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"Can someone just ever for one moment assume I could be a victim?" An exploratory analysis investigating male victims of intimate partner violence experiences of help-seeking.

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"Can someone just ever for one moment assume I could be a victim?" An exploratory analysis investigating male victims of intimate partner violence experiences of help-seeking.

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A thesis submitted in fulfilment of the degree of Doctor of Philosophy

Department of Psychology,
The University of West London,
September 2023

Declaration of Authorship

I, Kealey Jayes, hereby declare that this work was carried out in accordance with the Regulations of the University of West London. I declare that this submission is my own work, and to the best of my knowledge does not represent the work of others, published or unpublished, except where duly acknowledged in the text. No part of this thesis has been submitted for a higher degree at another university or institution.

Signed: ___Kealey Jayes_____

Date: __4/10/2023_____

Abstract

This thesis explores the help-seeking experiences of male victims of intimate partner violence (IPV) prior to and during the Coronavirus pandemic, the supporting experiences of practitioners supporting male victims during the Coronavirus pandemic, and also assesses how traditional stereotypes influences society's judgements of incidents of partner violence and their decision making to intervene in incidents of intimate partner. In study 1, male survivors of partner abuse were invited to participate in a mixed-method questionnaire about their experiences of abuse and help-seeking. The questionnaire also highlighted the barriers that prevented them from help-seeking. Results suggest that prescriptive and rigid stereotypes inform support organisation's descriptions of typical partner violence incidents, and typical perpetrator and victim characteristics, resulting in support organisations disbelieving men's experiences and male victims experiencing discrimination. Furthermore, these same stereotypes inform men themselves, meaning that some male victims do not perceive their experiences as abusive nor see themselves as a victim of IPV. Study 2 consisted of two sub-studies that acted as a comparative whole study. Study 2a similarly explored men's help-seeking experiences, but, during the unexpected Coronavirus pandemic. This study explored two comparisons: a) the help-seeking experiences of men during the pandemic and prior to the pandemic, and b) a comparison to the experiences that practitioners reported. Study 2b explored the support challenges and opportunities that practitioners supporting male victims during the Coronavirus pandemic reported. For male victims, results suggest that the lockdown and stay-at-home messages did influence their decisions to report their abusive experiences. As some men were not sure of available support prior to the pandemic, during the pandemic they were still unaware, meaning that the pandemic did not influence their help-seeking. For practitioners, an increase in demand from male victims presented challenges as face-to-face support was restricted or stopped completely. However, results also showed that several support opportunities presented themselves for organisations during the pandemic-related changes (such as video call appointments) which will continue to be implemented in the future. Finally, study 3 explored 'bystanders' judgments towards an audio recording of a simulated partner violence incident alternating by perpetrator and victim sex. This study also explored if these judgments influenced their decision-making to intervene in IPV incidents. The findings determined that stereotypes do extend to and influence society's perceptions of IPV and this

also impacts intervention. It is concluded that whilst exposure of men's victimisation has increased, gender stereotypes, continue to impact men's own recognition of abuse, society's recognition of men as victims and support organisation's response to male victims. The final chapter of this thesis summarises the findings and details the implications of this research

Dissemination of Findings

Publications

Hine, B., Noku, L., Bates, E. A., & Jayes, K. (2022). But, who is the victim here? Exploring judgments toward hypothetical bidirectional domestic violence scenarios. *Journal of interpersonal violence*, *37*(7-8), https://doi.org/10.1177/0886260520917508

Conference Presentations

Jayes K. (2022). Home is not always where the heart is: How the Covid-19 pandemic and lockdown restrictions have impacted practitioners supporting male victims and male victims from help-seeking, a two-part study. *Presentation given at the BPS Male Psychology Section Conference, June 21-22, University of Central Lancashire, Preston.*

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Chapter One

Introduction

1.1 Why is it important to explore intimate partner violence in the context of violence and not gender?

When intimate partner violence (IPV) was initially recognised as a social and legal problem in 1971, it was predominately viewed to be a problem of men's violence against women. This directed the development of definitions and terminology to reflect this stance, with early approaches to naming IPV including, 'wife beating', 'wife abuse', 'battered wives', 'woman abuse' and 'violence against women' (DeKeseredy, et al., 2011; Mooney, 2000). The purpose of which was to ensure clarity of who the victim and perpetrator were (DeKeseredy, et al., 2011; Mooney, 2000).

An example of early terminology with a matching definition is the term *violence against women*:

> ….any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (United Nations General Assembly, 1993),

and the expression 'gender-based violence':

> acts or threats of acts intended to hurt or make women suffer physically, sexually or psychologically, and which affect women because they are women or affect women disproportionally. (Richters, 1994).

The use of these terminologies and definitions indicates that this type of violence is specifically perpetrated by one gender, and the use of reference to the sexes, presents the perception that intimate partner violence is unidirectional and that violence involving any other gender combination (e.g., woman to man) is significantly different than the use of violence from men towards women (Winstok, 2007). This is the perception of feminists. Others argue that these

terms and definitions are unhelpful to the understanding of intimate partner violence as they are not representative of IPV within today's society, which is increasingly being understood to be perpetrated by both men and women. Therefore, they suggest that "the study of violence against women belongs under the study of violence, not gender" (Felson, 2002 p. 4). Finally, a third group suggests that intimate partner violence can be perpetrated by both men and women and still be a gendered issue, as gender exists as more than just the sex of the victim and the perpetrator, but it also exists in larger societal expectations and how relationships are socially structured (Anderson, 2005; Bograd, 1990). Whilst the above may be true, what is presented in this thesis is that the term 'gendered' is damaging to male victims as it associates all men with being perpetrators when this is not the case. This terminology impacts their experiences of abuse, their recognition of abuse, and their decision to help seek.

1.2. Definition of terms: What are domestic violence and partner violence?

In researching partner violence, what must first be understood is how to define partner violence, and by extension, domestic violence (DV). A complex relationship, however, exists between these two terms as whilst the two terms are used interchangeably, socially and within academic circles, there are clear distinctions between the two. For instance, separate definitions exist for both domestic violence and partner violence and within these definitions are variations, particularly in relation to the relationships that each definition includes. Specifically, domestic violence is an umbrella term that is used as a broad category to include both family violence and intimate partner violence and this is incorporated in the DV definition, whereas intimate partner violence only refers to violence between intimate ex-partners /current partners. Hence, partner violence is a form of domestic violence, but domestic violence is an extension of partner violence. Due to the two terms being incorrectly interchangeably used though, there is currently little consensus among scholars on exactly what the definition of domestic violence should encompass. In particular, there is debate regarding the types of behaviour and relationships that should be considered to fall under the umbrella term DV, or more importantly, if the term 'domestic violence' should exist at all (Mooney, 2000). Therefore this next section will explore what the terms violence, domestic violence and intimate partner violence all consist of prior to discussing why it is important that the correct terminology is used when referring to family violence or partner violence. Finally, this section will provide the definitions of each that this thesis follows.

1.2.1 Defining violence

Many researchers have argued that to correctly identify violent behaviour, violence itself must first be defined (Burelomovaa et al., 2018; De Haan, 2008; DeKeseredy, 2000; Dobash & Dobash, 1998a; Hamby, 2017; Kelly & Radford, 1998; O'Moore, 2006; Winstok, 2007). However, a review of the literature exploring the term 'violence' revealed considerable disagreements about how to define violence, what actions should be classified as violent and whether definitions of violence should be broad and inclusive or limited and exclusive.

For broad and inclusive views of violence, the concern is using the term violence overgenerously by including any forms of behaviour that are perceived to be aggressive or generally 'immoral' (Bufacchi, 2005). In social psychological literature on aggression that explores the definitions of 'violence' and 'aggression,' there is a clear distinction between the two terminologies, even though in research they are used interchangeably. Felson (2002) and Allen and Anderson (2017) both outline violence as a subset of aggression, suggesting that whilst both aggression and violence are intended to cause harm, violence is an extreme form of aggression with the intent to cause serious harm. Thus, whilst all acts of violence are instances of aggression, not all acts of aggression are instances of violence. The example used within their research is a child using force to push another child away from a toy, whilst this can be considered aggressive behaviour this would not fall under the definition of violent behaviour (Allen and Anderson, 2017). On the other hand, limited and exclusive views of violence are those that particularly focus only on physical and sexual acts against a person whilst dismissing psychological and emotional abuse, as grouping these types of abuse together "muddies the water so much that it might be impossible to determine what causes abuse" (Gelles & Cornell, 1985, p. 23). Many academics conducting domestic violence research have adopted this approach within their works, for example, Bograd (1990) and Gelles and Cornell (1985), and more recently Spencer et al., (2016) and Cheng & Lo, (2019). But this is particularly unhelpful, as in reality, violence and more specifically, domestic violence, represents a broad spectrum of abuse types, such as physical violence (including, female genital mutilation, forced marriages, honour-based violence); sexual violence; emotional abuse (including stalking); psychological abuse and financial abuse (Waddington et al., 2005).

Social scientists attempting to identify the concept of violence, have demonstrated the challenge behind producing a definition, due to violence existing as a multifaceted, socially constructed, contradictory phenomenon (De Haan, 2008). Multifaceted, because it possesses many different forms and consists of many behaviours (De Haan, 2008; Riedel & Welsh, 2002).

In one context, violence could be identified as 'youth violence' and in another, 'school violence' or 'gang violence', 'dating violence', 'workplace violence', 'media violence' and so on (De Haan, 2008). It can be categorised as individual or self-directed, collective, interpersonal and institutional (De Haan, 2008; Krug et al., 2002). It can consist of physical (pushing, slapping, biting, choking) and non-physical (threats, name calling, coercive control) elements and have both physical (bruises, scars, wounds) and non-physical (PTSD, depression, anxiety) consequences (Sohal et al., 2012). Thus, violence has been used to describe behaviours such as verbal abuse, intimidation, homicide, sexual assault, rape, and physical harassment: A range of behaviours that have subsequently been referred to as 'violence against women' (Dobash & Dobash, 1998a).

Violence is also socially constructed, as what individuals understand about violence and violent behaviours have developed in a social context (De Haan, 2008; Muehlenhard & Kimes, 1999). Social constructivism suggests that reality is a product of human invention through individual experience accentuating the importance of historical and cultural influences in understanding society; thereby generating knowledge based on this understanding (Andrews, 2012; Blume, 1996). Essentially indicating that knowledge is socially constructed through interaction with others and through experiences within the environment. Therefore, the social construction of reality occurs when perceptions of reality are largely shaped by the knowledge that has been produced through interactions with others and through attempts to make sense of experiences (Blume, 1996). In terms of violence, the importance of historical and cultural influences is also applicable as what is considered as violence differs depending on certain socio-cultural and historical factors (De Haan, 2008). For example, violence historically was not viewed to be the problem it is today (Brown, 1979). In the past, violence was seen to be an acceptable outcome of conflict between countries - war – and overthrowing government or social order in favour of a new system – revolution - (Blume, 1996). Likewise, it was also considered acceptable for a man to use violence against his partner and children under the pretence that a man's natural right is to control his family (Blume, 1996). But when individuals' violence could no longer be explained, or there were changes in what society viewed as conventional and acceptable behaviour, new definitions explaining what constitutes violence were created (Blume, 1996).

Social constructionists then, explore how individuals understand the world, the type of words that they use, and the meanings that influence individuals to define certain words/ terms (Muehlenhard & Kimes, 1999). Definitions that are impartial, accurate and current are important within society as they provide clarity and a common understanding of a particular

word or subject and they also highlight social problems (Baumeister, 1996; Muehlenhard and Kimes 1999). Fundamentally, definitions of terms reflect the interests of those who get to define them, which Muehlenhard and Kimes (1999) state are individuals who are in power. Additionally, they state that when defining or explaining violence specifically, people tend to exclude their own behaviour. A problem when defining violence. But what sources should be used to construct the definition of violence? The victims' perspective; the perpetrators; the law; the policy of governing bodies; or scholars who research the field? Furthermore, whose definition should be advanced to inform individuals of what constitutes violence (Dobash & Dobash, 1998a).

Finally, violence is also highly ambivalent, as views about violence differ depending on the situation at present and the perceptions of the individuals involved (De Haan, 2008). What is considered as violent to one individual might not be considered the same to another. Humans tend to make assumptions and decisions about occurrences from previous knowledge and a lifetime of experiences. This knowledge and experience has a profound impact on the way in which individuals perceive the world and circumstances that occur in daily life (de Lange et al., 2018). Depending on the context of the situation that the violence is used, "violent actions may be condemned and considered immoral, illegal and disruptive or admired and considered moral, legal and functional" (De Haan, 2008, p 29). An example- vigilantism- some people agree that taking the law into a person's own hands is acceptable in certain situations, however, others view this as unacceptable behaviour. A less extreme example, disciplining a child by smacking, this is deemed to be dangerous and unnecessary (see Taylor and Redman, 2004), however, still practised widely within the UK (Phillips & Alderson, 2003). Whilst research has explored the gender differences in perceptions of violence, research exploring the differences of what behaviours are considered as violent to one person vs another is practically non-existent (Kret & de Gelder, 2012; Petzel & Michaels, 1973).

Thus, since violence takes on many forms and possesses a multitude of characteristics, the existing literature displays a wide range of definitions formed from different standpoints. A common approach to defining violence, is outlining that violence involves purely physical acts against a person, ''the actual or threatened, knowing or intentional application of statutory impermissible physical force by one person directly against one or more other persons….'' (Weiner, 1989, p. 37–38; Riedel & Welsh, 2002; De Haan, 2008). However, as already outlined, violence can include a range of behaviours not limited to only physical behaviours. Another approach to defining violence stems from Hamby (2017), who argues that four sub-elements are required to constitute violent behaviour: intentional, unwanted, nonessential and

harmful. She further states the necessity of all four elements for identifying and including those acts that belong under the terminology violence and excluding those that do not. An example of an exclusion that is used is self-defence, which she states is a form of aggression, however, not a form of violence.

For the purposes of this thesis, the following definition of violence proposed by the World Health Organization (WHO) will be utilised:

> The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (World Health Organization, 2002).

1.2.2 Defining domestic violence

Domestic Violence (DV) can be used to identify violence between intimate partners, whether heterosexual or homosexual, dating, married or cohabiting. It can also be used to describe violence between family members, for example, between siblings, parents and children, carers and children and elders and relatives. The following definition is the definition of domestic violence that this thesis follows.

> Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological; physical; sexual; financial and emotional (GOV.UK 2013).

For this reason, the term 'domestic violence' - opposed to terms that are more specific (IPV) - is favoured amid many researchers due to covering all types of violence that involves domestic relationships (Mooney, 2000). However, the generality of the term DV has faced scrutiny and arguments for separate terminologies and definitions in policy and research have been raised to distinguish the violence or abuse experienced by the type of relationship that exists between the parties involved (Dobash & Dobash, 1990a; Mooney, 2000). For example, using the term 'family violence' when referring to violence and or abuse between family members, and 'intimate partner violence', or 'partner abuse' when referring to violence and or

abuse between individuals who have been involved, or are involved in an intimate relationship. Partly, this is due to both types of disputes involving different features and requiring different needs. If both types are regarded under one policy, however, this suggests that each type of incident, whether related to the family or intimate partners, will be approached in the same manner by organizations and service providers irrespective of their distinct needs (Mooney, 2000). Furthermore, 'domestic abuse', 'family violence', 'intimate partner violence', 'spouse abuse' and 'partner abuse' are just some of the names that are associated with DV and used differentially by researchers to express the same phenomenon (Dobash & Dobash, 1990a; Ganley, 1995; Smith, 1989). Each term, however, has the potential to convey a different message regarding the nature, the causes, and the resolutions of DV (Dobash & Dobash, 1990a). As Dobash and Dobash (1990a p. 109) state, "If the issue being addressed is violence between marital partners… it should be named marital violence or spouse abuse. If it is violence between any persons in the family setting… it should be named family violence". With the terms varying widely from study to study, it is apparent why there is a lack of clarity about what domestic violence is (Ganley, 1995; Smith, 1989). As a result, this has led to inconsistencies within research, policy and practice affecting the identification, assessment and intervention of DV (Ganley, 1995).

As this theses purpose is to explore violence and abuse between ex/current romantic couples, and the terminology 'domestic violence/abuse' refers also to violence and abuse between family members, from this point onwards only terminology including, 'intimate partner violence' (IPV), 'partner violence' and 'partner abuse' will be used interchangeably. The following definition provided by the World Health Organization (WHO) is the definition that this thesis follows:

> Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Examples include: **Acts of physical violence** (such as slapping, hitting, kicking and beating); **Sexual violence** (including forced sexual intercourse and other forms of sexual coercion); **Emotional (psychological) abuse** (such as insults, belittling, constant humiliation, intimidation, threats of harm, threats to take away children) and; **Controlling behaviours** (including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care), (World Health Organization, 2012).

1.2.3 Why are accurate definitions of intimate partner violence important?

Similar to the use of different terminologies, the use of multiple definitions sends out mixed ideas about what partner violence incorporates. Especially if various definitions outline different characteristics to explain partner violence, i.e. if they specify a victim, or, only certain types of abuse. However, accurate definitions are needed, as definitions, especially those constructed from a governing body, influence society, the perception of the issue, and more importantly informs individuals what constitutes partner violence (Kelly & Radford, 1998). This is particularly essential when discussing IPV as many victims (primarily men) fail to recognise that they have been the victim of partner violence (possibly due to definitions of IPV not accounting for men as victims). Furthermore, organizations and researchers in the area of partner violence differentiate between definitions and terms which can be confusing to victims of partner violence (see Faramarzi et al., 2005). Therefore, it is important that definitions of IPV are continually updated to represent the problem that exists within society allowing for victims to recognise their abuse and seek support.

1.2.4 Why is it important to observe public perceptions of intimate partner violence?

As intimate partner violence is framed in a social and cultural context, public perceptions of IPV reflect social and cultural norms (Gracia & Herrero, 2006). For this reason, information about public perceptions of IPV is fundamental as these norms are influential in affecting individual's behaviour and attitudes towards partner violence (World Health Organization, 2009). Examples of common misconceptions that are present in research are: that partner violence does not involve a pattern of abusive behaviours; that individuals who are abusive to their partners must be mentally unstable or misuse drugs and/or alcohol; and that partner violence only happens to couples who must be experiencing relationship issues or are from 'lower' socio-cultural backgrounds (Dobash & Dobash, 1998b). Such notions allows for individuals to believe that partner violence is not the issue it is. If partner violence is expected and believed to happen only to a small minority of people that fit into the criteria described, then individuals who do not see themselves as fitting into said criteria will not worry about partner violence happening to them, therefore, they will not expect it to happen to them (Dobash & Dobash, 1998b). As a result, all concern for partner violence and prevention of partner violence retreats - "It is the problem of others, the behaviour of others, and an issue for others" (Dobash & Dobash, 1998b p. 141). If, however, violence is viewed to be intentional,

repetitive behaviour that can happen to anyone irregardless of socio-economic or cultural status, then the issue becomes an issue for all (Dobash & Dobash, 1998b).

The success of approaches to preventing, managing, or resolving intimate partner violence may also be impacted by the publics perceptions of IPV, including, appropriate responses from law enforcement, successful prosecutions of perpetrators, enhanced victim services and new policies outlining decisions to tackle partner violence (Carlson & Worden, 2005). Interestingly, research has also found that people's attitudes maybe shaped by policy, as Salazar et al., (2003) found in their research, criminal justice policies impacted individuals' attitudes towards the criminal justice system. If this is the case, a review of existing policies *'Call to End Violence against Women and Girls'* and position statements *'Position statement on male victims of crimes considered in the cross-Government strategy on ending Violence Against Women and Girls (VAWG)'* that advocate for the male victim, whilst masked behind titles that explicitly use the term 'violence against women and girls' is necessary, as the attitudes of the public, and more importantly, the organisations that follows these policies, might be impacted resulting in judging the seriousness of male victimization less so than for female victimization.

1.3 An introduction to this thesis: the structure.

This thesis is divided into seven chapters. The second chapter of this thesis provides a review of the relevant literature. This begins with an overview of the history of intimate partner violence, prior to the discovery of the problem, which allowed men to discipline their wives using violence. This is followed by a detailed narrative of the feminist movement, which identified the problem and increased awareness of the problem, initiating support services and refuges to open, and the introduction of the first domestic violence legislation. This increase in awareness also initiated academics to theorize the causes of intimate partner violence. Therefore, the next section provides a summary of existing theories of intimate partner violence, branched into micro, meso, and macro levels of analysis. Thereafter, the study of masculinity is introduced with a comprehensive description of its history, featuring psychoanalysis and social theory, before discussing the term, toxic masculinity, and its impact on young men. Lastly, this review includes a discussion about the role of gender in intimate partner violence before outlining previous research that has documented men's victimization, including physical abuse, sexual abuse, psychological abuse, and coercive control. Finally, this

chapter is completed with an outline of the aims of this thesis and the four main research questions are presented.

Chapter 3 of this thesis provides an overview of the philosophical approaches to research. Firstly, definitions of the important research elements are provided (research paradigm, ontology, epistemology, theoretical perspectives, methodology and methods) before providing explanations of existing research paradigms (Positivist, Constructivist, Critical, and Pragmatist) and the types of research methods (quantitative, qualitative, and mixed methods). The next section then discusses the research paradigms that were used to inform the research in this thesis. Followed by methods that were previously used to explore intimate partner violence in previous research, including experimental designs, vignette experiments, interviews, and self-report questionnaires/ surveys. Subsequently, the methods that were used in the three studies of this thesis will be outlined before briefly discussing the impact that the Coronavirus (COVID-19) pandemic has had on this theses original design.

Chapter 4, reports Study 1, which aimed to explore the barriers that exist that prevent male victims from help-seeking. To achieve this, a questionnaire was distributed to men and boys aged 16+. Results determined that stereotypes impact not only the male victims themselves but the services that are intended to support male victims as well. This study concludes that a paradox exists where men who do not help-seek have to manage their victimization themselves (including negative stereotypes, and stigmatization) but male victims who do help-seek experience secondary victimization.

Chapter 5 of this thesis, reports studies 2a and 2b. Study 2a explored men's experiences of help-seeking during the Coronavirus pandemic. Study 2b, explored IPV practitioners' experiences of supporting male victims during the Coronavirus pandemic. To collect data for these studies, two qualitative questionnaires were distributed to the two groups of interest. Results suggest, that for male victims, the Coronavirus pandemic did impact some men's decisions to disclose their abuse, whilst for others, the pandemic did not impact their decision to help-seek. For practitioners, results suggest that the Coronavirus pandemic both presented challenges and opportunities for their services. The conclusions of this study are as follows; whilst the pandemic changed much of individuals' everyday lives, for male victims, the pandemic may not have changed that much. Male victims were already experiencing rigid rules at home and were told what they could do and when they could do it. This lack of change also extends to help-seeking, as male victims were unsure of what support was available to them prior to the pandemic, they were just as unsure during the pandemic.

Chapter 6 of this thesis reports the final study, study 3. This study explored the helping of participants (bystanders) in audio-simulated partner violence disputes. The variables of interest for this study were the participant sex and the sex of the victim and perpetrator, to determine if these variables made an impact on the outcome. Participants were each presented with one of two possible audio recordings which varied by the perpetrator and victim's sex, afterwards they were also presented with a questionnaire which asked questions about the audio recording that they had heard. Questions included asking them to specify if they would have intervened. Results determined that participants would have intervened in the male perpetrator-female victim scenario rather than the reverse. The conclusions drawn from this research suggest that typical stereotypes about gender and IPV extend to society as well as support services and male victims themselves. Demonstrating the pervasiveness of stereotypes.

The final chapter, chapter seven, provides a general discussion. This chapter first, provides a summary of the findings of each study and details the contribution that the findings of this thesis have to the existing research. Thereafter, the implications of this research are outlined, and future research directions are suggested. Finally, the limitations of this research are discussed and the researcher's reflexivity before the general conclusions which complete this section and the thesis.

Chapter Two

Literature Review

2.1 An introduction to the literature review: An overview of the individual sections and the research process behind formulating the review.

To formulate this literature review the researcher started by mapping out the separate sections that they believed needed to be included in this chapter to provide a detailed background to this thesis's topic. This process started with the basic headings: the history of IPV, theoretical standpoints of IPV, the history of masculinity, and masculinity and partner violence. From this, a comprehensive search of literature through the web engine 'Google Scholar' and the universities own academic search engine 'LibSearch' was conducted to gather resources to begin to compose the following separate sections. Examples of key search words included 'the roots of partner violence', 'psychological theories of partner violence', and 'masculinity and partner violence'.

The first section – section 2.2 - of this literature review provides an extensive narrative of the history of intimate partner violence. This includes an overview of the discovery of intimate partner violence and the resulting feminist movement which initiated theoretical research to explore the causes of IPV. Following this, section 2.3 introduces the existing theoretical standpoints of intimate partner violence from an individual (micro), relationship (meso) and societal (macro) standpoint. In particular, the focus of this section is the macro-level theories, including feminist research on partner violence (resulting in the feminist model), the opposing gender-neutral perspective and Johnson's typology of violence. Finally, Section 2.4 introduces the concept of masculinity and provides a historical account of masculinity research from Ancient Greece to Connell's hegemonic masculinity, which outlines the societal expectations of men, before detailing the damaging effects that toxic masculinity has on men in general and men who are victims of intimate partner violence. This last part is explained in the context of how gender and masculinity are associated with intimate partner violence. Together, these sections provide an introductory overview of intimate partner violence and gender.

2.2 The History of Intimate Partner Violence

Historically, violence between intimate partners was considered a hidden problem. It was not until the 1970's that the public, policy makers and professionals began to frame IPV as a social and legal problem, which in response, initiated the government to introduce legislation to criminalise and control intimate partner violence (Carlson & Worden 2005). Prior to this shift in viewpoint, male to female violence was acceptable in law under the notion that husbands should be able to correct their wives, further reinforced by the historical patriarchal nature of the law that outlined women as merely an extension of their husbands who were subject to their control (Carline & Dehaghani, 2018; Clark, 2011).

> By marriage, the husband and wife are one person in law: that is, the very being or legal existence of the woman is suspended during the marriage, or at least is incorporated and consolidated into that of the husband; under whose wing, protection, and *cover,* she performs everything. (Blackstone, 1765, p. 442).

Under this law, husbands were allowed to use violence against their wives, in the name of discipline (Lutze & Symons, 2003; Pleck, 1987). The principle was that they could chastise their wives by striking them with a stick that was no larger than their thumb, indecently named 'the rule of thumb' (Carline & Dehaghani, 2018). Such legislation subsequently directed society to believe that violence between intimate partners was conventional behaviour, hence, suggesting to law enforcement that there was no obligation to intervene in partner disputes (Nicolson, 2010; Salazar et al., 2003). For this reason, prior to the 1970's, partner violence was mostly considered as a private matter or a problem of the home and an issue which should just involve a husband and wife. This belief extended to law enforcement also, who regarded partner disputes as outside the realm of legal action- "draw the curtain, shut out the public gaze, and leave the parties to forget and forgive" (Buzawa & Buzama, 1993; Dobash & Dobash, 1970; Farris & Holman, 2015; *State v. Oliver*, 1874, p. 1). Early research that explored the attitudes of law enforcement found that officers either frequently blamed victims of partner violence (Schechter, 1982), believed that husbands had a right to discipline their wives with violence (MacManus and Van Hightower, 1989), or believed that partner disputes were trivial and a time-wasting use of their resources (Harwin & Barron, 2000). Therefore, it is not surprising that partner violence received little attention from police officers; and those cases that did receive police responses normally involved telling the husbands to "calm down" or the wives to stop annoying them (Clark, 2011; Dutton, 2006). Incidentally, this instigated a

movement which began within the nineteenth century, whereby women labelled abuse against wives as 'wife-beating' to represent the problem that women were facing (Carline & Dehaghani, 2018). This movement was named 'the feminist movement'.

