefs about the nature of this social problem, and how this may affects their practice, research and policies.

Fifth, the theoretical and practical implications of the results of this dissertation also concern the intervention and treatment of male victims of IPV. It is important to maintain a philosophy of non-discrimination, protection, and empowerment of all victims (e.g., Hines & Douglas, 2011; McHugh, Rakowski, & Swidersk, 2013; Sarantakos, 1999). It is time to develop treatment and intervention programs that address the specific needs of both men and women (Arias & Corso, 2005; Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012). Treating male IPV victims requires responses that address the negative consequences to men's mental health and the specific challenges that they face (e.g., legal administrative abuse, discrimination from support services, internal barriers), as demonstrated mainly in chapter V and VI. Services tailored to male victims should allow a space for men to explore and release their feelings in a safe, containing therapeutic environment (McCarrick et al., 2015). Other potential options to meet the men's needs would be the development of online support services, which could help men break the silence, or the creation of support groups. Neither of these options is currently available in Portugal for men when they face IPV. Moreover, public services, domestic violence agencies, police, courts, and other service providers should be alert to the factors that intensify both victimization and perpetration of IPV, and when possible, reduce or respond to these risk factors (e.g., Tyller & Wright, 2014). The plans and measures to cope with IPV against men shall also include the intervention with female perpetrators in order to maximize the possibility of eradication of violence, and should also include safety and intervention plans with men.

Finally, we consider that intervention measures cannot neglect the society in general (e.g., public opinion, the media, politics, educational and social institutions), once that it is essential to raise awareness of the society role and deconstruct many of the speeches about gender, love and relationships, shared and transmitted on a daily basis, that can be used to legitimize and tolerate IPV. In fact, the media have the power to shape our life, our thoughts and behaviors and how we construct our identities' (Barkhuizen,

2015). In particular, our beliefs about IPV are also constructed through the newspapers, magazines, films, television reports, movies and talk shows that we read/watch (Barkhuizen, 2015); and in those, men are still not the “appropriate” victims. Research that has looked at gender and the media has found a reporting bias against men (Naylor, 2001). A gender biases have also been found to affect people’s perceptions of the severity of IPV. For instance, one investigation with vignettes showed that when the public is asked about their perceptions of IPV, in which the characteristics of the victim, perpetrator, and incident are experimentally manipulated, the judgments against female perpetrators are less harsh than when the violence was perpetrated by men (Sorenson & Taylor, 2005). Therefore, an important component of designing prevention programs and gender equality campaigns is developing an understanding of how media portrayals of IPV against men influence public opinion and policy (Carlyle, Scarduzio, & Slater, 2014) as well as how negative qualities linked to the broader concepts of masculinity impede male victims from recognizing their victimization and create barriers for getting the help they need. In order to overcome the stereotypical assumptions about men as stronger and always being the dominant person in any relationship, it is urgent to expand these frameworks for examining IPV in the larger context of masculinity/femininity and institutional responses (Dasgupta, 2002).

In sum, and having in mind the social constructionist perspective adopted in this dissertation, although socially constructed, people are not mere passive receivers but active co-builders, therefore, the change and social/relational transformation is the responsibility of each and every one of us. Thus, only by an integrated action of all these different levels (i.e., awareness, prevention and intervention measures) it would be possible to aim for the eradication of IPV and contribute to healthy relationships where human rights are fully recognized.

### **3. Directions for future research**

This study, for its exploratory and innovative nature, started a new pathway of research about male victims of IPV in Portugal and cover some less studied areas at an international level. This dissertation demonstrated how concepts of IPV are multifaceted and how some of the limitations identified (see chapters II, III, IV, V and VI) seems to be intrinsic to this field of research, as previously identified by authors as Spalek (2006). Consequently, future studies, with a primarily focus on the male victim, are important to face the common challenges that IPV research need to overcome to further advance in the knowledge about this phenomenon. In addition, future research is also needed to continue to empirically

inform the practice and to contribute to the adoption of measures of prevention and intervention that effectively meet the needs of these victims.