2.2.1 The feminist movement

In 1971, a small group of women, who were members of the Chiswick's women's liberation group, founded a new group to offer help to women in the community, named Women's Aid (Kaganas, 2018). They assembled a community meeting for local women to gather, socialise and discuss the issues that the newly formed Women's Aid was confronting, for example, the rise in food prices and the discontinuation of free school milk (Dobash and Dobash, 1990b; Kaganas, 2018). However, through sharing personal accounts, it became apparent that a lot of the women had experienced a form of violence or abuse at the hands of their husbands or partners (Dobash and Dobash, 1990b). The increasing reality of the issue was a concern, not only because violent men were not being seen as perpetrators or being sanctioned for their violence towards their wives, but, because women did not have a safe place to go to if they needed to leave their abusive environment (Friedman & Shulman, 1990; Salazar et al., 2003). Indeed, without safe refuges, the only places available for women to escape to included, friends or family, hospitals, prisons, or if they were unable to escape, sometimes mortuaries (Morley, 2000). This led to the opening of England's first Battered Women's Shelter by Erin Pizzey, in 1972 named the Women's Aid Federation, which provided a place of safety for women and children escaping violent relationships (Bates & Taylor, 2019; Dutton, 2006). What followed, was a vast social movement, which expanded knowledge of partner violence to national, and later, international audiences (Dobash and Dobash, 1990b). Further Women's Aids groups were formed around the country, additional refuges were set up, and the UK's first domestic violence legislation- 'The Domestic Violence and Matrimonial Proceedings Act' 1976- was introduced, which enabled a married or partnered women to obtain a court order to prevent further violence and prohibit the violent partner from their shared accommodation (Harwin & Barron, 2000; Iovanni & Miller, 2001; Maidment, 1983). This legislation under certain circumstances (breach of injunctions) could also provide the power of arrest for officers (Harwin & Barron, 2000). Naturally, as awareness of the issue grew, so did interest in the nature, causation, and extent of partner violence, therefore, feminist researchers explored this, attempting to answer the important question- why do men hit their wives?

2.3 Theories of Intimate Partner Violence

Several intimate partner violence theories have been proposed over the years and offer differing explanatory frameworks for conceptualizing IPV. Each of these theories has influenced IPV research, and many have found some degree of empirical support.

The Socio-ecological framework

The socio-ecological framework was first introduced in the 1970s by Urie Bronfenbrenner as a way to recognise that individuals are affected by a range of complex and dynamic social interactions (Kilanowski, 2017). These interactions include multiple levels of the surrounding environment from the most immediate setting, i.e., family and school, to broader settings, i.e., social norms, and laws (Kilanowski, 2017). Bronfenbrenner divided the individual's environment into five different systems: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem (Kilanowski, 2017). The microsystem is the system closest to the individual, this system includes relationships that have direct contact with the individual and they are also the social interactions that have the strongest influence on an individual, such as family or school (Kilanowski, 2017; Newman & Newman, 2020). Relationships here are bi-directional meaning an individual can influence others or be influenced by others (Kilanowski, 2017). The mesosystem encompasses the interactions between the child's microsystems. Here, a person's individual microsystems do not function independently, but are interconnected and assert influence upon one another, for e.g., schoolteachers and parents (Kilanowski, 2017; Newman & Newman, 2020). The exosystem does not directly impact the individual, but it incorporates other formal and informal social structures that exert both negative and positive influences on the individual by affecting one of the microsystems, an example may be if a family member has an issue at work and takes this out on the individual (Kilanowski, 2017; Newman & Newman, 2020). The macrosystem is the system that focuses on how sociocultural elements impact the individual, for e.g., socioeconomic status, poverty, ethnicity, and religion (Kilanowski, 2017; Newman & Newman, 2020). This system also includes how social norms and laws impact human behaviour. Lastly, the chronosystem consists of both internal and external elements of time and historical content, including major life transitions that can impact the individual and their development (Kilanowski, 2017; Newman & Newman, 2020). Together, these systems form the framework for Bronfenbrenner's theory of human development- the ecological systems theory- which takes its stance from systems theory. In simple terms, systems theory suggests

that a system is a collection of interrelated and interdependent parts that affect one another (Newman & Newman, 2020). Thus human development is shaped by interactions between the individual and their environment (Kilanowski, 2017; Newman & Newman, 2020). Since its introduction, the socio-ecological framework has been amended and applied to various other public health concerns, including intimate partner violence.

The WHO applied the Ecological Model to the field of intimate partner violence to explain the occurrence of IPV and help identify potential prevention strategies (see Figure 1. Kelly et al., 2011). The ecological approach to intimate partner violence views partner violence as a "multifaceted phenomenon that is the result of a dynamic interplay among individual, relationship, community and societal factors that influence an individual's risk to perpetrate or become a victim of violence." (Kelly et al., 2011, p. 68). This framework incorporates research findings from different disciplines to explain the origins of intimate partner violence (Kelly et al., 2011). The first level, the individual level, identifies biological traits, personality traits, and/or a personal history that increases the likelihood of an individual becoming a victim or perpetrator of violence (Kelly et al., 2011). Individual-level factors that may be predictive of someone becoming a perpetrator of partner abuse or a victim of partner abuse, include demographic factors, such as age, education, or income; substance abuse; or a history of abuse, i.e. witnessing abuse as a child, experiencing physical or sexual abuse as a child, or having an emotionally abusive and absent father figure (Kelly et al., 2011). At the second level, the relationship level, close relationships including partners, family, and peers are examined that may influence the risk of the individual experiencing partner violence or becoming a perpetrator of partner violence (Kelly et al., 2011). Relationship-level factors that may be predictive of someone becoming a perpetrator of partner abuse or a victim of partner abuse, include, family dynamics, such as control over decision-making and resources (Kelly et al., 2011). The third level, the community level, explores settings such as neighbourhoods, schools, and workplaces, in which social relationships exist and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of partner violence (Kelly et al., 2011). Community-level factors that could influence whether someone becomes a perpetrator or victim of partner violence, include the collective income level of a neighbourhood and/ or limited economic opportunities (Kelly et al., 2011). The last level, the societal level, includes factors that either create a level of acceptance or intolerance for violence at the community, relationship, and individual levels (Kelly et al., 2011). Societal-level factors include social and cultural norms that support violence, for example, a husband's right to use violence on his wife, social expectations that influence individual behaviour and policies, such

as health, economic, educational, and social, that help to maintain economic or social inequities between groups in society (i.e., poverty, sexism, and educational and health disparities) (Kelly et al., 2011).

Figure 1.

The ecological model for understanding violence (WHO, n.d.)
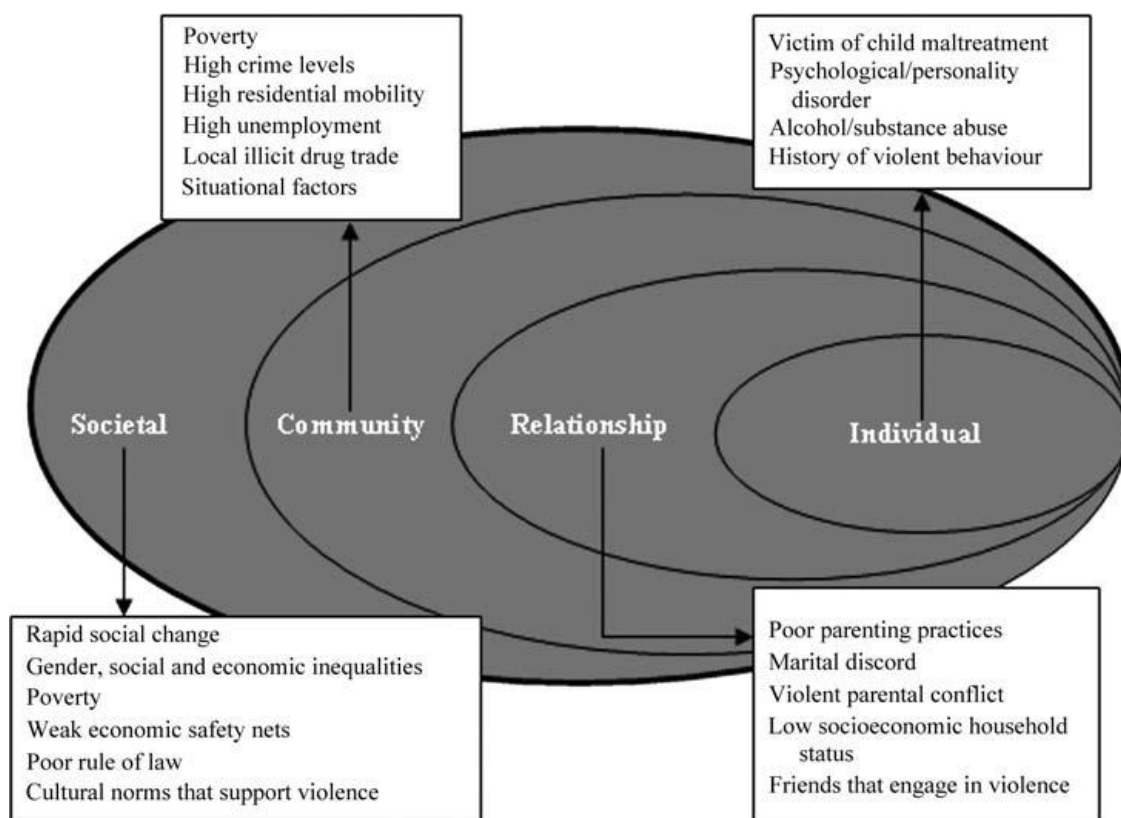
2.3.1 Applying theories of partner violence to the socio-ecological framework

Theories of intimate partner violence have been applied to the ecological model by researchers in an attempt to explain family violence using three levels of the framework: the micro level (or the individual level), the meso level (or the relationship/community level), and the macro level (or the societal level) (Kurst-Swanger, & Petcosky, 2003). Mirroring what was outlined above, the micro level, or the intraindividual level of analysis explains partner violence by analysing the individual (Kurst-Swanger, & Petcosky, 2003). The meso level, or the social-

psychological level of analysis explains partner violence by analysing relationship interactions (Kurst-Swanger, & Petcosky, 2003). Finally, the macro level, or the sociological/sociocultural level of analysis explains partner violence by analysing sociocultural factors, including norms and values among different societal groups (Kurst-Swanger, & Petcosky, 2003). Below the three individual levels of analysis with the corresponding theories of violence are outlined, with a specific focus on the sociocultural explanations of violence.

2.3.1.1 Micro level analysis: individual theories of partner violence

Personality/ typology theories

There have been numerous research attempts to identify if a person's susceptibility to perpetrate intimate partner violence is associated with psychopathology and personality characteristics (Bell & Naugle, 2008; Burelomova, et al., 2018). Two particularly predominant approaches include Holtzworth-Munroe and Stuart's Developmental Model of Batterer Subtypes and Dutton's Borderline Personality Organisation and Assaultiveness theory, both of which uses a combination of research and theory to explain the childhood origins, i.e., early childhood experiences, attachment, and impulsivity, of the adult batterer's personality (Bell & Naugle, 2008; Burelomova, et al., 2018; Dutton, 1995; Holtzworth-Munroe & Stuart, 1994; Talbot, 2001). Holtzworth-Munroe and Stuart (1994) proposed in their research that 3 subtypes of 'batterer' (family only, borderline-dysphoric, generally violent/ antisocial) would be classified by 3 descriptive dimensions (severity of violence, generality of violence, psychopathology) and would differ on 3 distal variables (genetic/ prenatal factors, early childhood/family experiences, peer experiences) and 5 proximal variables (attachment to others, impulsivity, social skills, attitudes towards women, attitudes towards violence). More precisely, the three distal variables were believed to influence the development of the proximal variables closely associated with partner violence (Bell & Naugle, 2008). The authors suggested that if a combination of the various distal and proximal variables is present, this would lead to the development of one of the three batterer subtypes. (Bell & Naugle, 2008; Holtzworth-Munroe & Stuart, 1994). Likewise, Dutton's Borderline Personality Organisation theory (1995) suggests that the propensity to perpetrate partner violence stems from three processes conspiring to produce the adult batterer personality (Bell & Naugle, 2008; Dutton 1995; Talbot, 2001). These are emotional abuse by a parent figure directed at the child, physical

abuse directed at either the child or their mother, and an adult insecure attachment style (Bell & Naugle, 2008; Dutton 1995; Talbot, 2001). According to Dutton, there is an association between the emotional abuse a person experiences during childhood and the shame and rage that is present in adult abusers (Dutton, 1995). Similarly, he associated early exposure to physical violence with adult abusers using physical violence to manage emotions (Dutton, 1995). Finally, he associates an adult abuser with having an insecure adult attachment style which is characterised by them having a desire for intimacy, but a fear of rejection and distrust of others (Dutton, 1995). Dutton argues that these processes combined lead to instances of partner violence in circumstances where the individual feels a threat to themselves or the relationship (Dutton, 1995).

Psychobiological perspective

The psychobiological perspective of partner violence focuses on the innate causes of violent behaviour (Ali & Naylor, 2013; Pinto et al., 2010). It can be categorized into the following domains: head injury and neuropsychology; psychophysiology; neurochemistry, metabolism, and endocrinology; and genetics (Pinto et al., 2010). For neuropsychology, diminished cognitive functioning has significantly been found to be a determining predisposition for IPV perpetration (Horne et al., 2020; Humenik et al., 2020; Romero-Martínez & Moya-Albiol, 2013; Romero-Martínez et al., 2022). Specifically, head injuries and alcohol misuse have been associated with affecting and decreasing cognitive functioning, such as executive functions (Arciniegas et al., 2002; Schretlen & Shapiro, 2003). An advantage of executive functioning is the ability to self-regulate behaviour and emotion, such as aggression, therefore individuals with poor executive functioning often find it difficult to manage their emotions and this can result in increased issues with aggression (Rohlf et al., 2018). Indeed, a large body of research has demonstrated that executive functioning is negatively correlated with aggression (Blair et al., 2007; Krämer et al., 2011; Ogilvie et al., 2011; Rohlf et al., 2018); and research that has explored the relationship between head injuries and alcohol abuse on the perpetration of IPV have found that both injury and consumption of alcohol may impair impulse control and emotional regulation increasing the risk of aggressive behaviour (Ali & Naylor, 2013; O'Farrell & Murphy, 1995; O'Farrell et al., 2004; Rosenbaum & Hoge, 1989; Stith et al., 2004). Psychophysiology aims to understand the relationship between the mind, body, and behaviour by exploring how changes in the bodily arousal state (heart rate, blood pressure, cholesterol) bought about by a stimulus affect outgoing behaviour (Pinto et al., 2010).

In regard to intimate partner perpetration, low resting heart rate has been associated with physical and psychological aggression, increased antisocial personality traits and greater violent behaviour (Babcock et al 2004; Gottman et al, 1995). Additionally, neurochemical messengers have been found to be associated with aggression and partner violence (Ali & Naylor, 2013; Pinto et al., 2010). For example, there is substantial evidence that high levels of testosterone and low levels of serotonin are associated with aggression (Booth & Dabbs, 1993; Cohan et al., 2003; Kaiser & Powers, 2006; McKenry et al., 1995; Soler et al., 2000). Specifically, a higher level of testosterone is associated with verbal and physical aggression (Soler et al., 2000; Pinto et al., 2010) dominant behaviour (Grey et al., 1991; van der Meij et al., 2016) and antisocial and or violent behaviour (Batrinos, 2012; Terburg et al., 2009). A lower level of serotonin is associated with impulsive and violent behaviour (Badawy, 2003; Coccaro et al., 2015) whilst increased serotonin levels have been found to be associated with improved social interaction and decreased aggression (Young & Leyton, 2002). Finally, studies that have explored the genetic contribution to the perpetration of intimate partner violence have found that aggression is genetically influenced, i.e., behaviour that has been inherited, and certain individuals, depending on their genotype, may act more aggressively than others (Ali & Naylor, 2013; Carey & Goldman, 1997; Plutchik & Van Praag, 1989; Saudino & Hines, 2007). For example, Hines and Saudino (2004) found in their study that genetic influence was able to explain 16% of the variance in the perpetration of physical aggression and 22% of the variance in the perpetration of psychological aggression. They concluded that genetic factors combined with environmental influences increase the risk of aggressive, antisocial, and criminal behaviour (Hines and Saudino, 2004).

Social learning theory

Social learning theorists posit that violence is a learned behaviour (Bell & Naugle, 2008; Burelomova, et al., 2018). The theory, originally developed by Bandura, suggests that the use of violence as a way to resolve conflict is often learned in childhood through modelling (Bandura, 1971; 1973; Bell & Naugle, 2008; Burelomova, et al., 2018). That is, children observe parental and peer relationships and by doing this they learn the possible methods for settling family conflicts, i.e. violence (Bell & Naugle, 2008; Burelomova, et al., 2018; Jin et al., 2007; Vung & Krantz, 2009). In relation to intimate partner violence, the theory proposes that individuals who become victims or perpetrators of partner violence have either experienced or witnessed abuse during their childhood, thus formulating a tolerance to violence

existing as a part of family life (Bell & Naugle, 2008; Burelomova, et al., 2018). This behaviour is then reinforced in childhood and continues through adulthood where violence is used as a method to resolve conflict or manage stress (Bandura, 1973). Certainly, a summary of research that has explored intergenerational violence has reported that experiencing or witnessing abuse during childhood may be associated with partner violence victimization or perpetration in the future (Berzenski & Yates, 2010; Leonard & Senchak, 1996; Parks et al., 2011; Shook et al., 2000; Whitfield et al., 2003).

Learned helplessness/ The cycle of violence theory

The theory of learned helplessness or the cycle of violence theory describes the repetitive process in which abusive relationships seem to occur (Hyde-Nolan & Juliao, 2012; Sunitha, 2016; Walker, 1979). It also details why some victims may find it difficult to leave an abusive relationship (Hyde-Nolan & Juliao, 2012). Developed by Lenore Walker in 1979, the theory defines three distinct stages of a violent relationship: the tension-building stage; the violence stage; and the reconciliation or the honeymoon stage. The tension-building stage outlines that couples experience a gradual increase in tension from daily stressors including, marital issues, financial problems, illness, employment issues, etc (Walker, 1979). During this period, there will be incidents of jealousy and verbal fights (Walker 1979). The victim will interpret these incidents as under control or as isolated incidents and will try to appease the situation by being agreeable (Walker, 1979). Every time there is an incident, tension will increase within the perpetrator until they reach boiling point, and the situation transitions into the next phase (Walker, 1979). The duration of the tension-building phase can vary from weeks to months (Walker, 1979). In the second stage of the cycle, the violence stage, the tension has peaked, and the physical abuse begins (Walker, 1979). Here, there is a lack of control and physical violence is the abuser's way to try and regain control (Walker, 1979). This phase lasts the shortest of the three phases (Walker, 1979). Finally, the last stage, the reconciliation phase, consists of three stages. Firstly, the abuser will feel and express remorse for their behaviour (Walker, 1979). They may become withdrawn, try to justify their actions, or minimize their behaviour (Walker, 1979). After this stage, the abuser will then try and re-pursue their partner (Walker, 1979). This may consist of increased attention, promises that the behaviour will never happen again, buying gifts, or agreeing to sessions in counselling (Walker, 1979). To the victim, this may present as though the abuser is extremely sorry making them believe that the abuse will not be repetitive behaviour. Lastly, both the victim and perpetrator will experience

denial about the situation and may both believe it will never happen again (Walker, 1979). Intimacy may increase during this stage which convinces the victim that leaving the relationship is not necessary (Walker, 1979). Once the cycle has reached this point, there is a calming period, before tensions begin to increase again and the cycle repeats (Walker, 1979).

2.3.1.2 Meso level analysis: Relationship/family theories of partner violence

Family Systems Theory

Family systems theory argues that individuals should not be viewed independently but rather as a family unit (Hyde-Nolan & Juliao, 2012; Johnson & Ray, 2016). The theory suggests that families are systems of interconnected and interdependent individuals, none of whom can be understood from an independent perspective (Hyde-Nolan & Juliao, 2012; Sunitha, 2016). According to this approach, the functioning of a person is not determined by intrapsychic factors as much as by their function within the family unit (Hyde-Nolan & Juliao, 2012). A family, to this perspective, is a system of members who each have a certain role to play (e.g., parent, child) (Hyde-Nolan & Juliao, 2012). Within the system, a pattern develops as each member understands their individual role and together the members work to maintain a stable, happy, and productive family functioning (Hyde-Nolan & Juliao, 2012). However, over time, members produce their own unique patterns of behaviour, and individual members or families as a whole may be exposed to internal and external stressors, such as family disagreements, pressures, and tensions which can either lead to stability or dysfunction within the family unit (Hyde-Nolan & Juliao, 2012). To make sense of human behaviour, this theory places primary focus on the interactions between people in a family to understand how behaviour is exchanged from one person to another as this theory believes each member's behaviour can impact another member in the system including influencing their thoughts feelings and behaviours (Hyde-Nolan & Juliao, 2012). Therefore, theorists that explore this theory look to identify the relationship between parent, child, and siblings within the family to understand the consequences that are a result of a dysfunctional family relationship (Hyde-Nolan & Juliao, 2012; Sunitha, 2016). Specifically, family systems theorists explore boundaries, intimacy, hierarchy, and value systems (Hyde-Nolan & Juliao, 2012). In terms of partner violence, this theory views partner abuse as a problem at the familial level rather than the individual level, in other words, partner abuse is the result of a dysfunctional family system (Sunitha, 2016). This

may indicate that individual personality traits in conjunction with internal and external stressors on the normative family structure may create an environment in which violence can occur (Sunitha, 2016).

Resource Theory

Resource theory, developed by Goode in 1971, insinuates that all social systems, including familial systems, rely on some extent of violence, or threat of violence (Lucea et al., 2011). In detail, the theory suggests that the resources possessed by each party in a relationship greatly affect the nature of a relationship and *an imbalance is the primary predictor of abuse in relationships* (Lucea et al., 2011). Resource theory proposes that six classes of resources are exchanged: love, status, information, money, goods, and services (Basile et al., 2013). Power is the governing theme of resource theory, essentially, the theory emphasizes that power is nonexclusive and varies by the number of resources an individual possesses, the more resources an individual has, the more power that person holds, and therefore they can use the threat of force more effectively over others (Lucea et al., 2011). Thus, the partner with the most resources often does not feel the need to use violence (Lucea et al., 2011). On the other hand, if there is (or the partner perceives that there is) a lack of or an imbalance in key resources favouring the other partner, violence is likely to be used as the ultimate resource to gain power and control (Basile et al., 2013; Lucea et al., 2011).

Exchange Theory

Social exchange theory is a behavioural approach to understanding social relationships in general (Gelles, 1982; Heyman et al., 2013). The concept is based on the notion that a relationship between two people is created through a process of cost-benefit analysis (Heyman et al., 2013). Human beings, for the most part, engage in behaviours that reward them and avoid behaviours that have a high cost (Heyman et al., 2013). In terms of IPV, a central theme of this theory is that the use of violence is governed by the principle of costs and benefits (Gelles, 1982; Heyman et al., 2013). The assumption is, that violence will emerge within relationships where the cost of being violent does not outweigh the rewards of not being violent; "People hit and abuse other family members because they can; violence will be used if the costs of being violent do not outweigh the rewards… Exchange theory can therefore be thought of as a perspective that emphasizes motivations for violence." (Gelles, 1982, p. 157).

Social Conflict Theory

Social conflict theory is derived from Marxism (Farrington & Chertok, 2008). This theory is based on a societal struggle between different classes or groups (Farrington & Chertok, 2008). Conflict theory is *rooted in the idea that all societies have structural power divisions, such as social classes, and resource inequalities which lead to conflicting interests* (Farrington & Chertok, 2008). *Social conflict theorists suggest that conflict naturally exists among groups as they compete for resources, power, and social status* (Farrington & Chertok, 2008). They view such *conflicts* as a necessary and natural process through which changes in society occur (Farrington & Chertok, 2008). In terms of domestic violence, conflict theory assumes that families share the same imbalances, i.e., power differences, as all societal institutions and this can lead to conflict within the family the same as it can in society (Witt, 2005). To social conflict theorists, the family is viewed as a difficult system characterized by conflict and inequality (Witt, 2005). They view this conflict as a natural element of the family dynamic and proclaim that violence is a way to resolve the conflict (Farrington & Chertok, 2008; Witt, 2005).

Social Control Theory

Social control theory aims to explain both the reasons why some individuals are violent, and why some individuals are not violent (Goode, 1971; Hyde-Nolan & Juliao, 2012). For understanding those that are violent, this theory suggests that many of the conflicts that accumulate within the family, stem from an individual's need to obtain or maintain power and control (Goode, 1971; Hyde-Nolan & Juliao, 2012). The motivation behind the abuser's behaviour is their desire to have control over the other members of their family (Goode, 1971; Hyde-Nolan & Juliao, 2012). This way, the abuser can use violence to prohibit other family members from engaging in behaviour that they believe is undesirable, whilst also demanding behaviour they believe is desirable (Goode, 1971; Hyde-Nolan & Juliao, 2012). On the other hand, for understanding why some people are not violent, control theory credits this to the bonds that people have with others and social institutions, such as their families, schools, their commitment to social rules and conventions and their fear of punishment (Hyde-Nolan & Juliao, 2012; Loseke 2005).

The feminist model

Feminist research on partner violence, and the theories that evolved from it, strongly position intimate partner violence as a gendered crime (see Dobash & Dobash work, 1970; 1979; 1990a; 1990b). One of the earliest theories of partner violence, often referred to as the feminist model, suggests that intimate partner violence can be explained by exploring the sociocultural context in which violent relationships occur. Specifically, this model's explanation for partner violence stems from the view that male violence has its roots in gender inequality, men's oppression of women and male privilege (McPhail et al., 2007). That is, patriarchal structures initiated power differences between sexes that enhanced male privilege and oppressed women through subordination, resulting in sexism and female inequality, which supporters of the feminist model claim are the main causes of partner violence (Bell & Naugle, 2008; Burelomovaa et al., 2018). Additionally, gender roles defined by society which are communicated and demonstrated to individuals from a young age place men in positions of power over women, therefore, allowing men to exhibit dominance over their partners and establish control (Ali & Naylor, 2013; Bohall et al., 2016; Dobash & Dobash, 1970, 1979; McPhail et al., 2007; Pence & Paymer, 1993). It is these socially defined gender roles that lead men to perpetrate violence and women to be victimised by violence, often described as gender-based violence, the feminist model argues (Walker, 1984). Therefore, based on the feminist model's stance on partner violence being linked to gender, feminist researchers believe that all research exploring partner violence should be studied in the context of gender and viewed in a unidirectional nature (Bates & Taylor, 2019). Female perpetration of violence, on the other hand, is only ever viewed to be a form of retaliation or self-defence: "Women often kick, scratch and bite the men who beat them, but that does not constitute mutual beating", and any attempt to address female violence is considered as victim blaming (Dixon et al., 2012; Dutton & Corvo, 2007; Dutton & Nicholls 2005; Pence & Paymer, 1993 p 5). Theories by feminist researchers such as Johnson and his typology of violence (1995) - 'intimate terrorism' and 'situational couple violence' - demonstrates this, with suggestions that 'intimate terrorism' (which can only be perpetrated by men) is an attempt to exert control over a relationship. Whilst 'situational couple violence' suggests that, as violence is the outcome of an escalated argument - not due to a deeper intention to control - women who initiate the violence in this instance are likely reacting to intimidation (Johnson, 1995; Johnson & Leone, 2005).

These viewpoints are the foundation to many feminist theories and as Bograd (1990) claims there are four dimensions that exist in all feminist perspectives of partner violence: 1, the gender power disparity that exists between sexes; 2, The family existing as a social institution; 3, the use of women's experiences of partner violence; and 4, accurate reflection of women's experiences in theoretical standpoints. The first dimension outlines the structures of society by gender, outlining that men are positioned as the superior gender in comparison to women, with the use of the term 'power' suggesting that men's potential to use violence and instil fear into their partner is a power that men hold over women, "men as a class wield power over women" (Bograd, 1990 p. 14). Surely enough, when research has explored the motives behind male perpetration of partner violence, the theme, 'the importance of maintaining or exercising their power and authority' was one of the four themes developed, among the other reasons that included: men's jealously and possessiveness, arguments about domestic work, or resources (household income, childcare) and the right to correct wrong behaviour (see Dobash and Dobash, 1979 and the Violent Men Study- Dobash et al., 1996). The second dimension is in relation to the private/public debate of partner violence, suggesting that as partner violence is considered a normal part of family life (and not isolated uncommon events) partner disputes should not be considered private matters, but social matters that warrant police intervention. The third dimension highlights the importance of using women's accounts of partner violence to authenticate their experiences and emphasize the problem of men's violence. Finally, the fourth dimension, centres on feminist theories and models accurately depicting women's experiences of partner violence, to correctly inform IPV research, the criminal justice system, IPV organisations and other potential victims of partner violence. The body of research that has developed from these dimensions has been influential and impactful in terms of identifying partner abuse and helping victims and support networks (organisations, law enforcement) understand partner violence. Furthermore, it has also aided in informing perpetrators of abusive behaviours and the impact that violence and or abuse has on victims (Bates & Taylor, 2019).

The Duluth model

The Duluth model is an intervention program that was developed in the United States in 1981 by Domestic Abuse Intervention Programs (DAIP) (Pence & Paymer, 1993). The main aim of the program is to protect victims of partner violence by providing a voice for 'battered women' through translation of their experiences into the Duluth framework (Pence & Paymer, 1993; Snead et al., 2018). The framework is then used to educate perpetrators of their violence

during a 26-week programme- voluntarily or court mandated- which aims to help men change from using abusive behaviours (i.e., through control) to behaviours of equality (i.e., a mutual relationship) (Mankowski, et al., 2002; Pence & Paymer, 1993). The foundations of the Duluth model are inherently rooted in feminist concepts that state that the intent behind male violence is to control and dominate (Bohall et al., 2016; Mankowski, et al., 2002; Pence & Paymer, 1993; Snead et al., 2018). This is presented in the model's central feature, the 'Power and Control Wheel', which explains how men use male privilege to control, by displaying typical behaviours that men who dominate their partners might use; these include: the use of coercion, intimidation, isolation, economic and emotional abuse (Bohall et al., 2016; Pence & Paymer, 1993).

Whilst the Duluth model continues to be a prominent component to the understanding of partner violence, it also faces criticisms from researchers. Dutton (2006) especially has criticised the framework and the theory behind the framework in many of his works. Most notably, his book 'Rethinking domestic violence' dedicates a chapter to exploring the criticisms of the Duluth model. In relation to the foundations of the model, the framework was formulated around interviews with only nine individuals, consisting of five female victims and four male perpetrators. Clearly, to researchers, small sample sizes are understood to result in unrepresentative samples that are not generalisable to the wider public (an important part of any research), however, the Duluth model was constructed by a group of activists that were involved in the battered women's movement, not by researchers (Dutton & Corvo, 2006; Omair, 2014). Nevertheless, a theory has been developed based on a very small participant sample, which arguably may not be generalisable to many other female victims that are experiencing partner violence or many other male offenders perpetrating violence. It can even be argued that it does not generalise to any victims, regardless of gender, that are experiencing partner violence or any offenders, regardless of gender, that are perpetrating violence.

The gender parity perspective

In the last forty years, research finding gender parity in the perpetration of intimate partner violence has grown phenomenally (Archer, 2000; Arias et al., 1987; Dutton, 2005; Fiebert, 1997; Lane & Gwartney-Gibbs, 1985; Magdol et al., 1997; Riggs et al., 1990; Robertson & Murachver, 2007; Schumacher, & Leonard, 2005; Straus, 1979; Straus, 2004; Sugarman & Hotaling, 1989). Under a framework that positions intimate partner violence in the context of family violence, theorists from this stance uphold that there are numerous

contextual causes to explain intimate partner violence besides patriarchy and a need to control (Anderson, 1997; Gelles & Straus, 1979b). Specifically, an interaction between gender inequality, social acceptance of violence and family conflict is believed to interact and lead to the growth and continuation of intimate partner violence (Bell & Naugle, 2008; Burelomova et al., 2018). The family violence research perspective takes its stance from conflict theory, which suggests that conflict is an inevitable part of human life, and without resolving this conflict, the family unit is at risk of collapse (Coser, 1956; Scanzoni, 1972; Sprey, 1969; Straus, 1979). According to this perspective, social stressors, for example, economic hardships and power imbalances in the family, increase family tensions, which position families at higher risk of engaging in violence (Straus et al., 1989; Bell & Naugle, 2008). The use of violence to resolve family conflicts, this perspective believes, is learned in childhood, either through witnessing or experiencing abuse (Straus, 1977). Therefore, family violence researchers posit that partner violence is a method of resolving conflict between partners, and both women and men have the potential to use it (Dutton 2006). This gender-neutral model- also referred to as power theory- has been especially crucial in highlighting that women can be just as abusive as men, and that female perpetration of violence is a prominent issue (Hines & Douglas, 2009; Straus 1976; Straus 1977; Straus et al., 1980). Beginning with the works of Gelles (1974), Steinmetz (1977/78), Straus et al. (1979), Straus and Gelles (1986), and Stets and Straus (1990), research exploring gender symmetry in the perpetration of violence against intimate partners has expanded with a succession of studies that have explored the same premise having found similar findings: that men and women perpetrate violence at equal or similar rates.

The sex symmetry debate dates back to the early to mid-1970s, when family violence research began, and was first initiated by Richard Gelles (1974) and Suzzane Steinmetz (1977-78). In 1974, Richard Gelles published his groundbreaking novel on family violence, named *"The Violent Home"*. In it, he accentuates the numerical similarities between the perpetration of violence by husbands and the perpetration of violence by wives, "the eruption of conjugal violence occurs with equal frequency among husbands and wives" (Gelles, 1974, p. 77). This study constituted a step of substantial research as it highlighted that, unlike previous conceptions about women and violence, wives were violent to their husbands:

> Although the wives were less violent than their husbands, they were far from passive. Twenty-six (32%) have hit their husbands. Of these, nine (11%) hit their husbands at least half a dozen times a year to as much as daily (Gelles, 1974, p. 52).

Examples of wives' abusive accounts included:

> I spent all that time by myself and sometimes the kids would get on my nerves… so when I got mad I hit him (Gelles, 1974, p.76).

> I probably had no reason to get angry with him… but it was such a bore. I was trying to wake him up, you know. He was such a rotten lover anyways. So I'd yell at him and hit him to stir him up (Gelles, 1974, p. 151).

A few years later, Straus (1977-78) published an article presenting findings from the 1975 National family violence survey. This study involved a national probability sample of 2143 married or cohabiting couples. Using a version of the conflict tactics scale (CTS), an equal number of men and women were asked to recollect situations that happened with their partners/ spouses in the previous year, when they had a disagreement or were angry, and indicate how often they engaged in each of the acts included in the conflict tactic scale. Findings suggested that in a given year, men perpetrated on average 8.8 assaults, but women perpetrated on average 10.1 assaults. Additionally, women were found to engage in more serious transgressions with a yearly average of 8.9 acts of severe violence compared to a yearly average of 8.0 acts of severe violence committed by men. They concluded that nationwide, this rate of violence equated to more men experiencing victimization by women (2.1 million) than women experiencing victimization by men (1.8 million). Shortly after, Suzanne Steinmetz in 1977-78, published her research study entitled *'The Battered Husband Syndrome'*. In this paper, she reviewed several studies, including two of her earlier works and Gelles's (1974) and Straus's (1977) work, that reported identical or similar rates of self-reported partner assaults by men and women. She found in some instances, the wives were the aggressors, in others, the husbands were the aggressors and in others, families experienced reciprocal aggression. She also found evidence of studies finding violence by women exceeding that of violence by men. As well as similarities in the frequency of partner assaults, she also found there were few differences in the types of physical aggression. For example, in her earlier study, Steinmetz found that 39% of husbands compared to 37% of wives had thrown things at their spouses; 31% of husbands compared to 22% of wives had pushed, shoved, or grabbed their spouses; 20% of both husbands and wives had struck their spouses with their hands; and 10% of both husbands and wives had hit their spouses with a hard object (Steinmetz, 1977b). She determined that whilst her findings suggested that husband and wife battering occur at similar

rates, "husband battering is still hidden under a cloak of secrecy" (p. 499). She continues to say that increased awareness of the pervasiveness of all types of family violence is needed, including increased support for male victims, whilst ensuring that the importance of violence against women is not de-emphasised.

In 1985, Straus and colleagues replicated the 1975 study, utilizing data from the 1985 National Family Violence Survey. For this study, 3250 married or cohabiting couples were involved. The purpose of this study was to compare the partner abuse rates for 1975 and 1985 (Straus & Gelles, 1986). The results determined that 12.1% of women reported experiencing violence from their male partners in the 1975 survey, whereas 11.3% reported being victimized in the 1985 survey. For men, 11.6% of males had reported experiencing violence from their female partners in the 1975 survey, whereas 12.1% reported being victimized in the 1985 survey. In terms of severe violence, there was a decrease in incidents for both men (4.6% - 4.4%) and women (3.8% - 3.0%) between 1975 and 1985. Finally, whilst reported incidents of participants using objects to strike their partners decreased for men from 2.2% in 1975 to 1.7% in 1985, there was no reported change for women with 3% of incidents for both 1975 and 1985. Discussing their findings, Straus and Gelles (1986) stated:

> Violence by wives has not been an object of public concern... no funds have been invested in ameliorating (violence against males) because it has not been defined as a problem...Our 1985 finding of little change in the rate of assaults by women on their male partners is consistent with the absence of ameliorative programs (p. 472).

Similarly, more recent studies have displayed the same findings. Archer (2000) produced a meta-analysis exploring the perpetration of partner violence drawn from the conclusions of 82 published studies (the majority published between the 1980s and 1990s). He concluded that whilst a higher proportion of women reported experiencing injuries and needing medical attention than men, women were slightly more likely to use one or more acts of physical aggression than men and use such acts more frequently than men. Likewise, Roberston and Murachver (2007) explored the equivalence of male and female-perpetrated intimate partner violence across three participant samples (student, general and incarcerated) and found gender symmetry in the frequency, severity, and associated injury of the incidents. Alike, Archer's meta-analysis, this study found that women were more likely to be perpetrators of physical violence and men were more likely to be victims. Interestingly, they also found that women were more likely to perpetrate partner violence in the absence of abuse inflicted upon them,

conflicting with the feminist perspective's belief that women mainly use violence in self-defence.

Collaboratively, these findings may be surprising to general spectators of the intimate partner violence phenomenon as they are non-conforming to the aforementioned feminist perspective which asserts that partner violence functions as a mechanism for men to exert control over women. What is reflected in the above studies, however, is not only evidence of equal perpetration of violence between men and women but also, similarities in the perpetrated abuse types and consequences of violence. The difficulty for some to identify with these findings is rooted in the belief that women cannot inflict injuries on men as they are generally larger and considered to be stronger than the average female (McNeely et al., 2001). But, whilst it is documented that female victims experience higher rates of physical injury than male victims, this does not mean that male victims are impervious to or incapable of being injured (Archer, 2000; Caldwell et al., 2012; Carney et al., 2007; Dutton & Nicholls, 2005; Tjaden & Thoennes, 2000). Especially since several studies have indicated that male victims are equally as likely, or significantly more likely to experience assaults involving the use of a weapon than female victims (Brown, 2004; Buzawa & Buzawa, 1990; George, 1999; Hines et al., 2003; Hines & Saudino, 2003). Likely because there is an imbalance in size and strength, the use of a weapon is seen as an equalizer between genders (Outlaw, 2009). But as Mcneely and Cook state:

the average man's size and strength are neutralized by guns and knives, boiling water, fireplace pokers, bricks, and baseball bats. Many fail to realize that domestic assaults do not involve pugilistic fair play or to consider that attacks occur when males are asleep, or incapacitated by alcohol, age, or infirmities. (p. 7).

Both the feminist perspective and the family violence perspective provide effective results about their individual perceptions of the perpetration of intimate partner violence. However, they focus on unilateral violence, meaning that their data only provides information about violence perpetrated by one offender. However, a growing body of research has demonstrated that not all violent incidents are homogeneous.

The Conflict Tactics Scale

Due to the family violence perspective placing emphasis on family conflict, Straus (1973; 1979) developed a scale that quantified the amount of conflict existing within families by measuring the type of acts used to resolve conflict within the family unit (Jones et al., 2017; Straus, 1979). This measure named 'The Conflict Tactics Scale' consists of three individual types of questionnaires used to measure different abuse relationship dynamics: partner abuse (CTS, CTS2), parent and child abuse (CTSPC) and sibling abuse (CTS2-SP). Speaking only about the CTS, it was created specifically to measure the use of reasoning, verbal aggression, and violence (classified into two levels, 'severe' and 'minor') used to resolve conflict between partners (dating, cohabiting or marital). The original conflict tactics scale (CTS) consisted of 19 items that asked if the participant themselves or their partner had used one of the three tactics to resolve conflict in the previous year. This is recorded on a six-point Likert scale from 0 (never) to 6 (more than 20 times). The items of this scale are presented in an order starting with items that correspond to reasoning which then progress through to verbal and physical aggression last. The questionnaire is presented twice, to each participant, to determine what the respondent and their partner experienced and to investigate the degree of symmetry/asymmetry between responses, therefore totalling 38 items. There have been three versions of the CTS: The first version (also referred to as form A) was developed as a self-administered questionnaire and was used in Straus's 1973 study which also was the first study to utilise the CTS (Straus, 1990). The second version (also referred to as form N) was the version that was used for the face-to-face interviews in the 1975 Family Violence Survey and differed from the previous form A as the list of violent acts was expanded (Straus, 1990). The last version (also referred to as form R) was the version that was used in the 1985 Family Violence Resurvey with the additional violence item of 'choking' (Straus, 1990). Years later, a revised version of the Conflict Tactics Scale (CTS2) was introduced by Straus and colleagues (Straus et al., 1996). This version differentiates from the original CTS for a number of reasons (see Straus et al., 1996 for an in-depth review), but the main differences are first, the changes to the original scales (reasoning- negotiation/ verbal aggression- psychological aggression/ violence – physical assault) and the addition of two new scales: injury and sexual coercion (Straus et al., 1996). Secondly, for each scale, there is also an increase in items which takes the number of questions from 19 (CTS) to 39 (CTS2), so a total of 78 questions in total when accounting for the responses about the partner (Straus et al., 1996). Thirdly, the CTS requires both partners to take part in the questionnaire due to the way it is formatted, whilst the CTS2 can be completed

by just one respondent, due to the reframing of the questions which first asks what the respondent had done and then repeated on the next line to ask what their partner did to them (Straus et al., 1996).

Since its creation, the CTS has been considered innovative and has been used in studies globally, with over 70,000 participants from diverse cultures, to determine the extent to which aggression is used to resolve conflict in the family unit. However, since its inception, it has also been the subject of criticism. Dobash and Dobash (2004), for example, regarding the original CTS, highlighted concerns about the external validity of the measure. They stated that the measure was too narrow as it does not consider the context, consequences, motivations, and intentions behind partner violence (Dobash & Dobash 2004; Jones et al., 2017). Specifically, they argue that the behavioural acts listed in the CTS are too open to interpretation (Dobash & Dobash 2004). In fact, in their article discussing the phenomena of female perpetration of partner violence, they make reference to Margolin's (1987) study who utilised the conflict tactics scale in her study but found it difficult to understand her results without any context behind the violence of the men and the women who participated (Dobash & Dobash 2004; Dobash et al., 1992; Margolin, 1987). She highlights in her study, that a couple had reported kicking each other, which at face value would be considered a violent act, however, in the subsequent interviews it was revealed that the kicking was during a playful moment and that both parties viewed the act as not aggressive. She stated:

> While CTS items appear behaviourally specific, their meanings still are open to interpretation. In one couple who endorsed the item "kicking," for example, we discovered that the kicking took place in bed, in a more kidding, than serious, fashion. Although this behaviour meets the criterion for severe abuse on the CTS, neither spouse viewed it as aggressive, let alone violent. In another couple, the wife scored on severe physical aggression while the husband scored on low-level aggression only. The inquiry revealed that, after years of passively accepting the husband's repeated abuse, this wife finally decided, on one occasion, to retaliate by hitting him over the head with a wine decanter (1987, p. 82).

Dobash et al. (1992) concluded that this was a significant criticism of the conflict tactics scale:

> By the criteria of Steinmetz (1977/78:501), this incident would qualify as a "battered husband" case. But however dangerous this retaliatory blow may have been and

however reprehensible or justified one may consider it, it is not "battering," whose most basic definitional criterion is its repetitiveness. A failure to consider intentions, interpretations, and the history of the individuals' relationship is a significant shortcoming of CTS research (1992, p. 79).

Typology of violence

Both the feminist perspective and gender parity perspective exist as highly influential models within partner violence research, however, this is the only similarity they share. As well as proposing very alternative viewpoints behind the perpetration and motivations behind intimate partner violence, the theoretical underpinnings for both sides of this debate are very dissimilar. This is not surprising as there are a multitude of theoretical explanations for intimate partner violence formed from many different psychological disciplines (e.g., evolutionary, biological, social, cognitive). The feminist perspective, which concludes that intimate partner violence is about men's control and the subordination of women, shares the evolutionary perspective of partner violence involving male power over women, however, here the control is linked to reproductive goals, such as preventing their partners from committing sexual infidelity or finding other mates (Abrams, 2015; Archer, 2000; Burgess & Draper, 1989; Buss & Duntley, 2011; Chester & DeWall, 2018; Wilson & Daly, 1992, 1993). In contrast, the family violence perspective concludes intimate partner violence is an expression of intrafamilial conflict, which integrates several theories including, frustration-aggression, structural, and intrafamily resource theories (Gelles & Straus, 1979a).

In an attempt to address the space between both perspectives, Johnson (1995, 2005, 2006, 2010) formulated his typology of violence. From observations of both the feminist perspective and the gender-neutral perspective, Johnson determined that there are many misunderstandings and disagreements that exist within partner violence research (Johnson, 2010). Largely, he attributes this to IPV research considering all incidents of partner violence as a unitary phenomenon. Specifically, he recognised that incidents of partner violence are differentiated by context, the dynamics of a dyadic relationship and consequence. Therefore, Johnson's typology postulates that there are four types of partner violence: intimate terrorism; situational couple violence; violent resistance and mutual violent resistance (Johnson 1995, 2005, 2006, 2010). The distinctions between the types of violence listed centre around the control context (the presence or absence of control) that exists between the parties involved in each type of violence subset: "The *individual's* violence is understood in terms of its place in

a *dyadic* context of power and control (Johnson, 2017, p. 152)." It is also important to note that Johnson's typology is limited to heterosexual relationships (Johnson, 2017).

In intimate terrorism, the purpose behind exerting violence is to gain general control over a partner. Hence the relationship dynamic behind this subset of violence is that the individual is both violent and controlling, and their partner is neither. This type of violence is proposed by Johnson to be almost entirely perpetrated by men against their female partners and is the most likely of the four types of violence to escalate in seriousness over time and result in physical and psychological consequences (Bates & Graham-Kevan, 2016; Johnson & Ferraro, 2000; Johnson 2005, 2006, 2010; Melander et al., 2010). Johnson outlines that intimate terrorism is what most people mean when they refer to partner violence or domestic violence. It is the type of situation that a lot of people think about when they hear the term intimate partner violence. It is also the type of violence that initiated the feminist movement in the 1970's and, Johnson claims, is still today the focus of the feminist perspective on partner violence (Johnson, 2010). Mutual violent resistance occurs when both parties of a relationship are violent and controlling in an attempt to gain general control over each other, otherwise described as "two intimate terrorists battling for control" (Johnson & Ferraro, 2000, p. 950). In violent resistance, the relationship dynamic is that the partner is violent and controlling (an intimate terrorist) and the individual is violent but not controlling. In other words, the exhibited violence from the individual is a reaction to their partners attempts of gaining control, namely self-defence. This subset of violence is reported by Johnson to be almost entirely perpetrated by women (Johnson, 2000). Finally, situational couple violence differentiates from the other three types of violence as this type is not linked to a general pattern of control. This type of violence usually occurs when conflict that has arisen within a relationship "gets out of hand" and results in a violent outburst from one or both individuals involved (Johnson, 1995, p. 285). Whilst the individuals involved in this situation are violent, they are not using this violence to assert control over their partner. This form of aggression, Johnson believes, is unlikely to escalate or result in serious consequence (Johnson, 1995). He claims that this is the type of violence that is primarily studied by family violence researchers and is the reason behind their studies showing equal numbers of male and female victims.

Circling back to Johnson's claim that misunderstandings exist in partner violence theories and research, he suggests that the reason both the feminist perspective and the family violence perspective have found different results from their research, is due to the fact that they are studying two different types of violence (Johnson 2010). Furthermore, whilst researching their individual types of violence, they have used different population samples to produce their

results (Bates & Graham-Kevan, 2016; Johnson, 2010). The feminist perspective, which primarily studies intimate terrorism, tends to use data derived from accounts of women in refuges or men who are in programmes targeted at helping perpetrators to refrain from using abuse (like the Duluth model), whilst the family violence perspective, primarily studying situational couple violence, tends to use data collected from representative community samples including those in married, cohabitating or dating relationships (Bates & Graham-Kevan, 2016; Johnson, 2010).

2.4 What it means to be a man: the history of masculinity research

A man carries cash. A man looks out for those around him — woman, friend, stranger. A man can cook eggs. A man can always find something good to watch on television. A man makes things — a rock wall, a table, the tuition money. Or he rebuilds — engines, watches, fortunes. He passes along expertise, one man to the next. Know-how survives him. This is immortality… A man knows how to sneak a look at cleavage and doesn't care if he gets busted once in a while... A man can look you up and down and figure some things out... A man loves the human body, the revelation of nakedness. He loves the sight of the pale breast, the physics of the human skeleton, the alternating current of the flesh. He is thrilled by the snatch, by the wrist, the sight of a bare shoulder. He likes the crease of a bent knee. When his woman bends to pick up her underwear, he feels that thrum that only a man can feel. A man doesn't point out that he did the dishes. A man looks out for children. Makes them stand behind him. A man knows how to bust balls…. A man gets the door. Without thinking. He stops traffic when he must…. A man knows his tools and how to use them — just the ones he needs… (Chiarella, 2009, p. 61).

Readers of Esquire magazine were met with a bold, concise, and possibly controversial question on the front cover of the May 2009 edition entitled- "How to be a man?". The entirety of this issue, which was framed around understanding and answering this question, included the above passage under the heading "What is a man?". The aspects of the above text, to some, are probably not surprising as they reflect masculine ideals such as having good leadership, being a provider, and being a protector. All characteristics that are associated with being a "real man". But what does it mean to be a man?

In Connell's ground-breaking work *Masculinities*, she refers to Freud, who wrote, the concepts 'masculine' and 'feminine' are among the most difficult to understand within science (Connell, 2005). She suggests that the reason for this is because the construct 'gender' itself is incomprehensible, due to its ever-changing but problematic nature. A particularly complex aspect of gender is that whilst gender definitions (or characteristics that are prescribed to men and women) are never static, as they are continually contested, reworked, and redefined, the norms that are produced from these definitions are particularly rigid and harmful, especially those related to men and masculinity.

Although the study of masculinity is believed to be relatively new, some researchers argue that scientists and philosophers have been documenting concepts about men, masculinity, and gender dating as far back as Ancient Greece (Edley, 2017). Aristotle, in his book *Physics,* introduced his theory of hylomorphism and the terms "form" and "matter", suggesting that all physical objects are composed of the two (Witt, 1989). Matter refers to the potential factor; the matter of an object is what the object is composed of, whereas, the form is the actualizing factor, the external shape, appearance, or configuration of the object (König-Pralong, 2011). An example might be bricks which would be considered the matter, but when structured into a house, that would be considered the form. Relating Aristotle's theory to the sexes, the two concepts - form and matter – are connected to gendered or sexual differences, i.e., gendered notions (Witt 1998). That is form is associated with being male, and matter is associated with being female. Aristotle believed that the heart produced vital heat which circulated throughout the body and was important for nutrition, digestion, and reproduction (Ackert, 2016; Freudenthal, 1999; Trompouki et al., 2007). In support of this argument, he claimed that when the heart is cold, an individual dies (Freudenthal, 1999). He believed that this vital heat contained the soul – or eidos – of living beings and that the soul was necessary to animate the human body, i.e., the soul is the form of the body, and the body is the matter to the soul (Ackert, 2016). For Aristotle, blood was believed to be produced through digestion and altered by vital heat. In other words, the food that humans consume is concocted in their stomachs by vital heat, broken down into elements (i.e., blood), and then this blood is distributed to various parts of the body (Bubb, 2020; Thorp, 2012). However, blood is not its final form, as Aristotle suggests there are a number of transformations that can be concocted thereafter for the purposes of body maintenance and growth. Once food has first been concocted into blood, some of it will be further concocted into other substances, such as flesh or bone (Bubb, 2020; Thorp, 2012). Importantly, Aristotle also claimed that semen is concocted from blood residue (Eichman, 2007). Aristotle proclaimed that because men are associated with

air and fire, both of which he relates to heat, and by contrast, women are associated with water and earth, both of which he relates to the cold, women are by nature colder than men (Lloyd, 1968; Summers, 1993). For this reason, he suggested, that the extra heat in the human male gave them the ability to purify their blood until it developed into a fertile substance (semen) which would be capable of being transferred to produce new human life (Bubb, 2020; Thorp, 2012). Women on the other hand, he believed were unable to convert blood into semen, and therefore, any unused nourishment (blood) would be discharged, which is Aristotle's explanation for menstruation (Bubb, 2020; Thorp, 2012). This inability to convert blood into semen is what Aristotle referred to as an imperfection of the female sex (Eichman, 2007). Indeed, Aristotle found women to be the inferior sex to men, in fact, Aristotle believed that "Women are unfinished men" (Aristotle, 384-322BC/ 1905). His perception of the male sex was not only that they had the ability to modify their blood into semen, a substance that Aristotle held was a man's purified *blood, but also that because they could produce sperm, they were the only fertile sex and were responsible for reproduction (*Kremer, 2003). "…the woman is as it were an impotent male, for it is through a certain incapacity that the female is female, being incapable of concocting the nutriment in its last stage into semen" (Aristotle, 384-322BC/ 1971). His theory was that the male sperm (the form) caused the development of an embryo when integrated with the female menstrual blood present in the uterus and that this blood (the matter) provided the nutritive soul of the infant (Kremer, 2003). Thus, placing importance on the male to animate the matter, and by proxy suggesting that the female merely functions as a place to store and nourish the developing infant. Aristotle's views about women existing as the inferior sex, however, were not limited to only male and female reproductive biology, but also to male and female social roles, as he claimed that women were created to serve in a domestic sphere and men were created to govern: "The relation of male to female is by nature a relation of superior to inferior and ruler to ruled." (Aristotle, 384-322BC/1905). He stated the reason for this is because "the male is by nature better suited to leadership than the female" (Aristotle, 384-322BC/ 1905). His views also extended to psychological traits:

> The fact is, the nature of man is the most rounded off and complete, and consequently in man the qualities or capacities above referred to are found in their perfection. Hence woman is more compassionate than man, more easily moved to tears, at the same time is more jealous, more querulous, more apt to scold and to strike. She is, furthermore, more prone to despondency and less hopeful than the man, more void of shame or self-respect, more false of speech, more deceptive, and of more retentive memory. She is also more wakeful, more shrinking, more difficult to rouse to action, and requires a

smaller quantity of nutriment. As was previously stated, the male is more courageous than the female, and more sympathetic in the way of standing by to help (Aristotle, 384-322BC/ 1971).