Therefore, future research should: a) adopt an inclusive and neutral methodological and theoretical approach to gender (i.e., use of mixed samples; studies that measure both victimization and perpetration; measures with a gender neutral language and/or that contain specificities of violence against men); b) implement the use of more qualitative studies on the experiences of men victims of IPV, given the lack of studies to verify, for instance, whether men are or not victims intimate terrorism and their real needs; c) study both couple's elements, in order to understand the real extent of such violence, its context and dynamics; d) use physiological and biological measures, that could overcome the known limitations of self-report; e) invest in collect representative samples of the male population, to be possible to generalized the data; f) collect more data about the perceived reasons for aggressive behavior and the reasons that prevent men from leave their aggressive relationships to inform prevention and intervention efforts; g) focus on know more about the predictors of help-seeking behaviors to better prepare the support system; h) move beyond correlational and cross-sectional designs and utilize longitudinal data collection. Only then can causation be adequately investigated as well as how dynamics and patterns of violence start and evolve; i) consider to study men without using the criteria of identification as victims, now that we have preliminary data on men who self-identify as victims of IPV in Portugal; j) develop a valid screening tool specifically for men to capture its specificities; k) promote the study of women perpetrators of IPV (and its sub-groups), for instance, the types of acts and forms of violence that are perpetrated as well as the triggers of that violence, as well as develop perpetrator programs for women; l) invest in the study of the overlap phenomenon, i.e., there is any critical turning point which a victim adopt the role of perpetrator and vice-versa. In fact, understand if the overlap means a change in the role of victim/perpetrator or a steady accumulation of roles would be critical to the development of prevention and intervention programs; m) study homosexual men and samples with more intersectional characteristics to capture the diversity of male victims; n) perform systematic studies on the effect of IPV against men regarding their costs to health, economics and at a social level; o) evaluate the risk factors of IPV against men, because this information is almost inexistent and may provide a perspective that is less entrenched in gender stereotypes; p) implement studies about the beliefs/attitudes of the professional of support and judicial services, as well as studies about the perception that society has of male victims of IPV, once that its urgent to change the social framework that men victims are looked at and are expected to perform in a certain way not compatible with being a victim.

This information is still incipient in the literature. It could indicate more recommendations about the intervention and prevention of this phenomenon (e.g., Holtzworth-Munroe, 2005; Kelly & Johnson, 2008; Randle & Graham, 2011). The slight research conducted to date raises more questions than it still answers (Tutty, 1999) and might prevent the ultimate goal of eradicating IPV.

#### **4. Final remarks**

In the introduction of this dissertation we proposed to contribute to the (re)cognition and awareness of IPV against men, in the national context, once that this phenomenon was invisible. Therefore, it is imperative to conclude this dissertation with a reflection on the path made and on how our research work evolved throughout this Ph.D. project, as well as how this research was accompanied by some social changes.

In the end of 2011, when we began this work, we faced some difficulties, namely, regarding the authorization for collect a representative sample of men (that was denied), and the help-seeking sample, as well as some negative reactions from diverse audiences that we face when we started to talk about this subject. In addition, as mention in the introduction, at that time, IPV against men in Portugal only appeared in the title of a newspaper article a few times and this phenomenon was practically inexistent in the discourse of professionals and among general population.

As years went by, some changes started to happen, mainly, in the academic field and in the media attention. In the academic setting, IPV against men started to be an autonomous object of study that has been collecting a growing interest among students and researchers. In addition, in the professional field, we identify now a greater sensitivity regarding the phenomenon, which translates, for instance, into a collaborative approach with our proposals of research collaboration and a pursuit of specific knowledge about this phenomenon. However, we must emphasize that this professional awareness is only limited to the frontline professionals (e.g., victim support; police). The recognition of IPV against men has not permeated the discourses of the legal responses and policymakers. Progressive visibility to IPV against men is also manifested by the attention paid by the media. Far from being a media phenomenon, some interviews and recent newspaper articles reflect this growing interest and the social relevance of this phenomenon. For such recognition, contributed the disseminating of the results of research that the scientific community has developed and a small number of men who assumed their experiences and shared their stories to the media and acquired particular news value. Concurrently, the national agency for victim support - APAV -, in 2015, launched the first national campaign of prevention of domestic violence that includes a reference of men as victims of IPV.

However, this is still an ongoing process and we still have a very long way to full awareness of Portuguese society of IPV against men, as demonstrated throughout this work. Still, we are convinced that these were very positive developments and we hope to continue to contribute actively to the recognition of this phenomenon by providing clues to better known and characterise it as well as to inform social and criminal policy of the real needs of men victims.



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