These views of male superiority were likewise shared with future psychologists. Fast forward to the 1890s and the introduction of psychoanalysis, Sigmund Freud was perhaps one of the first theorists to propose that a difference existed between the sex that individuals were assigned at birth and their acquired gender (Bell, 2018). Instead, he argued that gender was not fixed by nature, or inborn, but made through an inharmonious process of personality development which Freud named the psychosexual stages (Bell, 2018). That is, Freud believed that humans are born without any knowledge of the differences between the sexes and that each sex possessed both masculine and feminine traits - referring to this as bisexuality – until they passed through the stages of psychosexual development where they learn to perceive themselves as different to the opposite sex and understand their own gender identity (Rapoport, 2009; Sellers, 1991). These stages of development, he reasons, stem from strong but unconscious sexual urges that individuals experience as a child; each stage of the development involves the child's pleasure-seeking urges (from the ID) focusing on a different erogenous zone (Freud, 1910). Together, he stated that these stages of development capture the main growth points of a person from infancy to adulthood (Freud, 1910). The development of gender within these stages occurs during the phallic stage, which happens between three to six years of age (Axelrod & Vriesema, 2022; Bell, 2018). During this stage, the primary focus or erogenous zone is the child's genitalia (Axelrod & Vriesema, 2022; Bell, 2018). Within this stage, both boys and girls experience an unconscious process named the Oedipus complex for boys and the Electra complex for girls (Axelrod & Vriesema, 2022; Bell, 2018; Freud, 1913). According to Freud, young boys begin to develop incestuous feelings for their mothers and try to fight for their affection whilst perceiving their fathers as a rival (Axelrod & Vriesema, 2022; Bell, 2018). In fear that his father will find out about his feelings and retaliate by castrating him - named castration anxiety by Freud – the boy will look to resolve this conflict (Axelrod & Vriesema, 2022; Bell, 2018). This is achieved by repressing his desires for his mother and instead identifying with his same-sex parent, through imitating and internalising the male gender role by adopting the values, attitudes, and behaviours of his father (Axelrod & Vriesema, 2022; Bell, 2018; Connell, 1994; 2005). In the female version of this theory, the young girl experiences penis envy, due to discovering the differences in male and female genitalia and the fact she does not possess a penis; therefore she resents her mother for

castrating her, whilst desiring her father because he does possess one (Axelrod & Vriesema, 2022; Bell, 2018; Freud, 1925). Freud then suggests that there is a shift in the young girl's desire from wanting a penis to wanting a child which reinforces her desire for her father. Similar to the Oedipus complex, the girl will repress her feelings for her father due to realising that her father is unavailable and through fear of losing her mother's love and instead start to emulate her and internalise the female gender role (Axelrod & Vriesema, 2022; Bell, 2018). Freud believed that once young boys identified with their fathers, this consolidated masculinity into their character, comparatively, once young girls identified with their mothers, this consolidated femininity into their character and this is how he believed gender identity was formed (Freud, 1910). This theory, although influential has been the subject of much controversy, especially from feminist researchers (Chasseguet-Smirgel, 2018; Fliegel, 1973; Lester, 1976; Slipp, 1993; Spielman et al., 2021). Mainly, this controversy is positioned around Freud's suggestion that women are envious of the "anatomically superior" male penis and there after discovering the differences between men's and women's genitalia will forever feel the inferior gender: "After a woman has become aware of the wound to her narcissism, she develops, like a scar, a sense of inferiority" (Freud 1925; Schultz & Schultz, 2009). In fact, Freud's perception of the Electra complex is that it would result in permanent consequences (Freud 1925). He believed that a young girl's desire for a penis will impact women as they grow (Freud 1925). Specifically, he believed women to be sexually passive and only engage in sexual activity for the purposes of reproduction, and because of their penis envy, he suggested that women will seek to have a male child in an effort to gain a penis (Freud 1925). He even goes as far as to say that this is the only way a woman can overcome penis envy and achieve full access to mature femininity (Freud 1925). Freud's views of women have been judged to be unfair and feminist researchers have argued that his beliefs are based on a model in which there is no place for femininity unless directly related to masculinity (Chasseguet-Smirgel, 2018; Fliegel, 1973; Lester, 1976; Slipp, 1993; Spielman et al., 2021).

Above are two perspectives on gender development and masculinity from both a philosophical and psychoanalytical standpoint, however, these standpoints alone are not enough to provide an understanding of masculinity.

The first social science paradigm of masculinity was the sex-role identity (Connell, 2005; Pleck, 1987). This theory postulates that individuals must develop either a male or female sex-role identity in order to become psychologically mature members of their sex (Pleck, 1987). To develop a male/female sex-role identity, an individual attempts to acquire sex-appropriate traits, attitudes and interests that affirm their biological sex (Pleck, 1987; Smiler,

2004). Examples of masculine traits from the first psychological inventory of masculinity and femininity include: powerful, strenuous, active, self-confident, working for self, and a dislike of foreigners, thin women and women who are cleverer than them (Morawski, 1985; Smiler, 2004; Terman & Miles, 1936). This paradigm was critiqued, however, for suggesting that masculinity and femininity existed on a unidimensional continuum, with femininity at one extreme and masculinity at the other (Constantinople, 1973). To this perception, individuals could possess either masculine traits or feminine traits, but not a combination of the two. Constantinople (1973) believed instead that masculinity and femininity were two orthogonal dimensions, initiating the theory of androgyny, which implied that individuals could possess both masculine and feminine traits (Ballard-Reisch & Elton, 1992).

2.4.1 Post-1970 masculinity research

Post-1970 masculinity research shifted from understanding masculinity as a biological concept to understanding it as a social construct (Bhatti, 2022; Javaid, 2020; Morgan, 1992). Specifically, the concept of hegemonic masculinity was introduced in the 1980s to replace the sex-role theory that emphasised a single identity for each sex (Hobbs, 2013). Instead, Connell suggested that power relations exist between men and women because society orders gender into a hierarchy where some men hold the dominant position in society and subordinate marginalized men and women (Connell, 1987; Hobbs, 2013; Javaid, 2020; Smith et al., 2015). In other words, Connell suggests that multiple masculinities exist, which are separated according to their conformity to a masculine ideal (Connell, 1987). Hence, this concept does not only explain the dominance of men over women but also the dominance of men over other non-hegemonic men. Specifically, Connell claims there are four types of masculinity: hegemonic, complicit, marginalised, and subordinate (Connell, 1987). Hegemonic masculinity refers to the dominant form of masculinity (Connell, 1987; Connell & Messerschmidt, 2005). Male privilege and oppression are at the heart of hegemonic masculinity, as men's dominant position within society enables men to exercise power and hold authority over women and other men. This form embodies the culturally idealized definition of masculinity characterized by the archetype of virility and traditional male stereotyping (Connell, 1987; Connell & Messerschmidt, 2005). Characteristics of the hegemonic masculine ideal include, heterosexual, white, middle-class, and physically and socially powerful (Connell, 1987; Connell & Messerschmidt, 2005). Connell states that hegemonic masculinity only exists in relation to the

other non-hegemonic masculinities, as not all men fit into this type of masculinity, therefore, without the other types of masculinity, hegemonic masculinity cannot exist (Connell, 1987). Complicit masculinity is a term used to describe men who do not embody all the characteristics of hegemonic masculinity, but that benefit from the patriarchal dividend (Connell, 1987; Connell & Messerschmidt, 2005). This type of masculinity is a relatively more passive expression of masculinity (Connell, 1987; Connell & Messerschmidt, 2005). Marginalised masculinity is a subculture of masculinity that includes men who follow the cultural "norm" but lack some of the qualities of hegemonic masculinity, such as men of colour or disabled men (Connell, 1987; Connell & Messerschmidt, 2005). Finally, subordinate masculinity includes men who display oppositional qualities to hegemonic men, i.e., effeminate, or homosexual men (Connell, 1987; Connell & Messerschmidt, 2005). The concept of hegemonic masculinity has influenced masculinity research since its inception and is still influential today, however, hegemonic masculinity or as it is more colloquially referred to, toxic masculinity, has negative consequences for men.

2.4.2 Toxic masculinity

Toxic masculinity refers to a set of norms, beliefs, and behaviours that are associated with masculinity, or expected of men, that have a negative impact on men, women, and society as a whole (Sculos, 2017). Traditionally, the term toxic masculinity is usually used to describe toxic traits that are associated with being a 'real man', such as strength, as society places emphasis on "real" men possessing these qualities whilst excluding men who do not (Sculos, 2017). Concerns about the impact that toxic masculinity can have on men have been expressed by several voices over the years. In 1980, Paul Kivel and the Oakland Men's Project developed the "Act Like a Man Box" approach from their work with adolescents in public schools in San Francisco to explore the process in which men are socialized (Alsawalqa, et al., 2021). This project, which is documented in Paul Kivel's book, *Men's Work: How to Stop the Violence That Tears Our Lives Apart*, refers to a rigid set of expectations, perceptions and behaviours imposed on men by society, that are considered to be "manly" or "a real mans" behaviour (Alsawalqa, et al., 2021; Kivel, 1992). Such examples include superiority over women, heterosexuality, aggressive and dominant behaviour, sexually perceptive, and suppression of one's emotions (Alsawalqa, et al., 2021; Kivel, 1992). The concept behind the 'box', as Kivel (1992) states, is that boys are raised to be kept in a 'box' of expectations, by parents, families,

peers, the media, and other members of society, they are constantly exposed to demands on their character and if boys/ men violate the norms of this box then they are often marginalized by their families, peers, and society. Importantly, Kivel also states that nobody is born in this box, it is a process of socialization (Kivel, 1992).

Much attention has explored the influence and impact the Man Box has on young men as they age. For instance, a study led by Promundo and Axe in 2017, carried out nationally representative email and telephone surveys on young men aged between 18-30 in the United States, United Kingdom, and Mexico, representing the ethnic and social diversity of the three countries (Heilman, et al., 2017). According to the results of this study, the Man Box is still very present and impacting men today, especially in six areas: life satisfaction and self-confidence; mental health; friendship and support-seeking; risky behaviours, attractiveness and bullying and violence (see Heilman, et al., 2017 for a full breakdown). For life satisfaction and self-confidence, the study suggests that men who identify strongly with the Man Box norms, rate their life satisfaction higher than those that do not identify strongly with societal norms (Heilman, et al., 2017). This implies that men who do identify strongly, experience some reward for meeting the norms of masculinity, almost as if meeting the criteria of a 'real man' is a badge of honour. This is shown in the results with some men who indicate a high life satisfaction saying they are "the man" (Heilman, et al., 2017). Similarly, men who identify with the Man Box norms also rate higher satisfaction with their physical appearance (Heilman, et al., 2017). However, when reviewing the other results it appears that identifying strongly with the Man Box norms also has injurious outcomes. For instance, results suggest conformity impacts a) mental health: young men who identify strongly with the Man Box norms show strong connections with mental health symptoms, such as depression or suicidal ideation (Heilman, et al., 2017). B) friendship and support-seeking: men reported that showing emotional vulnerability to friends is a violation of the Man Box rules (Heilman, et al., 2017). Finally, c) risky behaviours: men who identify strongly are more likely to have problems with binge drinking, be involved in traffic accidents, and perpetrate and experience bullying (Heilman, et al., 2017). Gender, however, is not always binary and not every biological male (born male at birth) identifies as a man and to masculine characteristics, and there are consequences for men who do not fit into the man box as well as for those that do fit into the man box, including mental health symptoms (Cannon et al., 2015; Irvine & Flood, 2018). From these results, it seems that masculinity can simultaneously privilege and damage men (Mankowski & Maton, 2010).

2.4.3 Masculinity and intimate partner violence

Gender theorists argue that an explanation around the conceptualization of gender is necessary to understand the extent to which intimate partner violence is gendered (Anderson 2005; West & Zimmerman, 1987), "confusion about how partner assaults are gendered is a reflection of a larger theoretical confusion about what it is that we mean by gender" (Anderson 2005, p 854). Anderson (2005), therefore, using three theoretical approaches to gender-individualist, interactionist and structuralist, explored this.

The first approach, the individualist approach, proposes that individuals are gendered beings, and that masculinity and femininity are traits that are integrated through biological or social processes into individuals' selves and identities (Anderson, 2005). That is, through either a biological predisposition to these traits or through the process of socialization. In this view, aggression, and violence is either an innate or learned attribute of masculine identities. Indeed, men are viewed to be the more aggressive sex, which scholars have linked to testosterone levels, suggesting a biological predisposition to aggression (Archer, 1991). A stance that increases the likelihood of men being identified as perpetrators rather than victims (Gerber, 1991). However, research has established that although this link is existent within animal species, the closer the species is to man, the smaller the influence of testosterone on aggression is found (Archer, 1991; Björkqvist, 1994; Björkqvist, 2018). Comparatively, more recent research found no significant relationship between testosterone and aggression (Geniole et al., 2020). Alternatively, role socialization explains that men and boys learn through cultural norms and ideologies to identify with traits that are indicative of masculinity: dominant, strong, assertive, forceful, and aggressive; descriptions that do not typically define a victim (Addis & Mahalik, 2003; Bem, 1981; Gerber, 1991).

Several studies that have adopted the individualist approach to partner violence research have utilised the Bem Sex Role Inventory (BSRI) which records individuals' self-assessments of the extent to which they embody traits of masculinity and femininity to explore the relationship between gender and partner violence (Anderson, 2005). These studies hypothesise that males that identify strongly with masculine traits or traditional (biological) males will be more likely to participate in intimate partner violence than males that are feminine or men that are egalitarian (Sugarman & Frankel, 1996). However, research that has explored the relationship between gender and IPV, has often found no relationship for either perpetration or victimization (Archer, 2000; Felson, 2002). Or contradictory findings, suggesting that more feminine males and females reported higher rates of IPV perpetration (Bernard et al., 1985;

Burke et al., 1988). Thus, due to these contradictory findings, Anderson (2005) states that much of the intimate partner violence research that has adopted the individualist approach to their research has concluded that gender is not a particularly important predictor of partner violence, therefore informing other researchers that intimate partner violence is not a gendered phenomenon. Anderson (2005), however, suggests that whilst the individualist approach to gender is the most frequently used approach in IPV research, it does not provide the best explanation for the relationship between gender and intimate partner violence.

The second approach, the interactionist approach, proposes that gender is an outcome of social interaction. This approach suggests that individuals 'perform' masculinity or femininity within society in order to meet typical gender requirements; otherwise known as 'doing gender' (Anderson, 2005; West, & Zimmerman, 1987, p. 51). In this approach, masculine and feminine attributes do not cause aggression, rather aggression defines gender (White, 2009). Essentially, this means that the traits that are ascribed to men and women come with a requirement of meeting those traits (Prentice & Carranza, 2002). For example, men are stereotypically believed to be strong and assertive, and this is matched with a societal expectation that men should be strong and assertive (Bem, 1974). This perspective suggests that for individuals who strongly identify themselves with masculinity or masculine identity, aggression being characterized as a masculine trait and violence being perceived as a means to perform or show masculinity will increase their propensity to use violence (Bem, 1974; Anderson & Umberson, 2001; Björkqvist, 2018;). Violence is a way to be a 'real man' (White, 2009). Research has linked men's use of aggression to several motives which can be identified under the umbrella term of 'protecting or restoring their manhood', examples consist of, defending their honour (Cohen et al., 1996; Felson, 1978; Weaver et al., 2010), their masculine identity threatened or questioned (Anderson 2005; Bossom et al., 2009; Weaver et al., 2010), their partners challenging their position or authority (Ptacek, 1988) and compensating for a lack of other resources to prove masculinity, i.e., higher rates of intimate partner violence have been found in relationships where women out-earn their partner (Anderson, 1997; Kaukinen, 2004). Females, on the other hand, are stereotyped to be gentle and tender (Bem, 1974); not descriptions that are synonymous with aggression. Thus, with violence or aggression being stereotyped as masculine, men's use of violence is often acknowledged as normal behaviour in contrast to females' use of violence (Graham & Wells 2001). Indeed, West and Zimmerman (1987) suggest that the same behaviours, for example, punching, will be perceived differently by audiences depending on the actor's (perpetrators) gender.

Regarding intimate partner violence, these findings suggest why many studies have found that male-perpetrated violence is seen as more serious than female-perpetrated violence (Harris & Cook, 1994; Harris & Knight-Bohnhoff, 1996; Seelau, et al., 2003; Yamawaki et al., 2009), male perpetrators are believed to be held more accountable for domestic disputes than female perpetrators (Hine et al., 2020), male perpetrated violence is seen to be more illegal than female perpetrated violence (Sorenson & Taylor, 2005), and male victims are blamed for their victimization more than female victims (Taylor & Sorenson, 2005). As women are perceived to be less aggressive than men, explanations for female aggression seem to be linked to external factors (stress, provoking) in comparison to explanations for male aggression being linked to internal factors (biology) (Scarduzio et al., 2017). Furthermore, male-to-female violence is believed to have harsher consequences (Stuart et al., 2006), with beliefs that females are more likely to experience physical injuries than male victims (Seelau and Seelau, 2005; Vivian & Langhinrichsen-Rohling, 1994), require medical attention for these injuries (Tjaden & Thoennes, 2000) and, need intervention and/or mental health support more than male victims (Tjaden & Thoennes, 2000)

The final approach, the structuralist approach, proposes that gender is a type of social structure (Anderson, 2005). This perspective suggests that life is structured by gender and individuals become gendered selves through the influences of this gender structure. Structuralists claim that gender is a system of classification that produces gender inequalities which extend to expectant gender roles and occupations (Anderson, 2005). Gender, in this view, shapes human interactions, attitudes, and identities, as well as organising social institutions and organizations (Risman & Davis, 2013). An example of gender inequality in society is the wage gap, which is the result of the dominant-submissive relationship between hegemonic masculinity and femininity which devalues women in comparison to men (Heilman et al., 2017). Furthermore, the use of violence within society is encouraged in certain situations for men but not for women (e.g., in some military services). Structuralists argue that gender exists independently of individuals' desires in the sense of individuals living gendered lives, even if they do not wish to. This approach differs from the two other approaches by suggesting that gender is a form of social organization opposed to individual behaviour (Anderson, 2005). In this view, aggression and violence are influenced by opportunity within the gender structure (gender inequalities within society) rather than by individuals themselves (Anderson, 2005). Structuralists suggest that this approach is important in understanding the barriers to leaving abusive relationships and/or stopping violence. They determine that sex and sexual orientation will influence economic, social, and psychological barriers. This approach suggests that men

generally have a higher status, and greater education, and are normally older, larger and with more income than their female counterparts, indicating that the consequences of partner violence are more negative for women than men.

Anderson (2005) concludes from her research that whilst it may appear that men and women are perpetrating at similar rates this does not mean that IPV is not gendered, although gender might not be the only relevant factor to assess sex differences in intimate partner violence, it is an important factor, because gender exists as more than just an attribute of individuals, it also exists in the ways that gender is structured within society and within societal expectations of gendered behaviour. Thus, increased research is needed to develop deeper interpretations of the relationship between gender and partner violence. If research instead, explored gender at the individual, relational, structural, and cultural levels, then this would provide a more comprehensive explanation of the relationship between gender and partner violence.

2.4.4 So what about men?

Whilst much of partner violence theory suggests that intimate partner violence is gendered and prevalence rates suggest that there are more female victims of partner violence than male victims, it is important to recognise that research and prevalence also express that men are victims of partner too, and at a substantial rate (699,000 men experienced domestic abuse in the year 2022, ONS, 2022a). More recently, empirical evidence has highlighted that men are experiencing a range of abuse types and tactics, similar to that of female victims. For instance, Hines and Douglas (2015), McHugh (2005), and Tilbrook et al. (2010) all reported that men have experienced various abuse types (i.e., physical, psychological, sexual violence, coercive control) consistent with the World Health Organization's (WHO, 2010) definition of partner violence, and also reported to have been experienced by female victims of partner abuse. Discussing only research that has explored men's experiences independently of females' experiences, an extensive amount of publications have demonstrated men experiencing physical intimate partner violence, including being slapped, hit, bitten, kicked, scratched, pushed, and threatened or harmed with a knife or other object (Brooks et al., 2017; Carmo et al., 2011; Drijber et al., 2013; Gadd et al., 2003; Hines, 2015; Machado et al., 2018; Nybergh et al., 2016; Savall et al., 2017; Scott-Storey et al., 2023). An example of a male victim's experience of physical abuse documented in Machado et al. (2020) qualitative study states, "I was viciously attacked in my house, knocked out, concussion, thrown through the front window

of my residence" (p.11). Similarly, research has also demonstrated men experiencing sexual violence from their partners (Follingstad & Rogers, 2013; Machado et al., 2018; Machado et al., 2020; Walker et al., 2019). One participant from Walker, et al. (2019) study noted, "I had my genitals grabbed and told that they do not work." (p. 216). Finally, increasing evidence has expressed that men also experience psychological abuse from intimate partners, and furthermore, states that this is the most common form of abuse experienced by men (Allen-Collinson, 2009; Bates, 2019; Dim & Elabor-Idemudia, 2018; Entilli & Cipolletta, 2017; Follingstad & Rogers, 2013; McHugh et al., 2013). An example of an account from a male victim who experienced psychological abuse by their partner is found in Alsawalqa's (2023) study, "She always reminds me that she can live without me, and I cannot live without her…" (p.5509).

Together, from this information, it is clear that partner violence victimization is not exclusive to women. Equally, it is clear that not all men are perpetrators and not all perpetrators are men. Above is evidence of experiential characteristics that are shared by both male and female victims, directing recent IPV research to characterise men as "same-but-different" to female victims (Bates & Hine, 2023; Hine et al., 2022b). The same because of these shared experiences, but different because men experience specific gender-related issues, such as IPV stereotypes and barriers, that exacerbate men's experiences and prevent men from help-seeking (Bates & Hine, 2023; Hine et al., 2022b). Yet, even with this recent increase in attention and empirical evidence of men's experiences of partner abuse, perceptions of partner violence are still distorted by pervasive theory, gendered expectations, and prevalence rates suggesting that one sex experiences partner violence more so than the other. Whilst it is represented in statistics that women experience intimate partner violence more frequently than men and research exploring women's experiences is essential, it is important to note that there are limitations to prevalence rates and the comparison of men's and women's experiences of partner violence. Crime statistics in England and Wales are predominately generated by the Crime Survey for England and Wales (Flatley, 2014). This annual survey relies on voluntary cooperation and involves an interviewer visiting a premises and asking the respondents about their experiences of crime in the previous 12 months (Flatley, 2014). The data collected from this survey is then used to determine the amount of crime in England and Wales for the purposes of monitoring specific crime trends i.e., increases and decreases in crime frequency from the previous year (Flatley, 2014). However, whilst this survey is a valuable source of information, the data accumulated from it provides only an estimation of the amount of crime. This is due to several reasons. Firstly, the crime survey only samples a portion of the housing population in England

and Wales, which is selected at random to represent both individuals who have experienced crime in the previous 12 months and those who have not experienced crime in the previous 12 months (ONS, 2023). For instance, the surveys conducted in 2021 and 2022 invited 50,000 households across England and Wales to take part in the survey; this is just a fraction of the reported 24.7 million households by census in the same year (ONS, 2022b). Furthermore, as the CSEW is a voluntary survey, it is subject to non-response error (ONS, 2023). Additional methodological limitations that may affect the CSEW outcome include issues with recall, willingness to report and subjective interpretation (ONS, 2023). As the survey requires participants to recall their experiences of crime within the previous 12 months, the survey depends on the participant's ability to accurately recall their experiences of crime within the previous 12 months (ONS, 2023). For other participants, there may not be an issue with recall, rather, the participant may not want to disclose their experience, particularly victims of domestic or sexual violence (ONS, 2023). Finally, for a participant to be able to disclose their experiences of crime, the participant has to believe that a crime has been committed (ONS, 2023). The latter two reasons, particularly, may explain why it is believed that abuse involving a male victim is highly underreported (Bates, 2020; Scott-Storey et al., 2022).

For this reason, research exploring intimate partner violence should be careful when utilising prevalence rates. Whilst prevalence rates are important to understand the extent of IPV and to identify where resources should be allocated, they should never be considered in isolation. Likewise, caution should also be taken when making comparisons between the rates in which males and females are victims, otherwise, theory and research that is produced from such will not provide an accurate representation of partner abuse victimization. Historically, partner abuse was viewed to only happen to and impact women, and this is reflected in the abundance of research highlighting that women are predominately victims of IPV and research detailing the physical and psychological/emotional impact that women experience being a victim of IPV. However, research about men and their experiences, until recently, was not existent and initial research that did include men's experiences, was still female victim-focused, with men's experiences primarily used to compare to female victims' experiences (i.e., differences in consequence severity). These comparisons, whilst informative in some instances (i.e., to understand men's and women's help-seeking experiences and/or to identify how IPV organisations can improve their service provision, see Hine et al., 2022a), are also potentially harmful, for example, previous comparative research has outlined that violence experienced by men is less severe, frequent and consequential than violence experienced by women, and this has been argued to minimize the impact of male victims experiences (Hines

& Douglas, 2009; Scott-Storey et al., 2023). Importantly, if the perception (whether in academia or society) of male victims' experiences of IPV is considered trivial in comparison to female victims' experiences, this may impact how men view their own victimization, influencing whether they will report or seek help for their victimisation.

In summary, whilst it cannot be ignored that research and prevalence rates state that women experience intimate partner violence more frequently than men, the focus of intimate partner violence needs to advance from the sex debate to addressing all forms of partner violence regardless of the sex of the victim. In terms of research, this means ensuring that male victims' experiences of intimate partner violence are explored and understood in their own right and not just as a comparison to female victims' experiences.

2.5 Aims of this thesis

This section outlines the four overall research questions of this thesis.

Study 1: Review of secondary data on the experiences of abused men and boys from *SafeLives UK*

From this literature review, it is clear that there is still some confusion about gender's place in intimate partner violence, and that this uncertainty can distort people's perceptions about men as victims of partner violence, which incidentally affects how men perceive their own victimization and their decisions to seek support. Whilst research has begun to explore the types of abuse, impact and support that male victims experience, much more research is needed to generate the attention that is required to ensure that male victims experience similar support to female victims. Therefore, this study aims to explore men's help-seeking experiences and identify if there are any barriers to preventing their decision to help-seek.

A) What are male victims' experiences of help-seeking generally?

Study 2a and 2b: Home is not always where the heart is: How the Covid-19 pandemic and lockdown restrictions have impacted practitioners supporting male victims and male victims from help-seeking, a two-part study.

As this pandemic is an extremely recent phenomenon, current research on how the Coronavirus pandemic has impacted victims of intimate partner violence is extremely limited. The majority of research that has been produced, however, only provides speculations about

the impact the pandemic has had on victims rather than collecting data through utilizing actual measures (e.g., experiments or interviews), and focuses completely on female victims, whilst ignoring male victims. Therefore, Study 2a and study 2b will be one of the first (if not the first) to actually explore the impact that COVID-19 has had on help-seeking and focus on the male victim by providing a comprehensive representation of the challenges that both male victims of IPV have faced whilst help-seeking and that practitioners have faced when helping male victims. The need for this research is particularly important, especially as throughout the pandemic the needs of the male victim have seemed to be inferior to the needs of the female victim, with many services creating awareness of female victimization during the pandemic whilst neglecting to do the same for male victimization. It seems that in some cases, society has reverted to previous beliefs, whereas the focus is primarily on the female victim. The aims of this study are to identify the barriers for male victims during the COVID-19 pandemic and to identify the challenges and opportunities for practitioners supporting male victims during the COVD-19 pandemic:

B) What are male victims' experiences of help-seeking during the Coronavirus pandemic and how do they compare to male victims' experiences of help-seeking generally?

C) What are practitioners' experiences of supporting male victims during the Coronavirus pandemic?

Study 3: "A man shouldn't hit a woman": the role of the victim and perpetrator sex in bystander helping behaviour.

The controversy about who typically perpetrates and is a victim of partner violence disputes, also extends to society. Which is likely to affect how society interprets and responds to incidents of partner violence. Therefore, Study 3 of this thesis aims to explore if the role of the victims' and perpetrators' gender in a hypothetical audio recording affects societal perceptions of intimate partner violence. In particular, investigating if participants recognise the victim and perpetrator correctly in their individual scenarios, suggest they would intervene in their individual scenario, and can identify available support networks for both male and female victims:

D) How will 'bystanders' help-seeking/ intervention to a simulated audio recording be affected by biological (their sex) and social (sex of the perpetrator and victim) characteristics?

Chapters one and two provide a detailed explanation outlining the progression of intimate partner violence research from its discovery to current research about the causes of partner violence and the role of gender in intimate partner violence. What is evidenced from this review is that there are two opposing but influential perspectives that explain the dynamics of couple violence and guide research within the field of intimate partner violence. The feminist perspective, mainly directed from feminist researchers such as Dobash and Dobash; Yllö, and Bograd and Pagelow, suggests that partner violence is predominately perpetrated by men in an attempt to assert control over their female partners and is rooted in historic patterns of gender inequality and male privilege. Consequently, this perspective views any female perpetrated violence as retaliation or used in self-defence. Antithetically, the gender parity perspective, formulated from family violence researchers such as Straus; Gelles and Steinmetz, frames partner violence within a general aggression framework. This stance suggests that the perpetration of partner violence is more equal between sexes and that the use of violence is not a method to gain control over intimate partners, but, to resolve conflict within an intimate relationship. Whilst combined these models have carved out a pathway for researchers investigating intimate partner violence, victims experiencing intimate partner violence and service providers intervening in incidents of intimate partner violence, the feminist perspective of partner violence, in particular, has impacted any recognition (from the victims themselves, service providers and society) of male victims of partner violence. And, whilst there is certainly a lot more research exploring the prevalence of male victims of partner violence and men's experiences of abuse by an intimate partner, there is still more to explore, specifically, regarding men's help-seeking experiences, which is where the focal point of this thesis lies.

The purpose of this chapter is to explain the methodological choices that were made to build the three studies that comprise this thesis. The chapter will commence with an explanation of the existing philosophical approaches to research and research methods that can be utilised within social and psychological studies. Thereafter, this chapter will outline the philosophical approaches that have been incorporated into designing the studies in this thesis. Finally, there will be a discussion about the methods that have been used within previous research, exploring

A) men's help-seeking prior to the COVID-19 pandemic and during the COVID-19 pandemic; B) practitioners help-giving during the COVID-19 pandemic; and C) societal perceptions of partner violence, before lastly outlining the methods that were used within the three studies of this thesis.

3.1 An overview of the philosophical approaches to research

Prior to conducting any research, there are four initial questions that need to be addressed (Crotty 1998):

- What methods will I use?
- What methodological approach has informed this decision?
- What is the theoretical perspective behind the methodology chosen?
- What epistemology informs this theoretical perspective?

The approach to answering these questions is through following the progression (outlined in Figure 2.) that outlines the four elements: research paradigm (with two branches ontology and epistemology); theoretical perspective; methodology and methods, each element informing the following (Crotty, 1998).

The purpose of working through these elements is to ensure the reliability and validity of individual research. Following the progression allows readers to understand the decision-making process behind the methods chosen in answering a research question; it also provides background to and reinforces the trustworthiness of the study's findings (Crotty, 1998). A brief definition for each element is provided below.

3.1.1 Definitions of research elements

Research paradigms

A research paradigm is defined as a "researcher's worldview" (Mackenzie & Knipe, 2006). This worldview portrays a researcher's perspective, or their way of thinking, that has informed the meaning and shaped their interpretation of the research they are conducting (Kivunja & Kuyini, 2017). Essentially, a research paradigm is a reflection of beliefs that the

researcher holds about the world that they live in, described as the lens through which the researcher views the world, by Kivunja and Kuyini (2017). Paradigms are then important because they influence the researcher's perceptions of the studies that should be carried out, how they should be conducted, and how to interpret the results that are collected; they also provide readers with an indication of the decisions made by the researcher during the research process, including the methodology and the methods chosen (Denzin & Lincoln, 2000; Guba & Lincoln, 1994; Kivunja & Kuyini, 2017; Lather, 1986).

Figure 2.

A flowchart depicting the procession from paradigm to method.
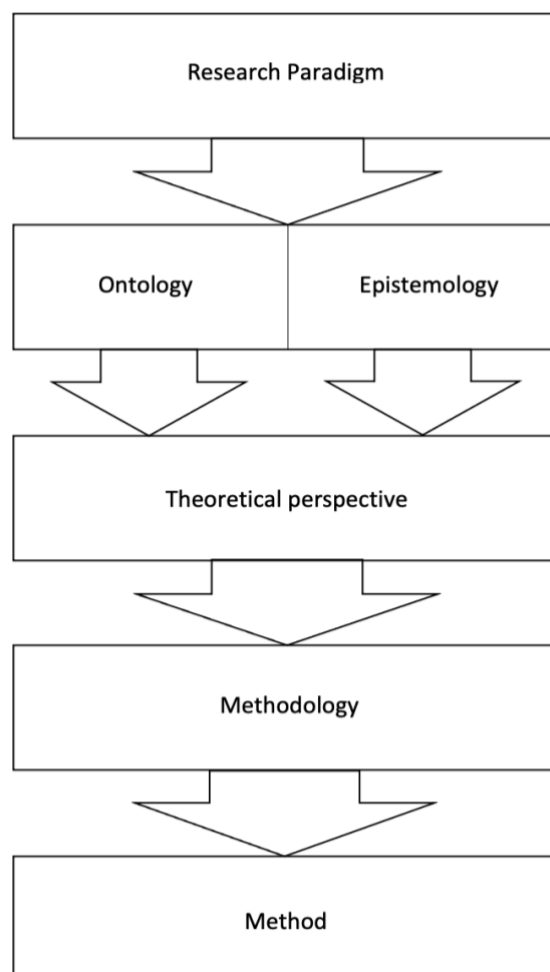
Ontology of a paradigm

Ontology, often described as the study of being, refers to the branch of philosophy that explores the nature of reality or existence, as well as the structure of reality (Rehman & Alharthi, 2016; Scotland, 2012). In terms of research, it is concerned with the researchers views and beliefs about the nature of being and existing which informs the researcher how to make sense of reality (Jacquette, 2002; Smith, 2012). Individuals make assumptions about reality in order to make sense of situations, and within research these assumptions extend to the topic in question. Marsh and Furlong (2002) summarise by stating that ontology is concerned with what can be known about the world. This is important because within academia, the intention is to produce research that explores and contributes to a previously unexplored area of research and these assumptions and beliefs will inform researchers of how to approach this (Kivunja & Kuyini, 2017).

Epistemology of a paradigm

Ontology is concerned with what can be known within the world, epistemology then, is concerned with how individuals can come to know available information (Marsh and Furlong, 2002; Rehman & Alharthi, 2016). Epistemology explores theories of knowledge and attempts to understand how knowledge is acquired. It explores individuals' comprehension of the world around them and how they use this to broaden their understanding of their research area (Kivunja & Kuyini, 2017). Epistemology concerns itself with questions such as "how do people know what they know?" and "what is to be considered as knowledge or truth?". To answer questions like this, individuals can acquire information from four sources of knowledge: intuitive knowledge (beliefs, faith, or intuition); authoritative knowledge (books, research studies, or from experts in their field); logical knowledge (logical reasoning); and empirical knowledge (sense experiences or experimentation) (Slavin, 1984). Epistemology is important because it indicates to researchers the approaches they should take to acquire their knowledge for answering their research question (Kivunja & Kuyini, 2017).

Theoretical perspective

Similar to research paradigms theoretical perspectives are also concerned with the way in which researchers view the world, however, whilst paradigms are generally broad assumptions about the world, theoretical perspectives are much more specific. Theories are an idea or several ideas that collate to explain a particular phenomenon (Gelso, 2006). Once

theories have been scientifically proven (supported by rigorous scientific research), they are often accepted as theories in research (Gelso, 2006). Theories are important because they provide researchers with a conceptual background to their research area and support and develop the research area further. In particular, researchers use theories to frame their research questions and to help make sense of their studies' outcomes.

Methodology

"The most critical point is to conceive methodology not only as a set of practices but as a way of approaching the subject matter of interest" (Kazdin, 2003, p. 18). Methodology is a broad term that refers to the research design, methods, approaches and procedures used to answer a research question (Kivunja & Kuyini, 2017). Kazdin (2003) outlines that there are five major components that methodology includes: research design, assessment, data evaluation and interpretation, ethical issues and scientific integrity, and communication of research findings. Research design relates to the plan that will be used to approach the research question or hypothesis. This includes the type of research method (quantitative, qualitative or mixed methods) that will be adopted, who the participants will be, how they will be assigned to groups (randomly or purposefully) and what type of groupings the study will use (between-groups, within-groups). Assessment refers to the type of measure that will be used to collect the data (e.g., questionnaires, observation, experimentation). Data evaluation and interpretation concerns the type of practices that will be used to interpret the collected data (e.g., statistical significance testing- ANOVA, regression). Ethical issues and scientific integrity includes any responsibilities that the researcher must uphold to both participants (e.g., the right to withdraw, confidentiality) and the scientific community (consent forms, participant information sheets and debrief forms). Finally, communication of research findings covers the process of sharing the research findings with other professionals (e.g., through journal articles) to contribute to the research area and build upon the existing knowledge within that area.

Methods

Methods, refers to the actual procedures or techniques used to collect and analyse data for the purposes of answering a hypothesis or research question (Crotty 1998). This is the last element of the research process and prior to selecting any methods to collect data, researchers should ensure that they have advanced through the previous elements as they will indicate the best method to adopt depending on the type of research.

3.1.2 Examples of research paradigms

There are a number of paradigms providing philosophical grounding to research, however, Candy (1989), suggests that there are three over-arching paradigms: Positivist, Interpretivist (or constructivist) and Critical. More recently, other researchers have outlined a fourth paradigm the Pragmatic paradigm (Rallis & Rossman, 2003).

The Positivist paradigm

The positivist paradigm, first proposed by Auguste Comte, is based around the ontological assumption that there is only one reality, and that this reality can be identified, understood, and studied (Davies & Fisher, 2018; Kivunja & Kuyini, 2017; Park et al., 2020). In other words, all that exists within reality can be verified through research, anything outside of this is non-existent. Positivism in psychology postulates that the purpose of knowledge is to understand human behaviour and explore and describe the phenomena that individuals experience (Krauss, 2005). Positivists insist that knowledge should be acquired objectively, and that the only legitimate means of developing knowledge and human understanding should derive from objective methods such as experimentation, observation, and reason-based experience (Kivunja & Kuyini, 2017). This paradigm highlights the importance of science by arguing that it is the way to get to truth and to understand the world sufficiently enough to control and predict it (Krauss, 2005). Positivist research usually involves a deductive approach, involving the exploration of an existing theory or phenomenon and formulating a hypothesis from this to test. Therefore, positivist methodology usually consists of quantitative measures as they view the purpose of science to observe and measure (Krauss, 2005; Park et al., 2020).

The Interpretivist/ Constructivist paradigm

The constructivist paradigm is based on a relativist ontology, meaning that reality is subjective and can differ from person to person (Guba & Lincoln, 1994; Park et al., 2020). This paradigm contends the positivist paradigms view of one existing reality and instead views reality as a human construct (Mutch, 2005). Suggesting that reality and meaning are socially constructed, and each individual makes their own sense of reality. Therefore, this paradigms focus is on understanding the subjective world of human experience (Kivunja & Kuyini, 2017). This is achieved by constructivist researchers employing an inductive approach to research, whereby theories are developed through observation and are not tested upon like in the positivist paradigm. Constructivist methodology then, usually consists of qualitative

approaches, for example, interviews, as this allows researchers to understand and interpret the participant's thoughts, beliefs and experiences about the subject in question (Kivunja & Kuyini, 2017).

The Critical paradigm

The critical paradigm adopts a historical realism ontology, as its research is mainly concerned with political, social, and economic issues that lead to negative outcomes such as conflicts and oppression (Kivunja & Kuyini, 2017). This paradigm seeks to raise awareness or promote social change by empowering marginalised groups and exploring social justice issues (Kivunja & Kuyini, 2017; Park et al., 2020). Feminist research is an example of research that adopts the critical research approach. Usually, critical research will utilise qualitative methods to obtain data as this approach allows the researchers to understand the participants experiences in more detail, therefore, providing a more in-depth analysis in an attempt to advance social justice.

The Pragmatist paradigm

The pragmatic approach arose due to researchers finding the existing paradigms too prescriptive in nature (Biesta, 2010; Tashakkori and Teddlie, 2003a, and 2003b; Patton, 1990). These researchers believed that what was necessary was an approach to research that provided methods to best confront the phenomenon at hand based on practical considerations and not theoretical ones (Kivunja & Kuyini, 2017). Specifically, researchers looked for an approach that would combine methods to highlight individuals' behaviour, the beliefs that stand behind these behaviours, and the consequences that stem from different behaviours (Kivunja & Kuyini, 2017). As a result, the pragmatic paradigm was formulated which initiated the emergence of mixed methods research. The paradigm has since become largely popular within research as it incorporates:

> A relational epistemology (i.e. relationships in research are best determined by what the researcher deems appropriate to that particular study), a non-singular reality ontology (that there is no single reality and all individuals have their own and unique interpretations of reality), a mixed methods methodology (a combination of quantitative and qualitative research methods), and a value-laden axiology (conducting research that benefits people), (Kivunja & Kuyini, 2017, p. 35).

3.1.3 Research methods

There are two major approaches to methods that can be employed when conducting research, these are quantitative and qualitative.

Quantitative methods

Quantitative research can be described as research that utilises methods which provide numerical data for analysis through mathematical means, specifically statistics (Yilmaz, 2013). This type of research uses a range of methods to investigate and explain social phenomena by testing hypotheses (found through previous research) to determine whether the results of a study complement previous research and therefore explain the phenomena of interest (Gay & Airasian, 2000; Holton & Burnett, 2005). This is achieved by quantitative researchers conducting studies using a sample of participants to see if their research can be generalised to a bigger audience, i.e., the general public (Holton & Burnett, 2005). As quantitative research is informed by the positivist paradigm which outlines the importance of data collection through objective practices, quantitative research usually involves measures which limits contact between the researcher and the participants, i.e., self-report measures (questionnaires/ surveys), observational measures, objective measures (experiments) and estimate measures (Holton & Burnett, 2005; Yilmaz, 2013).

Qualitative methods

Qualitative research then can be described as any research that has not used statistical procedures to determine the research findings (Corbin & Strauss 2014). A more comprehensive definition suggests that qualitative research is "an emergent, inductive, interpretive and naturalistic approach to the study of people, cases, phenomena, social situations and processes in their natural settings in order to reveal in descriptive terms the meanings that people attach to their experiences of the world" (Yilmaz, 2013, p. 312). Therefore, as qualitative research aims to explore personal experiences and the constructivist paradigm which informs qualitative research suggests that the relationship between the researcher and the participant should be connected during data collection, the methods that most qualitative research employs include qualitative surveys, observation, in-depth interviews and focus groups (Yilmaz, 2013).

Introducing mixed methods

For the duration of the 19th century, the quantitative paradigm was considered to be the only methodological approach to research. This is likely due to the quantitative paradigm existing as the first paradigm to incorporate ontological and epistemological principles to the paradigm (Gunasekare, 2015). Qualitative research, in contrast, only started to emerge from the 1900's when the use of qualitative methodology increased within research, most specifically during the 1980's when the 'paradigm wars' commenced (Denzin & Lincoln, 2000; Tashakkori & Teddlie, 1998). During this time frame both quantitative and qualitative researchers argued that their respective methodological approaches were superior to the other, hence this period of time being referred to as a battle of paradigms. In particular, purist researchers strongly believed that the two approaches could not complement one another in a collaborative analysis due to their principles originating from opposing research paradigms. This resulted in 'paradigm incompatibility', dictating that the use of quantitative methods alongside qualitative methods was not appropriate (Bryman, 2008; Gunasekare, 2015; Kuhn, 1970).

Mixed method research, however, is a more conventional research approach, distinctive from the other two approaches as it finds itself positioned somewhere between the rigid research paradigms that informs both quantitative and qualitative methodology (Brewer & Hunter, 1989). The philosophy associated with mixed method research is that of pragmatism, which aims to explore phenomenon in the most suitable and inclusive way (Gunasekare, 2015). Mixed method research, therefore, allows the researcher to employ both quantitative and qualitative methods within a study whilst considering for multiple viewpoints and perspectives (Gunasekare, 2015).

> "If we want to understand all aspects of human existence, from our brain processes to our moral agendas, it is likely we will need to draw on a wide variety of methods in order to do so" (Yardley & Bishop, 2017, p. 403).

Types of mixed method research

Gunasekare (2015) identifies in her research two major types of mixed method research: mixed method versus mixed model. Mixed method research is utilised when a researcher uses quantitative methods for one part of their study and then qualitative methods for a second part. For example, if a researcher conducted an experimental study and then after

the experiment finishes they interview the same participants either about the experiment or as an additional part of the study to expand on the quantitative results. Therefore, mixed methods is normally considered as running two mini-studies in one overall study. Mixed model research on the other hand, is utilised when a researcher mixes both quantitative and qualitative methods across the whole study. For example, if a researcher conducted a study using a questionnaire which involved both closed-ended questions (yes/no responses, Likert scale) and open-ended questions (free text).

Mixed method designs

There are four primary mixed methods designs that are frequently used by researchers: the Explanatory Design, the Exploratory Design, the Triangulation Design, and the Embedded Design (Creswell, 2003; Ivankova & Creswell, 2009).

Design 1: Explanatory Design

The Explanatory Design is used when qualitative data is collected to further explain or expand on quantitative results, hence this design being referred to as explanatory. The data for this design is collected sequentially, quantitative data is initially collected and analysed before consecutively collecting and analysing qualitative data to build upon the quantitative results and explain them in deeper detail. An example of research that has employed the Explanatory Design is Banyard and Williams (2007). In their paper examining how women recover from childhood sexual abuse, the researchers included a quantitative component which consisted of structured interviews and a qualitative component which consisted of in-depth, open-ended interviews. The emphasis of this design is usually rooted in the quantitative data, mostly because the quantitative aspect of this design is primary in both importance and structurally whilst the qualitative aspect is used to clarify the quantitative findings.

Design 2: Exploratory Design

The Exploratory Design is essentially the reverse of the Explanatory Design. Here, qualitative data is collected and analysed first before collecting and analysing quantitative data. The purpose of this allows for the researcher to explore a topic and generate a theory prior to then testing that theory quantitatively. The qualitative element is useful for identifying variables and/ or building an instrument, such as a questionnaire or survey, to use in the follow up quantitative phase of the study. An example of this process is demonstrated in Keeney et al

(2010) paper exploring middle aged individuals' attitudes, knowledge and behaviour towards cancer and cancer prevention, they employed a qualitative stage in the form of focus groups to inform and develop the cross-sectional survey that was employed in the quantitative stage.

Design 3: Triangulation Design

Alike both the Explanatory and Exploratory Designs the Triangulation Design can involve collecting data sequentially, however, it also allows for simultaneous collection of data. Originated within the area of navigation, triangulation is explained as using two known points to determine a new location (Heale & Forbes, 2013). Within research, triangulation refers to the use of more than one approach to researching a question, i.e., the use of both quantitative and qualitative methods to investigate a single phenomenon. This process allows for the researcher to compare and cross check collected data across both the quantitative and qualitative elements of the study whilst intensifying the validity and accuracy of their results (Carter et al., 2014; Schwandt, 1997). There are several variants of the term triangulation, Denzin (1978) identified four types including: data source triangulation; methodological triangulation; theory triangulation and investigator triangulation. There are also four design approaches that exist which differ depending on how the researcher wants to collect and analyse their data: the convergence model, the data transformation model, the validating quantitative data model, and the multilevel model (Creswell & Clark, 2007). The most common and traditional design from these four approaches is the convergent model; this involves either the simultaneous or sequential collection of separate data sets using different methods, separate analysis of each data set then a merge of the results. An example of a study that employed the convergent triangulation design, is a study by Cooper and Hall (2016) who utilised this mixed method approach to understand the experiences of male black student athletes at a historically black college/university in the south-eastern United States. The researchers collected both the quantitative and qualitative data simultaneously then compared the data across all the methods to inform their results.

Design 4: Embedded Design

Finally, the Embedded Design is used when either a qualitative or quantitative method is embedded into a study design that is dominantly based around the other method. For example, qualitative components could be incorporated into a largely based quantitative study if the researcher believes that each of their questions requires different types of data and the

use of a single data set would not be effective in answering their research question. The premise of this design is that one of the methods will take a secondary role in the study and provide support to the predominant method which guides the study (Creswell, et al., 2003). Data collection for this design can be collected sequentially or simultaneously. In Ross et al. (2013), the researchers embedded qualitative interviews into a predominantly quantitative study measuring the effect that telephone support had on depressive symptoms among pregnant women with HIV in Thailand. Whilst the quantitative results carried the most weight in this study, the qualitative results answered alternative questions that the quantitative data could not.

3.2 The research paradigms used to inform this research

Taking all this information into account, the research paradigms that have informed the methodology for this thesis are the constructivist approach and the pragmatic approach. The pragmatic approach to this thesis reflects the researcher's epistemological belief that "research approaches should be mixed in ways that offer the best opportunities for answering important research questions" (Johnson, & Onwuegbuzie, 2004, p. 16). Thus, employing the use of both interpretive (constructivist) and empirical (positivist) approaches to research.

The first and third studies adopt the pragmatic approach to research with a mixed-methods design being applied to the methods: quantitative measures, utilizing the deductive approach, and qualitative measures, utilizing the inductive-based approach, have been used across these studies. These approaches have been chosen because the characteristics of both quantitative and qualitative measures ensure that the researcher can answer the research questions comprehensively. Quantitative characteristics are recognised as "a focus on deduction, confirmation, theory/ hypothesis testing, explanation, prediction, standardized data collection and statistical analysis." Qualitative characteristics are recognised as "induction, discovery, exploration, theory/ hypothesis generation, the researcher as the primary 'instrument' of data collection, and qualitative analysis" (Johnson, & Onwuegbuzie, 2004, p. 18). This, therefore, suggests that quantitative research provides the statistical analysis, and the qualitative data provides the depth behind the quantitative analysis. Study two adopts the constructivist approach to research with a qualitative design being applied to the method and the analysis informing the researcher of existing patterns that exist within the data and providing the general principles of the research. This approach has been chosen for this study because like the constructivist paradigm these studies will focus on exploring the participant

experiences of the COVID-19 pandemic and utilizing the qualitative analysis to investigate this will provide much richer data than quantitative data.

3.3 Methods used to measure intimate partner violence in previous research

There are several methodological approaches that have been utilised in previous research exploring male victims of partner violence experiences of help-seeking (prior to and during the COVID-19 pandemic); practitioners help-giving during the COVID-19 pandemic; and societal perceptions of partner violence. These are experiments, vignette experiments, interviews, and self-report questionnaires/ surveys.

3.3.1 Experiments

A psychology experiment is defined as a "controlled procedure in which at least two different treatment conditions are applied to subjects. The subjects' behaviours are then measured and compared to test a hypothesis about the effects of those treatments on behaviour" (Myers, & Hansen, 2011). Kirk (2009) further outlines that an experiment includes 3 major characteristics: the manipulation of one or more independent variables; the use of a control element (an element that is designed to reduce the effects of variables other than the ones you are testing for) for example, randomization of participants, or a control group; and the careful measurement of one or multiple dependant variables. The purpose behind running experiments in research is to determine if cause and effect relationships exist between variables. This is achieved by manipulating the cause (independent variable) to test for the effect (dependant variable). Research that has explored experimental methods in psychology classify experiments into various types. McGuigan in 1978 identified three types based on the amount of prior information known to the researcher about their topic: exploratory; confirmatory and crucial (Hussain, 2014). In exploratory experiments, the researcher holds limited knowledge about the topic they are researching. Therefore, prior to running their experiment, they do not have any hypothesis or assumptions about their results. In confirmatory experiments, the researcher has an idea about the relationships that exist between the variables they are testing in their experiment. Here, the researcher postulates a hypothesis which has been generated by similar research and they test if these hypotheses are supported by their experimental findings. Lastly, crucial experiments are used when research provides multiple different hypothesis about the same phenomenon and the researcher wants to test which hypothesis is the most

accurate (Hussain, 2014). Other types of experiments vary by the setting in which the experiment takes place and the amount of control the researcher has over the manipulation of the independent variable. Laboratory experiments are experiments that are conducted in laboratory settings. These types of experiments enable the highest level of control over independent variables and are the most easily out of the three to be replicated by future researchers (Salkind, 2010). However, a limitation of this type of experiment lies with trying to present certain situations within a laboratory setting which would not under normal circumstances happen in a laboratory setting (for example, domestic violence). This is likely to affect participants' behaviour leading them to act in a way that does not reflect the behaviour they would have exhibited if they had experienced the situation in a real-life setting. In contrast, field experiments are conducted in the environment of the participants. In this setting behaviour exhibited by participants is more likely to reflect real life due to the experiment taking place in a natural setting (higher ecological validity). However, whilst in field experiments, the researcher still manipulates their independent variables to test for their hypotheses, there is less control over extraneous variables, which may affect the results of the study. Finally, natural experiments, like field experiments, are experiments that are conducted in real-life settings. Also, like field experiments, natural experiments have higher ecological validity. However, here the researcher does not have control over the independent variables, the conditions are determined by factors that occur naturally in real life (Salkind, 2010). Therefore, natural experiments differ to the other two types of experiments as they are not controlled in the same manner as the other two types of experiments. Natural experiments primarily exist in observational studies.

Taking this all into account, it is probably not hard to believe that previous research that has explored IPV using experimental methods is particularly limited. Through an extensive search of literature on Google Scholar and UWL LibSearch, the researcher was only able to identify two studies that employed experimental designs. In the first study conducted by Shotland and Straw in 1976 (experiment 1), a domestic violence simulation depicted by hired actors was the chosen methodology. The purpose of this experiment was to identify if differences in bystander intervention existed when a simulated violent fight occurred between a man (perpetrator) and a women (victim) who were portrayed as both strangers and a married couple. Results determined that participants intervened in the stranger condition more frequently than in the married condition. Furthermore, in their additional experiments (see their paper for a more in-depth explanation) it was highlighted that participants perceived the stranger condition to be more consequential to women than the married condition, even though

the portrayal of both fights was the same for each condition. Whilst this example does not directly aid in identifying or explaining previous research that has explored men's experiences of help-seeking, it does begin to highlight one of the reasons why men might not be help-seeking, as this piece of research only observes participant responses to partner violence involving a male perpetrator and female victim and does not account for the male victim. A second study that employed an experimental design is by Bates et al., (2019a). In this study the researchers used an implicit association test to determine if stereotype congruent or incongruent information influenced individuals' implicit attitudes regarding IPV victimization and perpetration. The stereotype congruent condition reflected the feminist perspectives stance on partner violence outlining that statistics show women are more likely than men to be victims of IPV, whilst the stereotype incongruent condition reflected the family violence stance on partner violence outlining that there is an equal victimization rate for male and female victims of IPV. The control was neutral. They also investigated the association between explicit behavioural intentions and gendered scenarios of IPV using two hypothetical vignettes followed by a questionnaire. Results found that priming participants with congruent or incongruent stereotypes had no effect on individuals implicit or explicit attitudes towards IPV. The gendered scenarios, however, did have an impact on explicit attitudes with IPV being recognised less in the male victim scenario than female victim scenario and considered more acceptable in the male victim scenario than the female victim scenario (see Bates et al., 2019a for the complete breakdown of results).

3.3.2 Vignette experiments

Vignettes are defined as "short descriptions of situations or persons that are usually shown to respondents within surveys in order to elicit their judgements about these scenarios" (Atzmüller & Steiner, 2010, p. 128). To date, vignette studies are one of the most utilised quantitative methods within psychological research. This is due to vignettes bridging the space between survey research, which is typically high in external validity but low in internal validity, and, experimental research, which is typically low in external validity but high in internal validity (Atzmüller & Steiner, 2010). Additionally, vignettes are versatile as they can be used alongside most other methods including experiments, interviews, and focus groups (Barter & Renold, 1999). Typically, they are accompanied by a questionnaire that asks the participants specific questions about the content included within the vignette and that is relevant to the research question. Furthermore, vignettes are beneficial within research that is exploring a

sensitive topic, due to other existing methods (i.e., experiments) having an increased potential of emotionally harming participants. Indeed, specifically in intimate partner violence research alone, they are significantly more studies that have used the vignette method within their research rather than an experiment (Brown & Groscup, 2009; Hine et al., 2020; Seelau & Seelau 2005; Sorenson & Thomas 2009; Sylaska & Walters 2014). However previous research that has assessed the use of vignettes within social research has also found limitations to the method. Some scholars suggest that vignettes do not always produce honest outcomes from participants (Hughes & Huby, 2012). Others, state that the use of vignettes and videos can encourage social desirability from research participants, by responding in a way that they believe the researcher expects them to (Grimm, 2010). Overall, it has been suggested that overreliance of completely controlled experiments are to be criticised "primarily because of problems relating to realism, demand characteristics, social desirability and generalizability" (Harari et al., 1985 p 654; Elms, 1975; Proshansky, 1976; Shippee, 1979).

3.3.3 Interviews

"When the person of the researcher becomes the main research instrument, the competence and craftsmanship – the skills, sensitivity and knowledge – of the researcher become essential for the quality of the knowledge produced (Kvale and Brinkmann, 2008, p. 84)."

In terms of qualitative research, interviews have become a prominent research tool in collecting data. Specifically, interviews are beneficial when the researcher wants to understand their participant's experiences, opinions, or attitudes towards a certain research topic (King et al., 2018; Rowley, 2012). Interviews like vignettes are versatile, they can be conducted on an individual level, with a couple of people, or with a group. They can also be one part of a multi-method approach alongside other methods, for example, experiments. Interviewing can take on three forms, classified by their level of structure. The first, structured interviews, are similar to the structure of a questionnaire, they comprise of short or closed-ended questions. The difference, however, is with questionnaires the participants can complete the questionnaire within their own timeframe, whilst structured interviews are still conducted in an interview format. These types of interview are beneficial within research after an experiment has been conducted, with questions asking "what do you think this study was measuring?". The second type of interview is the unstructured interview. In unstructured interviews there are no

prearranged questions formulated prior to the interview. The focus of the interview is to ask open ended questions based on a specific research topic to allow the participant to open up about their experiences and to gain as much information from them as possible. This type of interview is described as similar to an everyday conversation. Finally, the type of interview that is most commonly used is the semi-structured interview. This type of interview is slightly more formal than the unstructured interview and slightly less formal than the structured interview. Whilst the structured interview follows a strict set of questions and allows no room for additional questions to be asked and the unstructured interview involves no pre-empted questions at all, the semi-structured interview involves generating a set of questions that can be asked but also adapted during the interview depending on where the researcher feels the interview needs to be directed.

3.3.4 Self-report questionnaire/ surveys

Surveys and questionnaires are other forms of measurement that are frequently used within psychology studies. A questionnaire is a research instrument that consists of a set of questions that aims to collect information about a specific topic from the target audience (Bartram, 2019; Paulhus & Vazire, 2007). A questionnaire can collect quantitative or qualitative data and contain closed-ended questions (yes/no or Likert scale), open-ended questions, or a combination of both (Bartram, 2019; Paulhus & Vazire, 2007). A survey, on the other hand, is the process of collecting, sampling, analysing, and interpreting the data in order to gather information about the target audience and apply these findings to the general public (Bartram, 2019; Paulhus & Vazire, 2007). A survey measure is one of the most popular research methods used within psychology research. This popularity is due to several reasons. Firstly, questionnaires measure a variety of different participant information, including their beliefs, perceptions, attitudes, knowledge, and behaviour (Bartram, 2019; Paulhus & Vazire, 2007). Secondly, they offer an objective means of collecting data, which means that researchers can collect a large amount of data at one time (Bartram, 2019; Paulhus & Vazire, 2007). Thirdly, they are flexible, as they can be completed at any location (e.g., library or home) and they can be utilised in numerous different formats, such as printed questionnaires on paper, and online questionnaires using software, so they allow for participants to respond in their own time (Bartram, 2019; Paulhus & Vazire, 2007). Finally, questionnaires are generally considered to have high reliability (Bartram, 2019; Paulhus & Vazire, 2007). A limitation of the survey design, however, is the validity, as survey data relies purely on participants' responses, which

may not always be a completely true reflection of their beliefs, feelings, and behaviours (Bartram, 2019; Paulhus & Vazire, 2007). Especially for questionnaires about sensitive and/or intervention topics. Response bias impacts construct validity as if participants are providing false responses, the measure may not actually be measuring what it is supposed to measure, and also external validity, as false responses cannot be generalised to the general public.

3.4 Methods used to measure intimate partner violence within this thesis

The three studies of this thesis feature predominately mixed and qualitative methods. The methods that were utilised included a mixed method questionnaire in chapter 4 (study 1), qualitative questionnaire/ surveys in chapter 5 (study 2a and 2b) and an online experiment and mixed method questionnaire in chapter 6 (study 3).

3.4.1 Mixed method questionnaire

The questionaries that have been utilised in study 1 (chapter 4) and study 3 (chapter 6) of this thesis are mixed method questionaries consisting of both quantitative and qualitative questions. The questionnaire that was utilised in study 1 was developed from a secondary source (Safelives UK) and shared with the researcher for the purposes of analysing the provided study 1 data set, whilst the questionnaire in study 3 was developed by the researcher and pilot tested to ensure its reliability and validity to be used within the study 3 experimental study. Both surveys utilise a mix of likert/scale and categorical responses (quantitative) and free text responses (qualitative). The purpose behind the choice of mixed method questionnaires within these two studies was so that the researcher could observe results from multiple analyses (both quantitative and qualitative) and compile the best set of results to explain each individual study.

3.4.2 Quantitative questionnaire

The questionaries that have been utilised in study 2a and 2b (chapter 5) of this thesis are online survey qualitative questionnaires. These questionnaires explore the personal experiences of men who have experienced abuse during the COVID-19 pandemic and service providers who have helped male victims during the same time period. Therefore, the reason the methods for these studies were chosen as qualitative questionnaires, is due to the rich data that qualitative and free-text questions provide.

3.4.3 Experimental design

Study 3 (chapter 6) includes the use of an online experimental design to test for societal perceptions of partner violence by alternate gender pairings. The reason for the design chosen was due to the number of vignette studies that have already explored this same research area. Introducing a method that has rarely been utilised within partner violence research will add to the field of intimate partner research, moreover, using the results from previous studies that have used vignettes to explore societal judgements of partner violence and the results from this study would be interesting to compare if the results share similarities.

3.5 The impact of the COVID-19 pandemic on this thesis's original methods

The Coronavirus pandemic has had a significant impact on the methods that were originally going to be utilised in this thesis prior to the national lockdowns. The original intention of this thesis was to explore bystander interventions when witnessing a partner dispute between a romantic couple and the methods for each study would have corresponded to this.

Study two originally was going involve using two vignettes depicting partner violence between an opposite-sex couple as the methods for the study. The first vignette would have depicted male-to-female violence (i.e., male perpetrator, and female victim) and the other would have depicted female-to-male violence (i.e., female perpetrator, and male victim). Alongside this, a questionnaire would have been presented to participants asking them to state which intervention out of a possible selection of provided interventions they think they would have performed themselves if they had witnessed the scene. The answers provided by participants would have been the basis for a scale that would have been used in study three.

Study three was essentially the real-life comparison of study two and would have involved the use of two hypothetical simulations of partner violence, alternated by victim and perpetrator gender, performed by actors in front of participants to assess if participants in a real-life situation would intervene if they witnessed a partner dispute. Furthermore, the results (acted interventions) from study three would have been compared to those provided answers in study two to see if the number of participants who answered that they would intervene in a vignette partner violence dispute was comparable to those who intervened in the partner violence simulation. The outcome of this study could have possessed incredible results as can be seen from the previous section, only one previous study has been identified to have used an experiment to explore partner violence in any form.

Review of secondary data on the experiences of abused men and boys from

SafeLives United Kingdom

4.1 Introduction

Gendered stereotypes reflect general expectations about the characteristics that both men and women are believed to possess or should possess (Ellemers, 2018). In society, gendered attitudes effect the way in which individuals recognise, respond to, and resolve situations, including incidents of partner disputes. Importantly, they impact how service providers and agencies (e.g., the police) respond to IPV, how the public perceives IPV (discussed further in the sixth chapter of this thesis) and even how the victim perceives themselves and their victimization, the focus of this chapter (Bates et al., 2019b). This is especially significant with male victims of intimate partner violence who are considered to be a hidden victim group (Cook, 2009). In 2017, a case which involved a domestic incident between a young couple was initially overlooked by the attending officers due to the victim's gender being male and the perpetrators being female- "but because it's so unusual, as a female offender, it just didn't come together in our heads as quickly as perhaps it should have done" (The attending officer; Kennedy, 2019). This is an example of the impact that existing stereotypes can have on individuals' perceptions of abuse, subsequently affecting their attitudes towards domestic disputes, victims, and perpetrators. This, therefore, exemplifies the importance of the attitudes that individuals hold about abuse, areas that have started to be explored by academics researching men as victims of intimate partner violence (see Bates et al., 2019a; Bates et al., 2019b; Bates, & Taylor, 2019; Hine 2019). What is similarly concerning about this same case, however, is the victim's own misrecognition of being a victim of IPV, indicating that these same stereotypes affect male victims of IPV in the same manner as they impact societies perceptions. However, research into how these same stereotypes, impact male victims' perceptions of support available and their attitudes towards reporting their victimization to agencies within the criminal justice system, i.e., the police, is still within its early stages. Therefore, the question, why men do not report their victimization to the police? Needs to be answered. Thus, to explore this area in greater detail this chapter will firstly revisit existing perspectives about heterosexual and same-sex partner violence and gender, which have ultimately contributed to present gender stereotypes about IPV. Thereafter, there will be a

discussion about the barriers that male victims face generically, and as victims of intimate partner violence, including the additional barriers that male victims face compared to female victims. Finally, the importance of victims reporting their abuse to the police and or other service providers will be discussed before introducing the present study.

4.1.1 Domestic violence stereotype

Gendered models of abuse, such as the feminist perspective, discussed in detail in the second chapter, emphasize that intimate partner violence is unilateral in nature (Hine, 2019; Hine, et al., 2022). That is, dominant aggressive men perpetrate violence towards vulnerable women (Hine, 2019; Hine, et al., 2022). Rather unhelpfully, this paradigm, aptly named the 'gender paradigm', has guided research and policy with this view of partner violence for over 50 years (Hine, 2019). Consequently, it has been argued that this perception of partner violence has contributed to a narrow conceptualisation of intimate partner – 'domestic violence stereotype' – which in combination with broader attitudes of gender, impacts how 'non-typical' victims and perpetrators groups are perceived (i.e., male victims, female perpetrators, same-sex relationships).

4.1.2 Same-Sex Intimate Partner Violence

Around fifty years ago, when researchers began focussing on the concept of IPV involving violence between the opposite sexes, same-sex relationships, alike male victims, were initially ignored. Most likely this is due to intimate partner violence primarily being introduced as a model concerning hereto-normative marriages, i.e., wife abuse, with feminist-directed views emphasising partner violence as exclusively perpetrated by men towards women (Baker et al., 2013). This resulted in the gender nature of partner violence being identified as a problem between opposing sexes. Furthermore, many same-sex relationships existed in private, a result of an attached stigma which suggested that same sex attraction was disturbing or sick (Baker et al., 2013; Knauer 2011). In fact, up until 1974, attraction to the same sex was considered a mental disorder or disease which required medical attention as it deviated from what was believed to be 'normal' and/or 'natural' (Spitzer, 1981; Drescher, 2015). Therefore, victims of same-sex intimate partner violence remained unidentified.

The first publication to highlight issues of IPV and same-sex relationships was the work of Island and Letellier (1991). The researchers, along with other authors, expressed the lack of support available for gay victims of partner violence, including: the LGBT (Lesbian, Gay, Bisexual and Transgender) community being denied help from domestic abuse services; policies that existed around partner violence being tailored to heterosexual relationships; and evidence of failures to recognise both same-sex IPV and victim status for gay victims (Lehman, 1997).

This finding is alarming however, particularly as research has started to explore the prevalence of same-sex partner violence in comparison to heterosexual partner violence and found that the rates are virtually equal to (Renzetti, 1989; Turell, 2000; Hellemans, et al., 2015) if not higher (Messinger, 2011; Klostermann et al., 2011; Barrett & St. Pierre, 2013) than heterosexual IPV. This is relevant for all forms of abuse as research has identified similar patterns within same-sex IPV as in heterosexual partner violence (Merrill and Wolfe, 2000; McClennen, Summers & Vaughan, 2002). In fact, Messinger (2011) states that homosexual and bisexual couples are more likely to experience all forms of abuse than heterosexual couples. For example, in one study, 50% of gay men and 75% of lesbian women reported that they were victims of psychological IPV (Breiding et al., 2013).

And, one additional form of abuse has been identified within same-sex abuse, the threat of 'outing' or disclosing their partners sexuality as a form of control (Cannon et al., 2015; Donovan & hester, 2010). However, even though research has found equal frequencies of perpetration between same-sex and heterosexual intimate partner violence, and there is growing recognition that same-sex intimate partner violence is a concern (Balsam et al., 2005; Duke & Davidson, 2009; Eaton et al., 2008; Hassouneh & Glass 2008; McClennen, 2005; McLaughlin and Rozee, 2001; Stanley et al., 2006), the seriousness of same-sex IPV and heterosexual IPV involving a male victim, still is seen less serious than IPV involving a female victim (Seelau & Seelau, 2005; Sylaska & Walters 2014).

4.1.3 Secondary Prevention and Policy

Despite much evidence challenging the gendered perspective of intimate partner violence and empirical evidence documenting men's experiences of abuse, the gendered approach is still reflected in current secondary prevention strategies and government policy. In terms of policy, the government's approach to ending all forms of violence, against both women

and men, was to introduce two approaches: 'Tackling Violence Against Women and Girls Strategy' and 'Supporting Male Victims'. However, rather unhelpfully, the policy for helping male victims is framed under the strategy for violence against women and girls (GOV, 2021b; 2022c). A policy that highlights that abuse is a problem of men's violence towards women (Taylor et al., 2022). Even more unhelpfully, this policy's message has influenced the availability of support services and how they operate their service (Taylor et al., 2022; Hine et al., 2020). Secondary prevention refers to immediate interventions that manage the instantaneous consequences of abuse and aims to prevent the progression or recurrence of intimate partner violence (Anderson et al., 2019; Dixon & Graham-Kevan, 2011). Examples of secondary prevention include refuges, support services and helplines. Though within the UK, services that exist for male victims are extremely limited (Bates & Douglas, 2020). Tsui et al. (2010) for their research about men's help-seeking conducted an Internet search to determine services available for male victims. To target the search for male victim services, they used keywords related to men and IPV, for example, violence against men (Tsui et al., 2010). From their search, they found an abundance of social, legal and support services available for female victims, but no or little services designed exclusively to help men (Tsui et al., 2010). Interestingly, several of the services available for female victims suggest that they also help male victims; however, when looking at their websites it is clear that the focus of their service is for female victims. Refuge, for instance, states on its website, "Refuge primarily supports women and their children; but we believe no person should live in fear of abuse — including men" (Refuge, n.d). The way this is framed reads to a male victim of abuse that they are an anomaly, another way of framing this could be, 'we help all survivors, *even* men'. This alone suggests to male victims that their abuse is not a primary concern, but in addition, under the subsection 'how to identify abuse', signs of abuse are listed specifically referring to the male sex as a perpetrator, for e.g., "Is he charming one minute and abusive the next?", "Are you starting to walk on eggshells to avoid making him angry?" (Refuge, n.d.). This completely disregards the definition they have provided on their 'about domestic abuse' page, where they have specified that partner abuse can happen to anyone, "regardless of gender" (Refuge, n.d.). Also, as their website is pink and features pictures only of women, this suggests to men that their service is not available to them.

4.1.4 Gender Stigmatisation

Stereotypes are beliefs about the characteristics and behaviours of a particular group of people or type of individual (Hilton & Von Hippel, 1996). Stigmas are associated with individuals or groups, who have or are believed to have, attributes that make them different thereby devaluing them within society (Goffman, 1963; Link & Phelan, 2001; Major & O'brien, 2005). Stigmas are differentiated by two identities, 'discredited' and 'discreditable' (Goffman, 1963). The discredited are individuals who possess evident and notable attributes that make them different and thus they are stigmatised (race, ethnicity, gender, disability) (Goffman, 1963). In contrast, the discreditable are individuals who hold an attribute that would be classed as a stigma; however, it is hidden from societies view (HIV, sexual orientation, mental health) (Goffman, 1963). Goffman (1963) noted that individuals who fall into the discreditable category, actively have to work to keep their stigma hidden from other individuals (Taylor et al., 2022). He referred to this as a persistent fear of being discredited (Goffman, 1963; Taylor et al., 2022). He claims that individuals want to keep their stigmatised identities hidden as the knowledge of their stigma will influence or change the way they are viewed by others, which results in their current identity being discredited and devalued (Goffman, 1963; Taylor et al., 2022). Many social researchers have identified that stereotypes have a powerful influence on prejudices (the accompanying feeling, and opinions) and attitudes towards certain groups of people (Allport, 1954; Billig, 1985; Ehrlich, 1973; Hamilton, 198l; Tajfel, 1981; Devine, 1989; Esses et al., 1993; Marx & Ko 2019). Likewise, connections between stereotypes and stigmas have also been recognised, with the authors stating that a cause-and-effect relationship exists; Negative stereotypes aid in stigmatising certain groups, but then, stigmatized groups experience negative stereotypes (Biernat & Dovidio, 2000). Importantly, stigmatization has also been found to be related to the barriers of help-seeking. Intimate partner violence victimization, regardless of gender, has been considered a stigmatized identity, due to negative labels usually being attached to the term 'victim' (Overstreet & Quinn, 2013). Overstreet and Quinn (2013) developed a model of IPV stigmatization to identify how three stigma components (cultural stigma, stigma internalization and anticipated stigma) hinder help-seeking behaviours. Cultural stigma refers to the process of negative beliefs and stereotypes about IPV at the societal level influencing experiences of IPV at the individual level (Overstreet & Quinn, 2013). Stigma internalization explains the extent to which individuals identify with and believe negative stereotypes about their stigmatised identity (Overstreet & Quinn, 2013). Lastly, anticipated stigma emphasises individual concern about their stigmatised identity

becoming known to others (Overstreet & Quinn, 2013). Anticipated stigma and persistent fear of being discredited, both have applications for understanding IPV help-seeking reluctance (Taylor et al., 2022). For male victims specifically, with the existence of masculinity stereotypes suggesting what attributes a 'real man' possesses and stereotypes about the unidirectionality of partner violence, men are perceived to be a hidden victim group, therefore it is likely they want to keep their victimization concealed. If however, their victimization is revealed, it is possible their identity will be devalued due to a) being a victim of partner abuse, and b) not identifying with hegemonic masculine norms. Therefore stigmatization may be an important factor to understand male victims' reluctance to help-seeking.

4.1.5 Man up, Gender in intimate partner violence

Social perceptions of masculinity and gendered expectations impact not only how men experience intimate partner violence, but also how they define, label, and respond to IPV (Allen-Collinson, 2009; Cook, 2009; Hamberger, & Guse, 2002; Hine et al., 2020; Scott-Storey, K., 2023). Views about what it means to be a man are followed by the social expectation of what a man should be (Bem, 1981). Generally, this includes being strong, powerful, dominant, and suppressive of emotions (Bem, 1981). Traits that are not typically believed to describe a victim. Equally, identified consequences of partner abuse victimization, such as shame, depression, fear, and vulnerability, do not conform with the archetypal hegemonic masculinity (Hine et al., 2020; Hogan et al., 2022). Thus highlighting the paradoxical nature of hegemonic masculinity with men's victimization (Hogan et al., 2022). Alongside the domestic violence stereotype, outlined above, which implies unidirectional abuse, positioning men as perpetrators and women as victims, it is possible that these factors together contribute to male victims not recognising their own victimization. To a male victim of partner violence, the term "victim" is conflicting with "important stereotypes relating to both domestic abuse and masculinity (Hine et al., 2020, p. 21). Hine et al. (2020) suggest that men at this point experience a "double jeopardy" where they face prejudice for their victimization generally, but also because of their sex. Importantly, if men struggle to recognise or label their victimization as abuse, this is likely to affect their help-seeking decisions (Hine et al., 2020; Hogan et al., 2022).

4.1.6 Barriers to Help Seeking for Male Victims

Men are often perceived as being unwilling to ask for help when they experience problems in their everyday lives. Traditional stereotypes about men and boys suggest that boys do not cry, and men do not open up about the difficulties they are experiencing or ask for help from professional services. This perception is reflected in research, with a growing body of literature identifying that men are reluctant to seek help. Studies demonstrate that men are less likely than women to seek help from services for problems including, substance abuse, mental health, and physical disability (Husaini et al., 1994; McKay et al., 1996; Andrews et al., 2001; Addis & Mahalik, 2003; Galdas et al., 2005), even if they are experiencing similar levels of distress as women (Kessler, et al., 1981). This leaves men vulnerable and many experience a number of mental health concerns, such as anxiety, depression, drug and alcohol abuse and suicide ideation (Kessler et al., 1994; Möller-Leimkühler, 2002; O'Neil, 2008; Vogel, et al., 2014; Wester & Vogel, 2012). But why do men not seek help?

One explanation that has widely been identified as a factor, is the conflict between traditional gender stereotypes or masculine norms and help-seeking behaviour. Many men who identify strongly with male gender roles might perceive help-seeking as a conflict of interest (Boman & Walker, 2010; Charles & Walters, 2008; Nobis & Sandén, 2008; Pederson & Vogel, 2007; Vogel et al., 2011). For example, Western culture expects men to be in control of their emotions, and handle problems (Mahalik et al., 2003; O'Neil, 2008; Vogel, et al., 2014), however, if they are unable to, men are socialised to bury these problems (Goldberg, 1979; Dutton & White, 2013), a contrasting element to help seeking, which is "fundamentally interpersonal in nature" (Lee, 2002 p 18). Another explanation is stigmatization, individuals who are stigmatized experience discrimination, they are considered different and are set apart from other societal groups (Link & Phelan, 2001). The consequences of stigmatization are costly with stigmatized individuals experiencing increased psychological distress, including anxiety and depression (Mak, et al., 2007), threat to their personal and social identities (Major & O'brien, 2005) and threat to their self-concept (self-esteem- both personal and collective) (Thibaut & Kelley, 1959). However, the latter is contested (see Crocker & Major, 1989). Self-stigmatization, meaning internalising the negative beliefs associated with a stigma into the self (or the part of the self, called 'the me'), is believed to have harmful effects on an individual's personal identity (Byrne, 2009), as individuals want consistency between their personal identity (how they view themselves) and reflected appraisals (how others see them) (Burke, 1991; Kaufman & Johnson, 2004). Therefore, for individuals who fit into the discreditable

category (where their stigma is hidden) help-seeking might be considered as exposing their stigmatized attribute thereby introducing them to discrimination.

4.1.7 Barriers to Help-Seeking for Male Victims of Intimate Partner Violence

Whilst details about men's experiences of victimization and help-seeking have started to become a topic of focus, there is still considerably more research at present exploring female victims' experiences when help-seeking. Even with current findings of equal prevalence and seriousness. From current literature about female victims and outcomes of IPV, it is evident that partner violence is impactful, yet similarities in outcomes for male victims of IPV have likewise been identified and this has produced little attention in comparison. Results from these studies suggest that men (as well as women) experience long-term effects to both their physical and mental health (Coker et al., 2000). In particular, studies have outlined that posttraumatic stress disorder (PTSD), alcohol misuse, substance misuse (in LGBT communities), suicide ideation, psychosomatic symptoms, depression, loss of self-worth, loss of confidence and feelings of worry, confusion, and isolation, are all consequences that many men have reported experiencing (Barber 2008; Fergusson et al., 2005; Hines & Douglas 2011; Randle & Graham, 2011; Reid et al., 2008; Tsui, 2014). Furthermore, men have also reported that future relationships were affected due to fear of repeat victimization, and relationships with children, for those men who were also fathers were likewise affected (Bates, 2019; Hine, 2020).

Previous research that has explored the barriers to men seeking help has found a multitude of reasons as to why men do not report their victimization. Identified reasons include difficulty identifying as a victim, not wanting to leave children, fear of losing children, shame and embarrassment, belief the police could not do anything, fear of disbelief, fear of aggravated violence, fear of not being taken seriously, believing the police will do nothing, fear of revenge, financial implications, the possibility of having nowhere to go, service perceptions, denial, general fear and stigmatization (Bates, 2019; Drijber et al., 2013; Huntley et al., 2020; Machado et al., 2016; Tsui, et al., 2010). Furthermore, when the victims did try and seek help, they either received further victimization from services (Bates 2016; Hines et al., 2007) or the services refused to do anything (Drijber et al., 2013).

Indeed, the majority of these barriers have developed from gendered stereotypes and gender role expectations which have shaped the way that both the victim perceives service providers and (some) service providers perceive victims. Evidenced by male victims often

choosing to confide in and seek help from friends and family over formal service options (Machado et al., 2016; Oliver, et al., 2005; Bates & Graham-Kevan, 2016; Tsui, 2014) and police officers believing that men are more responsible of IPV regardless of if they are the victim or the perpetrator (Russell, 2018). These same factors also impact how society perceives victims. Intimate partner violence victimization has a social stigma attached to the terminology 'victim', and victims often experience negative societal reactions and secondary victimization beyond their initial abuse due to this stigmatisation (Eckstein, 2016). However male victims of IPV face an additional layer of stigmatization, as they are both victims of partner violence and are not considered typical victims, due to their gender (Eckstein, 2009; 2010). Indeed, help-seeking literature has identified that for men who do seek help, they must first overcome internal and external obstacles (Galdas et al., 2005). These additional layers of stigma also extend to GBT men, as Hine (2019) states they have to "battle cultural heterosexism and homophobic attitudes" (Hine, 2019 p 5; Herek, 1995). Finally, but importantly, gender stereotypes and expectations also influence how the victim perceives themselves. Cauce et al. (2002) suggest two conditions fundamental to help-seeking: a) recognising the problem as undesirable, and b) recognising that the problem is unlikely to go away without help from others. But research has highlighted that some men fail to recognise that they are a victim or have even experienced IPV (Dutton & White, 2013). Making help-seeking an even more improbable concept.

4.1.8 The Importance of Reporting

As such, it is recognised that men report incidents of intimate partner violence to the police substantially less than women (Dewar, 2008). Evidently, police attitudes have an influence on the reporting rate and victim satisfaction, however, male victims that have attempted to report incidents of IPV to the police have conveyed experiencing discrimination, with some victims even reporting being ignored, threatened with arrest, or detained (Dewar, 2008). But as Felson et al. (2002) states, a victim's trust in reporting to the police depends on the victims' belief of a successful outcome, which might further explain the disparity in reporting rates between men and women (73% of domestic violence incidents that the police recorded in the year ending March 2022 involved a female victim, Office for National Statistics, 2022a).

This is problematic as police officers are considered to be gatekeepers to the criminal justice system, and a moderating force in the process of justice (Seigel, 2000; Felson & Pare, 2008). The victims' attitude towards the legal system is not only important to penalise perpetrators of intimate partner violence, but also, to identify the magnitude of female-to-male violence (through the reporting rate), and more importantly, to encourage other male victims of intimate partner violence to also report their abuse (Felson et al., 2002; Felson & Pare, 2008; Hester, 2008). Furthermore, the criminal justice system is a key factor in helping many victims leave their abusive relationships so the credibility of the system and those working within it is imperative (Waldrop, & Resick, 2004; Felson & Pare, 2008).

4.1.9 The present study

Taken together, it is clear that there are many factors that influence male victims' willingness to report to formal services. These include theoretical perspectives of intimate partner violence which have sequentially created stereotypes about "typical" partner violence disputes, in addition to gendered stereotypes which outline the gender of the victim and perpetrator in "typical" partner disputes, and stigmatization for not fitting the "typical" profile of a partner violence victim as guided by theoretical perspectives of IPV and gender stereotypes. These examples are among other recognised barriers from previous research, including, fear, service perceptions, and shame and embarrassment. The present study will use these previous findings to further explore this area in greater detail.

4.1.10 Aim of research

Therefore, the aim of the current study was to explore the barriers that male victims reported prevented them from help-seeking. Although research has started to explore this area in more depth, it continues to be a particularly limited research area compared to its female research counterpart. Additionally, this is one of the first studies to pay particular attention to the barriers of help-seeking and how they relate to negative outcomes for male victims in a male sample, within the United Kingdom. As for previous research that has explored male victims' experiences of IPV, most have included various areas of men's victimization, for example, the behaviours that male victims experienced. Whilst these are similarly very important areas to explore, a study focusing solely on help-seeking and how barriers to

reporting can result in negative outcomes, could provide vital information about the reasons men are not reporting that other studies have lost due to discussing multiple avenues. Also, with the majority of the previous research being published within the United States, there could be possible differences in the barriers that men in the United Kingdom report due to the use of different systems. Furthermore, this study is one of the first studies to adopt a mixed methods approach using both quantitative and qualitative data for the purposes of producing a comprehensive understanding to the reasons why men do not report their victimization. This study aimed to answer the following research question:

- *What are the barriers to seeking support reported by male victims of intimate partner violence?*

4.2 Method

4.2.1 Analytical plan

This study centred around exploring the barriers that male victims report when seeking support for their victimization. This was achieved by analysing a large data set using descriptive data to determine frequencies for quantitative questions and thematic analysis to dissect mass qualitative information in the form of codes and themes. Thematic analysis was the chosen method for this study specifically, as a) the nature of the data set incorporated portrayals of men and boys experiences of intimate partner violence, and their understandings and perceptions of how IPV is viewed within society, to formal (professional) services and informal individuals, and b) because the aim of this study was to identify immerging patterns and themes of meaning across the entirety of the data set to produce an understanding of the important features of and address any problems with current research in relation to the research question.

4.2.2 Data set

The data set for this study was provided by *Safelives*; A UK-wide charity that works with organizations across the country dedicating their focus to transforming responses to domestic violence and in the long term, ending domestic violence. To understand men and boys' perspectives of abuse and of the current support available to male victims, Safelives asked men and boys to share their own experiences of abuse and help-seeking. The survey that Safelives formulated to compile this data was, *The Voice of Men and Boys* (Appendix A)*,* a survey which was created and distributed (onto the Safelives website[1]) in 2019. Male domestic abuse survivors, aged 11 and over, were then invited by the charity to respond to this survey on their website. The survey utilised both likert/scale or categorical responses and free text responses and consisted of 93 questions in total. These questions included subject matters related to: the individuals' personal experience of domestic violence (details about the perpetrator, the violence experienced and the length that the abuse persisted); the physical/

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[1] https://safelives.org.uk

psychological outcome of the abuse; who the individual told (if anyone); if they reported their abuse and if they sought support for their abuse and if they did not what prevented them. The likert scales for the questions that invited a categorical response ranged depending on the nature of the question; for example the question *'did you require help from a doctor or hospital'* used a scale from 1 (yes) to 4 (prefer not to say). Another example *'what impact did receiving help or support from… have on your safety?'* used a scale from 1 (improved greatly) to 7 (prefer not to say).

Safelives granted the researcher permission to use the collected data following a data sharing agreement which is outlined in the ethical considerations subdivision of this section.

4.2.3 Preparation of Sample

A total of 217 men and boys (aged 16 and over) responded to the survey. This included male victims who had experienced abuse by a number of individuals known to them, including current/ex female partners, current/ex male partners, stepfathers, mothers and sisters. The survey was split into two major sections: male victims who had experienced abuse in the 12 months prior to participating in the survey and male victims who had experienced abuse at any point in their lifetime. Overall, 52 participants identified being victims of partner abuse in the 12 months prior to taking part in the survey and 126 identified being victims of partner abuse at any point in their lifetime (39 did not provide an answer). This was then reduced to a data set which only included male victims who specified they had experienced abuse by current/ex female partners and current/ex male partners (see results section, table 1), as this theses focus is intimate partner violence. This resulted in the final data set totalling 158 participants.

4.2.4 Data analysis

Quantitative data, (i.e., questions that invited a categorical response) was evaluated by determining frequencies for the specific questions that were relevant in explaining, what male victims believe/felt were the barriers to seeking support for their abuse and who they told about their abuse or received support from for their abuse, to identify if it was likely to be formal (police, healthcare worker) or informal (family, friends) individuals.

The following quantitative data (categorical) questions were analysed. Note: they are listed alongside their original question numbers (OQN) in the voice of men and boys questionnaire:

1. *Did you tell anyone about the behaviours you experienced and/ or the impact on you?* (OQN 46: Y/N)
2. *What prevented you from telling anyone?* (OQN 47: Likert scale)
3. *Who did you tell?* (OQN 48: Likert scale)
4. *Did you receive any help or support for the behaviours you experienced and/ or the impact on you?* (OQN 50: Y/N)
5. *Who did you receive support from?* (OQN 51: Y/N and Likert scale)
6. *What prevented you from receiving support?* (OQN 83: Likert scale)

Although the questionnaire provided to participants was split into two sections (12 months prior to answering the survey and at any point in the participants lifetime), no modifications or transformations to the data needed to be made when running the analysis as it was not necessary to look at the particular questions of interest at two different time periods.

All qualitative data (i.e., questions that invited a free text response) that was relevant to intervention and impact (see below) was gathered and transferred into a Microsoft word document.

The following qualitative data (free text responses) questions were analysed:

1. *Free text further impact, not already listed?* (OQN: 34, 35, 36)
2. *What was the impact on your family?* (OQN: 44)
3. *What prevented you from telling anyone/ reporting?* (OGN: 47)
4. *Who did you tell about the abuse?* (OQN: 48)
5. *What prevented you from receiving support?* (OQN: 83)
6. *Any other information in relation to abuse in the relationship or its impact on you?* (OQN: 84)
7. *Would you like to tell us about any other abusive relationships you have been in?* (OGN: 86)
8. *What one thing would have made a difference to your situation?* (OQN: 88)

9. Is there anything else you would like to tell us about services or support available for male victims/ survivors of abuse? (OQN: 90)

10. Do you have any words of support or hope you would like to share with anyone currently or previously in an abusive relationship? (OQN: 92)

The data was then coded using Braun and Clarke's thematic framework (Braun & Clarke, 2006; 2012) to identify reoccurring themes within the data and provide a framework showing the relationships between the identified themes (see Appendix B for an example of the coded data).

Familiarisation of data

Once the data was transferred correctly into a document, the researcher began by reading and rereading the data provided by participants to gain a general understanding of what the data collected meant. Once the data was read through multiple times in a general sense, the researcher began to re-read the data in more depth. This was achieved not only by reading the words the participants used, but by trying to understand the meaning below the surface and gaining an understanding of the feelings and experiences behind their use of language. This involved asking questions about the participants and the data, for e.g. what do the participants want the researcher to know? what issues do they feel needed to be highlighted? The final stage of immersing in the data included identifying general patterns that started to emerge throughout the data set. If the researcher noticed that a particular word or belief or feeling came across at multiple stages throughout the data, it was noted down to be revisited when codes and themes began to be created.

Generating initial codes

After step 1: familiarisation of the data, initial codes began to be created. This involved working systematically through the entire data set, ensuring that every piece of data was given a proportionate amount of attention for identifying data extracts that were relevant to the research question and producing codes for these extracts. This process included assigning codes at both the semantic and latent levels. Semantic codes, which are the surface level, or descriptive codes, typically represented participants' feelings, for example, the code, "fear"; latent codes, however, represented a deeper interpretation of the data, for example, "feeling trapped within an abusive relationship/ like they cannot leave". As the coding process developed, existing codes were modified to more suitably label features of the data extracts, an example, "loss of or affected- belongings/ property/ finances/ career", this originally was titled

"career/ finances affected" however, participants indicated other areas that abuse had had an impact on and for some it was more serious than them being affected, it was the loss of, therefore this was incorporated into the code. Once the coding was complete, the researcher reflected on the existing codes contemplating how these codes could be grouped into themes.

Searching for themes

Phase 3 included finding mutual features across the pre-existing codes to eventually combine them into overarching themes. To facilitate this process, a mind map was created to visually represent associations and overlap between codes. As codes were grouped together into potential themes, sub-themes or subcategories of those themes started to immerge; for example, when grouping codes "shame of being a male victim" with "embarrassment of abuse" it was clear that these could be grouped together into a sub-theme representing the impact of a gendered stereotype, underneath an overarching theme of the barriers that men face who are trying to seek help. Once a complete summary of the codes clustered together into possible sub-themes and themes was created, the researcher considered how the themes collectively would explain a narrative of the data overall and furthermore, how the themes would answer the research question in the most effective and representative way.

Reviewing of themes

This phase essentially involved revisiting and quality checking the sub-themes and themes that were previously created in the last phase. This process involved ensuring that all the themes meaningfully captured the entirety of the data set and were relevant in answering the research question. This was achieved by meeting two stages. Stage 1 involved reviewing the created sub-themes and themes, in conjunction with both the initial coding and the data extracts provided by participants, to ensure that the extracts within the themes formed a coherent pattern, to symbolise the reasoning behind the creation of the theme. Stage 2 involved creating a thematic map, to evaluate the relationships between the created themes and assess if the themes collectively accurately represented the most important and relevant elements of the entire data set. When both these stages were achieved, six sub-themes and two overarching themes were the total for this analysis.

Defining and naming themes

The final stage to this process, was adequately naming the sub-themes and themes. To achieve this, the researcher observed the codes within each sub-theme and theme to ensure that

the names of the themes represented the codes within them. The final theme names were also made to fit the criteria of concise and informative, so that they are clear to readers and signal the overall important points that have immerged from the collective data set. When writing up the analysis for the data, it was important to recognise the essence of each theme and why these particular themes reoccurred throughout the data set. Therefore, rereading the extracts which were applicable to each theme, when writing up the analysis for that particular theme, helped the researcher identify the story that each theme tells, in relation to the overall research question.

4.2.5 Investigator triangulation

As well as the primary researcher, two other members of the research team coded the same data to ensure confirmation of the results and increase the credibility of the findings. The method that the research team chose to measure the inter-coder reliability of the coded data was a percentage agreement (O'Connor & Joffe, 2020; Olson et al., 2016). Once every researcher had independently coded the entire data set, a meeting was set to discuss the findings that each researcher had found. A detailed discussion on the topic commenced, with the primary researcher first explaining what they had found and then the research team either agreeing or stating they found something slightly different or entirely new. The approach the research team executed was by introducing the first theme, then the sub-theme(s) under the overall theme and finally the codes within the sub-themes before moving on to the next theme, to logically discuss all the content. The researcher noted if a code was agreed upon, or if an extract of data was coded with the same code by the other two members of the research team, by assigning a 1 to the agreed-upon codes. The researcher repeated this process for codes that were disagreed on, or for extracts that were coded with a different code, by assigning a 0 to codes that were disagreed on. The researcher then divided the number of agreements by the total number of codes and multiplied this result by 100 to reveal a percentage agreement of 90%, which O'Connor and Joffe (2020) highlight is a "nearly perfect agreement".

4.2.6 Ethical considerations

The charity granted the researcher permission to analyse the responses of the individuals who answered the survey under a data sharing agreement between *Safelives* and UWL (as Safelives have agreements in place which allow third parties to use collected data) as

a part of this research. As this study was centered around secondary data, there were limited ethical considerations. Firstly, the sharing of this data adhered to GDPR and the comprehensive data sharing agreement in place between *Safelives* and UWL. Secondly, only members of the research team had access to and could read the entire data set. Thirdly, individual's responses to this survey were anonymous and data was kept completely confidential throughout the collection and analysis process. Finally, due to the nature of the data including individual experiences of abuse, the researcher ensured particular precautions were in place when analysing the data to eradicate personal emotional impact; This included, only reading and coding a number of qualitative extracts per day and taking regular breaks, taking part in activities or socialising outside of the analysis process and keeping in contact and having regular meetings with the supervisory team.

4.3 Results

The results of this study are split into three major sections. The first section represents the demographics of the participants that took part in this study (age, ethnicity, employment status, gender identity and sexual identity). The second section of the results includes the quantitative data drawn from questions that invited a categorical response. Finally, the third section of the results includes the qualitative data drawn from questions that invited a free text response.

4.3.1 Demographic Data of Participants

The age of the participants ranged from 16 to 60+, with the majority of the participants falling into the 30-34 age bracket (17%). Likewise, the ethnicity that participants identified themselves from, their employment status and their sexual orientation also ranged (see Table 1. Note: the question, what is your current employment status, was open to multiple selections). Finally, whilst the participants of this survey were assigned male at birth, the genders that the participants assigned themselves also differed slightly, 98% assigned themselves as male, 1% non-binary and 1% prefer not to say.

Table 1.

Descriptive Statistics Showing Participants Ethnicity, Employment Status and Sexual Orientation.

	Number of participants and overall percent	
	N	*%*
What is your ethnicity?		
White (British, Irish and Other)	142	89.8
Asian (Asian British- Indian/ Pakistani)	4	2.6
Black (Black British- African/ Caribbean)	3	1.9
Mixed (White & Asian/ Other Mixed Heritage)	2	1.2
Other	3	1.9
Prefer not to say	1	.6
Missing value	3	1.9
What is your current employment status?		
Unemployed	16	
Retired	5	
Part-time employment	8	
In education or training	5	
Full time employment	96	
Self-employed	27	
Volunteering	6	
Other	7	
Which of the following would you consider yourself?		
Heterosexual or straight	139	88.0
Gay	9	5.7
Bisexual	5	3.2
Any other sexual orientation	2	1.3
Prefer not to say	2	1.3
Missing value	1	.6

4.3.2 Perpetrators Identity

Participants were also asked to disclose the sex of the perpetrator who had been abusive towards them. As you can see from Table 2, the majority of participants stated that an ex/ current female partner had been the perpetrator, with 147 participants out of a total of 158 indicating this, compared to 11 participants specifying that an ex/ current male partner being the perpetrator. Another way to frame this result, is that over two thirds of this participant sample experienced intimate partner violence from a female ex/partner.

Table 2.

Descriptive Statistics Illustrating the Identity of the Perpetrator.

	Frequency and percent of participants	
	F	*%*
Who was the perpetrator?		
Partner- Male	8	5
Partner- Female	65	41.1
Ex-partner- Male	3	1.9
Ex-partner- Female	82	51.9
Total	158	100

4.3.3 Quantitative Analysis

Six quantitative questions were analysed by evaluating frequencies for each question. The six questions that were analysed fell under two major headings: *male victims sharing their experiences with others* and *male victims receiving support*. The first set of questions, under the heading *male victims sharing their experiences,* focused around if male victims told anyone about their experiences of abuse; the second set of questions which fell under the heading *male victims receiving support,* focused on whether male victims received any support for their abuse. These particular questions were chosen for analysis because they produce understanding (in addition to the qualitative analysis that represents victims challenges to help-seeking) of a) who male victims are likely to share their abusive experiences with, and if they are, formal individuals, i.e., the police, G.P, domestic abuse services, or non-formal individuals, i.e., family, or friends; and b) who male victims are likely to receive support from if they chose to report their abuse. This is a particularly important area to explore as understanding is needed as to whether victims are reporting their abuse to the police, and if they are choosing not to, the barriers that are preventing them from doing so.

4.3.3.1 Male Victims Sharing their Experiences with Others

Participants were firstly asked, '*did you tell anyone about the behaviours you experienced and/ or the impact on you?'* Results indicated that the majority of male victims did tell someone about their abuse, with 75% of participants answering yes (see Table 3).

Table 3.

Frequencies and Percentages Portraying Whether Participants Told Anyone About their Abusive Experiences.

	Did you tell anyone about the behaviours you experienced and/ or the impact on you?	
	F	*%*
Yes	119	75.3
No	38	24.1
Missing	1	.6

Note. *F* = Frequency

The participants who stated that they did tell someone about their abuse (119, see Table 3), were then asked to identify who they shared their experiences with. Results determine that *'family or relative'* (72%) and *'friend or neighbour'* (60%) received the most responses (see Table 4). Interestingly, formal service providers, such as the *'police'* (33%) and *'specialist domestic abuse service'* (22%) received less than half of the number of responses that informal individuals received. Although it is possible participants would feel more comfortable confiding in individuals they know rather than complete strangers, the fact that service providers received less than half of the responses that informal individuals did, indicates that participants most likely do not trust formal services in helping with their abuse, otherwise, it would be expected that responses between informal and formal individuals would be closer to equal.

Table 4.

Frequencies and Percentages Indicating Who Participants Told about their Abuse.

Who did you tell?		Yes	No	Missing
Family or relative	*F*	**86**	33	39
	%	54.4	20.9	24.7
Friend or neighbour	*F*	**72**	47	39
	%	45.6	29.7	24.7
Work Colleague	*F*	40	79	39
	%	25.3	50.0	24.7
Specialist domestic abuse service	*F*	**27**	92	39
	%	17.1	58.2	24.7
Police	*F*	**40**	79	39
	%	25.3	50.0	24.7
Lawyer, solicitor or other legal professional	*F*	37	82	39
	%	23.4	51.9	24.7
GP	*F*	39	80	39
	%	24.7	50.6	24.7
Hospital based health professional	*F*	16	103	39
	%	10.1	65.2	24.7
Counsellor, therapist	*F*	56	63	39
	%	35.4	39.9	24.7
Adult social services	*F*	12	107	39
	%	7.6	67.7	24.7
Child social services	*F*	21	98	39
	%	13.3	62.0	24.7
Samaritans	*F*	11	108	39
	%	7.0	68.4	24.7
Priest (or other religious or community leader)	*F*	6	113	39
	%	3.8	71.5	24.7
Other	*F*	9	110	39
	%	5.7	69.6	24.7
Prefer not to say	*F*	0	119	39
	%	0	75.3	24.7

Note. participants could select more than one answer.

*F = Frequency

Table 5.

Frequencies and Percentages Demonstrating What Prevented Victims from Telling Anyone about their Abuse.

	What prevented you from telling anyone?																							
	Fear of my own safety		Shame or embarrass ment		Did not know who to go to		No support available		Fear of losing child contact		Didn't think they would believe me		Didn't think anyone could do anything to help		Private/ Family matter		It was my fault they acted that way		Too trivial/ not worth mentioning		Other		Prefer not to say	
	F	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*
Yes	7	4.4	**29**	18.4	**22**	13.9	**22**	13.9	7	4.4	17	10.8	**30**	19.0	11	7.0	6	3.8	8	5.1	3	1.9	0	0
No	31	19.6	9	5.7	16	10.1	16	10.1	31	19.6	21	13.3	8	5.1	27	17.1	32	20.3	30	19.0	35	22.2	38	24.1
Miss -ing	120	75.9	120	75.9	120	75.9	120	75.9	120	75.9	120	75.9	120	75.9	120	75.9	120	75.9	120	75.9	120	75.9	120	75.9

Note. participants could select more than one answer.

*F = Frequency

Likewise, the participants who stated that they did not tell anyone about their abuse (38, see Table 3), were then asked to identify what prevented them from sharing their experiences. The two most selected answers were *'shame and embarrassment'* (76%) and *'didn't think anyone could do anything to help'* (78%), with near equal responses (see Table 5). Closely followed by either *'not knowing who to go to'* (57%) and

'no support available' (57%). These results expand on two already identified major obstacles, that gender stereotypes are likely to impact male victims' willingness to report, and that a lot of male victims are likely unaware of the support available to them and/ or that society may not have provided sufficient exposure of the services already available, as evidenced by three of the most selected answers indicating either a lack of support or not recognising there is available support. The latter is especially important because if there is not enough exposure of services available to male victims then it is highly likely that some male victims are not even aware that what they are experiencing is abuse, which if this is the case suggests that these men might continue to be in abusive relationships due to not recognising their experiences as abusive. This is also reflected in the collected qualitative data under the theme 'not recognising abuse', which is discussed in the next section.

4.3.3.2 Male Victims Receiving Support

Participants were also asked, *'did you receive any help or support for the behaviours you experienced and/or the impact on you?'* Responses determine that whilst a considerable number of participants did receive support for their abuse (42%), the majority of participants did not receive support (56%, see Table 6).

Table 6.

Frequencies and Percentages Signifying if Participants Received Help or Support for their Abuse.

	Did you receive any help or support for the behaviours you experienced and/or the impact on you?	
	F	*%*
Yes	67	42.4
No	89	56.3
Don't know/ remember	1	.6
Missing	1	.6

Note. F = Frequency

Table 7.

Frequencies and Percentages Illustrating Who Participants Received Support from.

Who did you receive help/support from?		Yes	Missing
IDVA	*F*	**2**	156
	%	1.3	98.7
Outreach or other DA specialist support worker	*F*	**8**	150
	%	5.1	94.9
A helpline	*F*	**13**	145
	%	8.2	91.8
Family or relative	*F*	32	126
	%	20.3	79.7
Friend or neighbour	*F*	23	135
	%	14.6	85.4
Work colleague	*F*	13	145
	%	8.2	91.8
Police	*F*	18	140
	%	11.4	88.6
Lawyer, solicitor or other legal professional	*F*	16	142
	%	10.1	89.9
GP	*F*	19	139
	%	12.0	88.0
Hospital based health professional	*F*	9	149
	%	5.7	94.3
Counsellor, therapist	*F*	44	114
	%	27.8	72.2
Adult social services	*F*	9	149
	%	5.7	94.3
Child social services	*F*	10	148
	%	6.3	93.7
Samaritans	*F*	6	152
	%	3.8	96.2
Priest (or other religious or community leader)	*F*	4	154
	%	2.5	97.5
Other	*F*	3	155
	%	1.9	98.1

Note: participants could select more than one answer.

*F = Frequency

The participants who stated that they did receive support for their abuse (67, see Table 6), were then asked to disclose who they received support from. As seen in Table 7., *'counsellor, therapist'* (65%), '*family or relative'* (47%) and *'friend or neighbour'* (34%) was the most selected answers. Domestic violence services, such as *'IDVA'* (2%), *'outreach or other DA specialist support worker'* (11%) and *'helplines'* (19%) however, had less than 20% of participants (for each resource) stating that they received help from such services. This is worrying as these services are created solely for the purposes of helping victims of intimate partner violence, however if victims are not utilising the services available for any reason, this can have lasting consequences to their well-being.

Finally, the participants who stated that they did not receive support for their abuse (89, see Table 6), were then asked to identify what prevented them from seeking support (note: 26 of the 89 participants chose not to answer this question, accounting for the missing value, see Table 8). Similar to earlier results, *'support was not available for male victims'* (66%) and *'shame and embarrassment'* (50%) were selected reasons to not receiving support (see Table 9). The first response is especially concerning, as this result suggests that over half of the participant sample, who had experienced abuse and likely attempted to either find or approach support, found that help was not available for male victims. Likewise, shame and embarrassment being identified a second time in response to another question, further reinforces the impact that gender stereotypes have on male victims of IPV, especially when they are help-seeking.

Table 8.

Frequencies and Percentages Representing What Prevented Participants from Receiving Support.

	What prevented you from receiving support?																	
	Support was not available for male victims		Shame or embarrass ment		Fear of losing child contact		They did not believe me		They did not know how to help		I did not want to access support		I could not afford it		Other		Prefer not to say	
	F	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*
Yes	**42**	26.6	**32**	20.3	13	8.2	17	10.8	13	8.2	14	8.9	8	5.1	8	5.1	1	.6
No	21	13.3	31	19.6	50	31.6	46	29.1	50	31.6	49	31.0	55	34.8	55	34.8	62	39.2
Miss -ing	95	60.1	95	60.1	95	60.1	95	60.1	95	60.1	95	60.1	95	60.1	95	60.1	95	60.1

Note: participants could select more than one answer.

*F = Frequency

4.3.4 Qualitative Analysis

Through the process of thematic analysis, four main themes and eight sub-themes were identified (Look at Table 9). Two main themes represented challenges to help-seeking; they are, *Service and judicial failure* (Disbelief of victim status, Lack of support available) and *Impact of gendered stereotypes* (Not recognising abuse, Men perceived as abuser), and the other two main themes represented outcomes of abuse; *Negative impact* (Negative/lasting aftereffects of abuse, Impact of abuse to children) and *Positive outcomes* (Survival, Offering advice to other victims).

Table 9.

Table of themes and sub themes.

Master theme	Sub theme	Supporting quote
Service and judicial failure	Disbelief of victim status	"Police involvement was strictly 1 sided with black and white thinking. The abuser's complaints were entirely understandable, my defences and complaints were entirely unbelievable." (P96)
	Lack of support available	"The systems of support and protection are completely biased against men and almost entirely refers to female victims." (P56)
Impact of gendered stereotypes	Not recognising abuse	"I didn't think of it as abuse at first, since she's a woman. I felt like I was expected to tank it. Then it got worse" (P98)
	Men perceived as abuser	"When I called the police, I was given the option of leaving the home or going to jail despite being the one with injuries." (P77)
Negative impact	Negative/ lasting aftereffects of abuse	"Went on to have more abusive relationships" (P27)
	Impact of abuse to children	"The sentence is now lifelong for my children" (P24)
Positive outcomes	Survival	"living every day is a victory for me" (P78)
	Offering advice to other victims	"Speak to someone. You're not alone" (P63)

Main theme 1: Service and judicial failure

This theme revealed men's accounts of service and judicial failure when help seeking through agencies (i.e., police) and domestic violence support services. It is comprised of two sub-themes: disbelief of victim status and lack of support available.

Sub-theme 1a- Disbelief of victim status.

Much of what is known about intimate partner violence today is guided by the feminist perspective and the belief that men exclusively perpetrate partner violence towards women. Even with alternative models suggesting otherwise, this perspective (along with a vast amount of research about female victims of partner violence) is continually acknowledged as the typical description of IPV. Although female victims and their experiences of help seeking have been explored and findings suggest that they face a number of barriers, men typically face a secondary layer of challenges due to their gender.

For men who attempted to receive help from formal services, many were met with disbelief of their victimization:

"I can't get support as no one believes me" (P.139)

This was expressed either in the form of an unpleasant response:

"The nurse at the hospital laughed when I told her. Nobody cares" (P.138)

Or, even directly told they are not a victim but a perpetrator:

"When I called domestic violence hot lines I was told to call the line for abusers because men could not be abuse victims" (P.155)

"Two women's shelters told me I was the abuser as I am a large male and she is female" (P.84)

And, that the abuse they had experienced was their fault:

"MensAdvice line in 2012 said it was my fault I was being abused. In 2016 they said they could listen but offer no help. My local DV organisation informed my abuser that I had gone to them but offered her every help and a support adviser" (P.08)

Furthermore, some men expressed that their partners had claimed to formal services to be the victim of IPV instead and that this resulted in themselves being investigated for perpetration of violence thereby enabling secondary victimization:

"She turned all agencies against me, she started off as the victim but then now I'm being victimised" (P.139)

"My abuser managed to convince a women's refuge that she was being abused. I was then investigated by them to rub salt in the wound" (P.74)

Likewise, men who reported their victimization to the police were met with severe levels of discrimination with some experiencing ignorance:

"Police never protected me. They believe false accuser because she is a female. I will never trust the police again. Health professional are of little help" (P.85)

"The authorites taking it seriously instead of saying no judge would ever believe a man would ever allow a woman to do that to him" (P.120)

and some were even threatened with arrest:

"Attempted to report my abuse to the police on two occasions the first occasion I was told to stop being vindictive the second occasion I was threatened with arrest" (P.47)

"When I called the police I was given the option of leaving the home or going to jail despite being the one with injuries" (P.150)

Or arrested:

"I was arrested for defending myself" (P.56)

"False allegations by abuser led to criminal charges, despite me being the victim" (P.84)

"Been arrested on false allegations; personal & professional equipment seized" (P.85)

Finally, men reported that instead of the police helping them with their victimization, the police helped their abuser:

"Authorities assisted abuser" (P.95)

Outcomes, like the examples above, are extremely impactful to both male victims currently experiencing IPV, but also to male victims that are likely to experience abuse in the future. Male victims who have reached the point of reporting their abuse, have likely faced many internal battles prior to this, weighing up the benefits and costs of reporting. If, however, when they choose to report, their response from services includes discriminatory behaviour, i.e., suspicions about whether they are a victim or perpetrator, it is very likely that male victims will internalise this response and likewise, disbelief that they are a victim of partner violence. Service responses are a particularly important factor in the process of justice and the type of response received from domestic violence charities for example, will determine if a victim proceeds to report to the police. Likewise, service responses are also important to encourage other male victims to report, if service responses are unsupportive and prejudice, it is highly unlikely that any victims will report their abuse.

Sub-theme 1b- Lack of support available

As a result of feminist ideologies and gendered stereotypes providing a narrow conceptualization of intimate partner violence, the majority of services created to help abuse victims have been tailored around female victims and their needs. Therefore, the needs of the male victim have been largely ignored subsequently resulting in male victims struggling to find support.

Men identified that they could not find sufficient support for their needs:

"No support groups" (P.152)

"There isn't any you are told to man up" (P.129)

"What support? There isn't any" (P.120)

"There is no support, you have to fight everything on your own" (P.131)

They also identified that an increase in support services available would have been the one thing that would have changed their situation:

"I just don't think men know what support is available - we probably need access to online support initially" (P.28)

"Male victims being taken seriously thus there being services for us" (P.151)

"More help and support services to be made available-to be believed and taken seriously" (P.14)

"Public campaigns: to also realise that abuse could happen to men" (P.50)

"Some belief and support" (P.56)

"Having male support and not being made to feel like crap by women's charities" (P.52)

Support for victims generally is extremely important as intimate partner violence is impactful. However, support for victims who are largely ignored or unrecognised is arguably even more essential as these individuals are facing many additional challenges to being a victim (such as ignorance or misrecognition). If support is not available to them, this suggests that there are many likely coping with victimization on their own, which will have substantial impact to their psychological well-being.

Main theme 2: Impact of gendered stereotypes

This theme reflected the impact that gendered stereotypes had on men's victimization and experiences of help-seeking. It consists of two sub-themes: not recognising abuse and men perceived as abusers.

Sub-theme 2a- Not recognising abuse

Popular stereotypes about boys and men suggest that men are strong and in the face of adversity, they manage the situation without needing to express emotion or ask for help. Through socialization these stereotypes imprint within men's psyche and they adapt to reflect standard conceptions about what it means to be a man. When this is applied to intimate partner violence, and violence perpetrated towards men, this frequently results in male victims not recognising that they have actually been abused.

A number of men expressed that they did not recognise that they had been in an abusive relationship:

"I didn't think of it as abuse at first, since she's a woman. I felt like I was expected to tank it. Then it got worse, and I was already trapped in an unhealthy codependent perspective" (P.98)

"Only able to get any support a year after the relationship ended. Wasn't aware that anything I was going through was unusual. Accepted it as my lot" (P.63)

"I was never told that as a male it was possible to be a victim" (P.108)

And that it never occurred to them that they could seek support:

"It never even occurred to me" (P.100)

"It never even occurred to me that I might seek support. That probably would be been really great" (P.98)

They also expressed that if they knew that men could be victims of IPV, that would have changed their situation:

"Having the knowledge that I was in an abusive relationship at the time, and that services existed for me as a man" (P.63)

"If I'd recognised that what was happening to me wasn't normal" (P.125)

Likewise, gendered stereotypes impacted societies recognition too:

"She hit me in front of my friends, and no one seemed to think it was wrong, so I thought it was normal" (P.116)

"In every relationship my partner has thought it OK to hit me because I'm a man. In one I was slapped across the face in public and no one cared" (P.126)

Recognition of abuse is critical for men to receive support. Certainly, without it they cannot understand that they need support, so do not advance to seek it. Gendered stereotypes, gendered models and statistics about IPV contribute to misrecognition. Statements such as, 'women are twice as likely to be victims of IPV than men', highlight that women's victimization is important, however they also suggest that men's is not equally as important.

Sub-theme 2b- Men perceived as abusers

Gendered stereotypes, gendered models and statistics, likewise have an influence on services and society perceiving men as abusers, and victims perceiving themselves as abusers. Therefore, hindering them from reporting their abuse.

For some men they indicated feeling afraid of reporting as they are meant to be a man:

"Was too scared and ashamed to tell authorities as I'm meant to be a "Man" (P.02)

Others indicated fear of being perceived as an abuser by support services:

"I'm a 6ft tall 14 stone bloke who was abused by a 5'5" skinny woman, it still takes me straight back there when that happens and knowing I am powerless to respond for fear of being accused of a crime then their account being believed because they were a female" (P.17)

"…. I perceive services that do offer men support will simply treat me as the perpetrator. These services have been given government money to do that" (P.80)

And within society in general:

"As a man, when there's a row, I always feel that anyone overhearing it will presume that I'm the aggressor, even if I'm not" (P.156)

Men also expressed that many services perceive men as perpetrators:

"Too many national helplines for males are first and foremost for females and believe domestic violence is a Gendered issue ONS and WHO data disagree with this" (P.130)

"Most stuff talked about relates to men as abusers" (P.64)

"XXXXXXXX were appalling - I was told abuse was a gendered crime caused by the patriarchy, so victim blaming at its worst" (P.90)

Taken together, it is evidenced that participants felt both fear and frustration towards available support services. Indeed, it is recognised that there are a significantly lower number of services available for male victims of partner (and domestic) violence than female victims, with the majority of partner (and domestic) violence internet services, whether social, legal or supportive, accommodating the female victim with limited mention of the male victim (Tsui, Cheung & Leung, 2010). In fact, support services that do recognise males as possible victims and offer support, still predominately focus on the female victim, with some even specifically being labelled as such, for example, *'Women's Aid'*, *'Refuge for Women and Children Against Domestic Violence'*. The problem with this however, is that even some charities welcome both male and female victims, the two individuals are likely to receive very different responses and levels of support, due to their gender and the individual service providers belief on the subject and their attitude towards the victim.

Main theme 3: Negative impact

This theme reveals the negative impact that is associated with being a male victim of intimate partner violence and when help-seeking. It encompasses two sub-themes: negative outcomes of abuse/ help-seeking and impact of abuse to children.

Sub-theme 3a- Negative outcomes of abuse and help-seeking

Research has long explored the physical and psychological outcomes of intimate partner violence for women and found that IPV can leave long-lasting damaging effects. More

recently, it was stressed that men likewise experience the same level of distress and similar outcomes. This was evidenced in this sample.

Some men revealed experiencing shame due to the abuse:

"The shame of being a man attacked and belittled by my then wife was soul and mind destroying" (P.86)

"Felt less of a man" (P.64)

Others shared that they experienced impactful psychological consequences:

"Severe agoraphobia with panic disorder, OCD, GAD, CPTSD. All diagnosed by doctors and specialists" (P.84)

"Resulted in severe psychological injury: Post-Traumatic Stress Disorder" (P.106)

"Nightmares directly relating to experiences/being back in the relationship" (P.101)

"I struggle everyday to put a face on. I don't know how much longer the "face" will last" (P.72)

"Ruined my life completely simple as that" (P.78)

Including thoughts of suicide:

"I wish life would come to the end" (P.93)

"….. Often I feel that I would prefer to be dead, but for the sake of the children I cannot leave them" (P.155)

And a loss of trust of others:

"I need to be on my own I don't feel safe with other people" (P.93)

"I haven't trusted another woman since" (P.109)

Additional outcomes included further abusive relationships:

"Went on to have more abusive relationships" (P.27)

And secondary victimization from still having to see their abuser:

"The impact of the abuse is still with me today, as my ex-partner and I have a child together, I am still forced to have to deal with her on a weekly basis when I go to collect my son. The fear I experienced has never gone away, I am still to this day walking on eggshells around her in case she prevents me from seeing my child" (P.59)

Interestingly, also evident in this sample, was that the actual experience of help-seeking itself resulted in negative consequences for men. Examples from the data include men reaching out for help only to experience humiliation or shame and feel like they were in the wrong afterwards:

"The worst thing was that the authorities were completely on her side and showed no empathy to male victims. I was made to feel like I was in the wrong and lying about her because the family courts automatically assumed she must be the victim" (P65)

"It felt as though, as a man, my experience wasn't valid. Every service out there is geared to women, with a token recognition that "DV can happen to anyone" tagged on the end for appearance's sake. I was humiliated and ashamed, as a professional man and a victim of abuse. (P119)

Others declared that their experiences with formal services was the worst part and really affected their outlook on their lives:

"The institutional disbelief is the worst- most social workers are female and don't believe that women abuse men." (P70)

"Till date, I still think the Police force as a whole is Anti-Male. I don't believe they care about Male victims of domestic abuse. I wish I could scream to the top of my voice that this is not fair. I'm not just one person behind the keyboard filling up a response, I'm a father, a man, an NHS doctor and by all means a victim. How long would the life of men matter less? Why is it that no one cares about men suffering?... I'm living my life trying to be a responsible member of the society, but my experience has defined my whole life. Don't government care about men?" (P60)

Finally, in the sample, there was evidence that the experience of help-seeking affected some men so much that they suggested they will refrain from help-seeking in the future:

"I do not trust any person in authority to do anything but dismiss me or belittle my experiences. I do not want anything to do with the Law anymore. I shall not call anyone if I am in trouble anymore and prefer to be silent." (P112)

What is evident from these examples is, yes, men are indeed experiencing the same outcomes as women (psychological impact, loss of trust, further abusive relationships) however, men are also experiencing additional negative outcomes that are tied to gender stereotyping. For example, shame is likely to be experienced by male victims more so than female victims due to the stereotype attached which suggests that men are not, should not, or cannot be victims. In fact, a research article that explored the barriers to help-seeking across female victims did not identify shame as a barrier (Wolf et al., 2003). Furthermore, what is also present in these examples and is concerning, is that the help-seeking experiences of men seem to result in negative consequences for men. Suggesting that for men attempting to seek help for their abuse, help-seeking itself is actually a barrier.

Sub-theme 3b- Impact of abuse to children

As already identified help-seeking for male victims of IPV is a stressful process. However, when there were children involved, this for many men prevented them from reporting, due to wanting to protect their children, not lose contact, or be subject to parental alienation.

An example of the impact abuse had on male victims were the abusers manipulating their children:

"Brainwashing and coaching children" (P.08)

This is possibly whilst many men felt like they could not leave their abusive relationships:

"She created an abusive environment in which to raise our children, so I couldn't leave them" (P.106)

"…… I only have my kids left. She'll take them. I have nothing and nowhere now. No money no nothing" (P.138)

"I have no choice but stay because she will get the kids she has told me I will never see my kids" (P.138)

Also, some experienced forms of parental alienation:

"Has impacted my relationship with my daughter as mother has denied me time with her" (P.55)

"Not allowed to see my son unless it's supervised it's a joke" (P.139)

Men who did leave their abusive relationships, expressed experiencing long-lasting impact to the relationships between themselves and their children:

"Nearly destroyed my relationship with my daughter" (P.72)

"4 kids affected" (P.69)

"Relationship between kids and my parents terrible" (P.63)

Or experiencing losing complete contact with their children:

"I have no contact with my children. My children both suffer emotionally, and I can't help them" (P.73)

"I lost my children - they were told so many lies about me. She did anything to withdraw them from me" (P.39)

Finally, men revealed the psychological outcomes that their children experienced:

"My eldest child, not related to my ex-partner, suffered depression and anxiety because of the abuse" (P.59)

"Long lasting psychological trauma to my children" (P.56)

"My eldest son is affected for life, my younger children still live with the aggressor" (P.122)

These examples portray how impactful intimate partner violence can be to relationships between fathers and their children. Not only do these examples demonstrate the negative effects IPV can have towards fathers (supervised visits, loss of contact, parental alienation), they also demonstrate the impact to children (anxiety, depression). Research has shown the importance of relationships between children and their parents and suggested that parental separation can impact children's behavioural and emotional state (Forssell, 2016; Stadelmann et al., 2010). Furthermore, research has also outlined that fathers sometimes face additional victimization due to their abuser manipulating when they can see their children (parental alienation; Gardner; 1987). Which has destructive consequences to the relationship between parent and child.

Main theme 4: Positive outcomes of abuse

The final theme reflected the positive outcomes of IPV that men reported and consists of two sub-themes: survival and offering advice to other victims.

Sub-theme 4a- Survival

Although intimate partner violence is a generally negative experience, there was positive elements within this data set, notably around leaving the relationship and surviving:

"Living everyday is victory for me" (P.78)

And positive experiences of available support:

"It's saved my life" (P.30)

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Sub-theme 4b- offering advice to other victims

Finally, although these victims had experienced a lot themselves, many wanted to share advice about helpful support services with other possible victims of IPV:

"…. the National Domestic Violence Helpline saved me." (P.12)

"The Liberty Centre in Skelmersdale was the only agency that I feel listened and acted where it could, with the best advice from XXXXX. He kept me sane during the awful time and without his guidance and support, I'm certain I would have suffered much much more" (P.24)

"The CALM helpline was really appreciated" (P.44)

"AMIS were great, really helpful." (P.90)

"…. a few notable exceptions, such as The Mankind Initiative…" (P.119)

"I am aware of a support service called survivors, and also the LGBT Foundation, that can provide support" (P.34)

"The male specific services are wonderful. However, some of the non-male specific services really need to reevaluate their approaches to men and not direct them to batter interventions when they are victims" (P.66)

And offer some general advice and words of support:

"There is help and never give up. I'm still in the rebuilding part" (P.86)

"Please please tell someone. And know that when you survive this you are worthy of love. That you can and will find ways to feel safe" (P.03)

"It will get better. It does get better. It may seem impossible to leave, but you have to look after yourself in order for your life to turn around for the better" (P.22)

"Accept and embrace the help given to you!" (P.40)

"Men and boys cry. You are not responsible for 'saving' or 'fixing' anyone. You are good enough!" (P.50)

"DONT "MAN UP", SPEAK UP" (P.49)

4.4 Discussion

This study aimed to explore what male victims reported as the barriers to help-seeking. Overall findings from this study suggest that male victims do not have confidence in professional agencies and services which is evidenced by both the quantitative results and the qualitative findings combined.

Figure 3.

Male Victims' Barriers to Help-seeking Thematic Map.
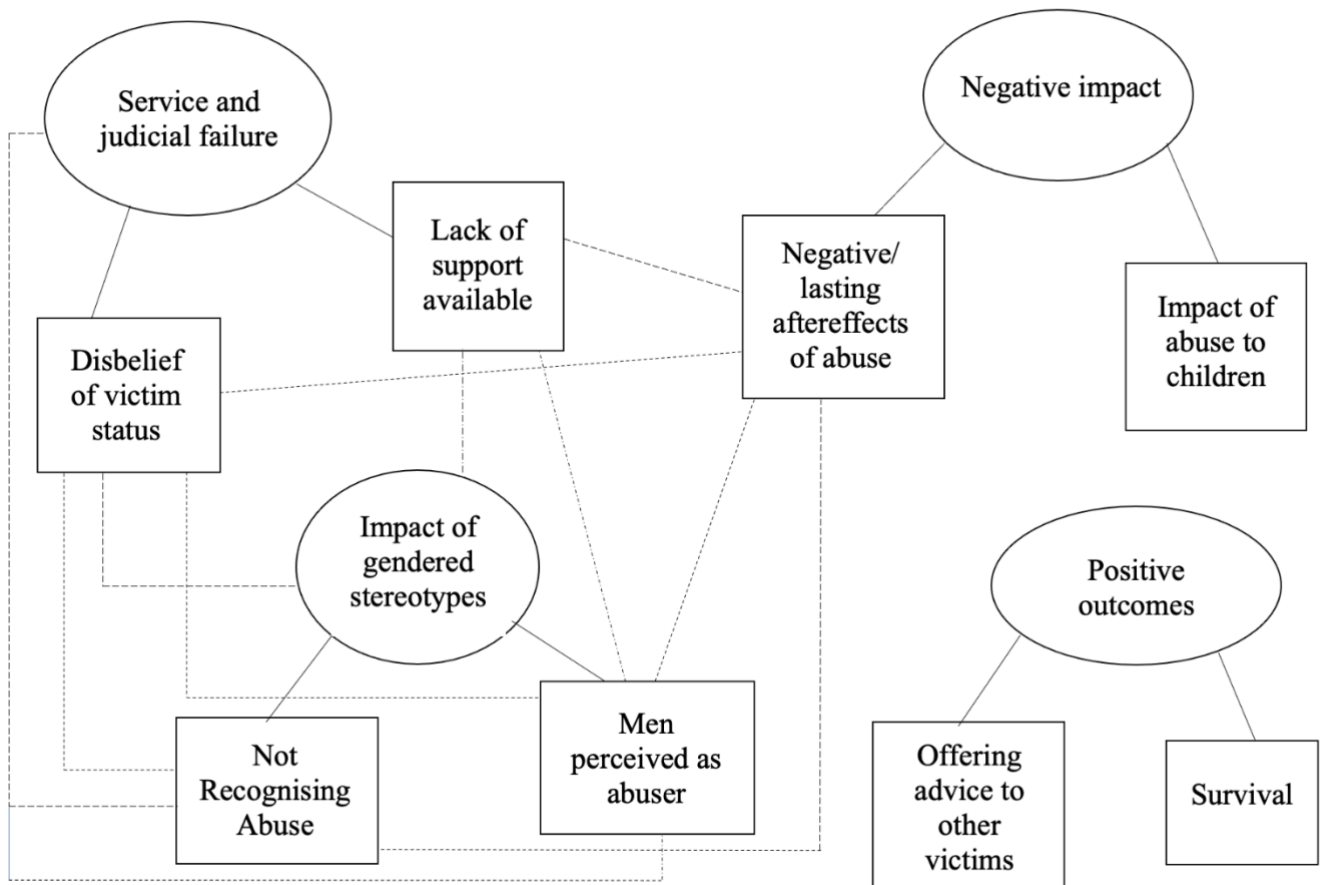
Note. Key. Themes: represented in circles   Subthemes: represented in squares

*The thematic map represents a visual of the connections between subthemes and themes (shown with dotted lines). It is important to note that sub-themes can be relevant to alternative main themes other than their original overarching theme.

Whilst the majority of male victims did tell someone about their abusive experiences, they chose to confide in informal individuals, such as a family member, friend, or neighbour over formal services, such as the police or a specialist domestic abuse service. This is concurrent with previous literature which has likewise found the same (Douglas & Hines, 2011; Tsui, 2014). Thereafter, when participants were asked to identify what prevented them from telling anyone about their abuse, the answers which received the most responses centred around feelings of shame and apprehension about available support. These results are likewise reflected in the qualitative analysis under the themes, service, and judicial failure (lack of support) and negative impact (negative outcomes), which demonstrates that many participants did not know support was available, or even existed in certain cases, and, that many men felt ashamed of their abuse. This outcome could possibly be attributable to feminist scholars who stress that intimate partner violence is unidirectional, positioning men as perpetrators and women as victims (DeKeseredy, 2011a; DeKeseredy, & Schwartz 2003; Dobash & Dobash, 1979). Highly influential, the feminist perspective commenced much of the early partner violence research, which many IPV intervention programmes are formulated around, however, as this perspective rejects the notion that men can be victims as well as women (Dutton & Nicholls, 2005) many support services have been tailored towards the female victim whilst ignoring the needs of the male victim (Wright, 2016). Likely explaining why, the majority of participants who did not receive support for their abuse stated that support was not available to male victims. However, as the gender parity perspective suggests, intimate partner violence is actually more gender-neutral than once believed, with many scholars determining equal perpetration rates between genders (Archer's 2000; Robertson & Murachver, 2007; Schumacher, & Leonard, 2005; Straus & Gelles 1990). Therefore, if support services are still framing their intervention programmes around the feminist model, this is concerning, as it clearly is not representative of the current features of intimate partner violence (i.e., female perpetrators, male victims). Furthermore, with research indicating that police officers regard men as more responsible for IPV regardless of whether they perpetrated the act or were victim to female perpetration. In addition to many men implying that they were met with discrimination, threat of arrest or detainment when attempting to report their victimization to the police, it seems that perceptions of IPV that are shared with the feminist perspective have also influenced police officers (Dewar, 2008; Russell, 2018). Suggesting why only 33% of the participant sample, chose to report their victimization to the police. Research has however, indicated the importance of victims reporting their victimization to the police, with many stating that police officers are the gatekeepers to the criminal justice system (Belknap, 1995;

Felson & Pare, 2008; Siegel, 2000; Felson et al., 2002;) and a fundamental factor in helping male victims leave their abusive relationships (Felson & Pare, 2008; Waldrop, & Resick, 2004). So, if victims are uneasy about approaching existing services or the police for help, or even unaware that support services exist for themselves as well as female victims, this generates the question, are male victims receiving any support for their abuse? and if they are not, this suggests that they are coping with possible psychological trauma themselves. It is of key importance, however, to recognise that typical perceptions of partner violence have implications for men experiencing IPV, as many incidents of partner abuse against male victims go unreported due to an existing social stigma attached to the label 'male victim' (Dutton & White 2013). Incidentally, this may influence male victims to doubt that they have been a victim of IPV, due to the taboo nature that female-to-male directed violence exists as within society (Dutton & White 2013; Lewis & Sarantakos, 2001). Therefore, substantially fewer males seek help from professional service providers due to fears of not being believed (Tsui et al., 2010). Furthermore, for men who identify with gender stereotypes suggesting that men should be masculine and dominant, help-seeking may be viewed as opposing these social descriptions, therefore deterring some male victims from seeking help (Bates et al., 2019). Previous research has outlined that male victims experience similar negative outcomes of IPV to female victims (Barber 2008; Coker et al., 2000; Fergusson et al., 2005; Hines & Douglas 2011; Randle & Graham, 2011; Reid et al., 2008; Tsui, 2014) and likewise that is shown within this sample. But importantly, male victims of partner violence experience additional barriers that may not apply to female victims. Certainly, it has been identified that male victims of IPV feel shame, loss of confidence, emasculation, and embarrassment after their abuse, due to not meeting typical gender role descriptions, which again is present within this participant sample (Barber, 2008; Dutton & White 2013). However, this research has also found additional barriers to help-seeking, in that help-seeking may be its own barrier for male victims. As seen in figure 3, every barrier is connected to a negative/ lasting aftereffects of abuse, this indicates that not only the experience of being in an abusive relationship led to a negative outcome, but also the process of trying to seek help, an additional barrier that is likely to be more specific to the male victim. Finally, what else can be seen in Figure 3, is that all the barriers to seeking help connect to other barriers, suggesting that actually it is very likely that it is not just one barrier that male victims face when seeking support. For example, 'disbelief of victim status' is also linked to 'men being perceived as abuser', as the qualitative data shows that they there were men who were afraid to be perceived as abusers by formal service providers and the police who then were met with disbelief of being a victim and instead believed to the perpetrator when

they did seek support. This leaves male victims vulnerable, with the majority not receiving the help they need from professional support services (Barber, 2008).

4.4.1 Limitations

The current study whilst informative has several limitations. Firstly, this study has explored the barriers to help seeking at a general level, analysing data inclusive of all variables (age, ethnicity, religion), whilst this is still valuable information, if the barriers were explored at an individual level, e.g., by culture, or age, then the data could provide the differences of the barriers experienced by individuals in different sub-groups under the variable of interest (i.e., explore if the barriers that men report aged 20-30 differ to individuals who are in a different age group). Furthermore, whilst this study did question the impact that the abuse had on the victims' family, and male victims did report the impact abuse had on the participants children, this studies focus was not on the impact that children experience when exposed to partner violence nor was it a comprehensive study exploring the impact to fathers. Further research needs to address these avenues of research. Within this sample, men reported that their partner had lied to their children about them, controlled when they could see their children, and even threatened that they would "get the children" if their partner left. Research exploring the impact of children being manipulated in domestic situations, and how this has affected them, and affected fathers needs to be investigated, especially in more recent years where parental alienation has been identified to be a common method used in which to control both children and the fathers and found to leave lasting mental health impact (Sher, 2017).

4.4.2 Implications

Despite these limitations this study has provided additional understanding to the area of men's help-seeking and the reasons why men might not report their victimization. From this study's findings there are certain implications that are both important and relevant for policy and practice. Firstly, both the quantitative and qualitative data portray that there are not enough services for male victims, leaving many male victims without support. It would be beneficial if an increase in charities or domestic violence hotlines were created for the purposes of the male victim. Whilst there are a number of charities that suggest they are gender inclusive, the qualitative data provided suggest that many men who approached these services were met with discrimination or disbelief of their victimization, therefore, training for service providers and likewise the police which informs the needs of both the female and the male victim would

ensure that both genders are receiving an equal service response and equal support. Furthermore, many men reported that they were unaware that they had been a victim of partner violence due to existing stereotypes and insufficient exposure within society indicating that men can be victims of partner violence as well as women. Therefore, an increase in exposure of male victimization and female perpetration within society is needed to reduce these stereotypical perceptions of partner violence and ensure that male victims are aware that they can be victims and know that there is support that is available to them. If stereotypes which suggest that men do not need help continue to exist and are not matched with alternative views suggesting they should be able to seek help when they need to, then this strengthens the existing stereotype therefore making it increasingly difficult for male victims to overcome internal barriers, societal expectations and to receive support. Finally, whilst men's experiences of abuse have been underrated compared to female victims, it is clear from this sample that in fact male victims are experiencing the same if not additional barriers to female victims, which together with a lack of support leaves men more vulnerable to trauma or secondary victimization, therefore, service providers need to be aware of the impact that abuse has on male victims of IPV to properly aid in them in their recovery and the rebuilding stages of their live or if they are unable to aid male victims, refer them to someone else who might be able too.

In conclusion, this research has contributed to existing knowledge about male victims and the barriers that prevent them from reporting. From this study's findings it is clear that stereotypes about gender and intimate partner violence impact societies and service providers perceptions of IPV and the victims themselves resulting in men feeling they are not a typical victim and therefore cannot report their victimization or seek support.

Home is not always where the heart is: How the Covid-19 pandemic and lockdown restrictions have impacted practitioners supporting male victims and male victims from help-seeking, a two-part study.

5.1 Introduction

The previous chapter demonstrates that stereotypes about gender and intimate partner violence impact male victims' decisions of whether to seek support from services. Specifically, for men who did not report their abuse or help-seek, it is highlighted that many male victims were either, not sure of the support available to them, were embarrassed of their abuse, were apprehensive about the response they would receive from services, or they did not recognise that they had been abused. For men who did report their abuse or help-seek, it is highlighted that they were met with discrimination or disbelief of their victim status. The present study explored if the   consists of two studies (2a and 2b). Study 2a explored male victims' experiences of help-seeking during the COVID-19 pandemic and study 2b explored practitioners' experiences of supporting male victims during the COVID-19 pandemic.

5.1.1 The coronavirus pandemic

In December 2019, an outbreak of an unknown origin of pneumonia was reported in Wuhan, China (Ciotti et al., 2020; He et al., 2020). Later the same month, this outbreak was traced to a novel strain of coronavirus (He et al., 2020; Lu et al., 2020; Zhou et al., 2020; Zhu et al., 2020). The causative virus was named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses (ICTV) in February 2020; the resulting disease, the coronavirus disease 2019 (COVID-19) was named by the World Health Organisation (WHO) in the same month (Coronaviridae Study Group of the ICTV, 2020; WHO, 2020a; 2020b). COVID-19 is a respiratory disease that primarily affects the body's respiratory system; it has been reported to also affect the gastrointestinal, musculoskeletal, and nervous systems too (Çalıca Utku et al., 2020). Coronavirus symptoms are identical to many other acute respiratory illnesses, including SARS and MERS, with

patients typically displaying symptoms such as fever, dry cough, fatigue, dyspnea (shortness of breath) and myalgia (muscle aches and pain) (Çalıca Utku et al., 2020; Jayaweera et al., 2020; Tang et al., 2020; Velavan & Meyer, 2020). The severity of the infection and individual's symptoms ranges from mild to severe, and whilst most individuals experience mild symptoms, severe infection can lead to pneumonia, acute respiratory distress syndrome (ARDS), sepsis, septic shock and even death (Bhaskaran et al., 2021; Çalıca Utku et al., 2020; Tang et al., 2020). Though, mortality from COVID-19 has been associated primarily with advanced age and pre-existing medical conditions (Bhaskaran et al., 2021). The virus is transmitted from human to human primarily through droplet transmission and contact transmission (Ciotti et al., 2020; He et al., 2020; Jayaweera et al., 2020; Tang et al., 2020). Droplet transmission occurs when bacteria or viruses travel on relatively large respiratory droplets that contain viral particles known to be contained in mucus, saliva, and water (Jayaweera et al., 2020). In general, humans produce respiratory droplets daily through exhaling, coughing, talking, and sneezing (Chartier & Pessoa-Silva, 2009; Dhand & Li, 2020; La Rosa et al., 2013; Wang et al., 2021). These droplets, once released, can travel over considerable distances by air currents to susceptible hosts resulting in viral particles penetrating the respiratory system (La Rosa et al., 2013). Meanwhile, contact transmission occurs when direct contact between someone infected and a susceptible host, or indirect contact with fomites (surfaces, clothes, furniture) that are carrying viral particles and a susceptible host results in infection (Jayaweera et al., 2020). Since its initial outbreak, COVID-19 has spread substantially across the globe to more than 180 countries and as of the 12th of July 2022, there have been 554,290,112 confirmed COVID-19 cases and 6,351,801 deaths reported to the World Health Organisation COVID-19 dashboard (WHO, 2019). This global spread of the SARS-CoV-2 and the daily increase in the number of deaths caused by coronavirus disease (COVID-19) led the World Health Organization to declare a pandemic on 12 March 2020 (Ciotti et al., 2020; WHO, 2020c).

5.1.2 The United Kingdom lockdown and restrictions

With the dispersion of the coronavirus increasing substantially, the UK government began to explore precautions to implement to prevent the pervasive contraction of the virus and protect the NHS. Although the UK government holds governance over England, Scotland, Wales, and Northern Ireland, as the latter three are devolved nations, meaning they are self-governed- and health is a devolved matter, the three nations were responsible for instating their

own policies in relation to COVID-19 (The Institute for Government, 2022). Speaking directly about England, on March 23rd, 2020, the UK government announced the first lockdown which informed the public to stay at home (Dropkin, 2020; McKinlay et al., 2021; Ogden, 2020; The Institute for Government, 2021). The Prime Minister addressed the nation with a plan to reduce the spread of the coronavirus by limiting people's daily movement and contact with individuals who did not live in the same household. Specifically, he stated that the public would only be allowed to leave their homes under certain circumstances: shopping for basic necessities; one form of exercise per day (alone or with another member of the shared household); medical requirements, and travel to and from work (only if the work could not be executed from the individuals home), (GOV.UK, 2020a). To limit potential reasons for individuals to leave their households, all establishments that did not sell essential goods were closed (e.g., retail shops, libraries, gyms, hairdressers, and restaurants), all schools and universities were closed and social events, including weddings, were prohibited. Furthermore, to ensure that the measures were followed by the general public, the police were provided powers to enforce adherence to the rules, including issuing fines and dispersing any groups of more than two people (GOV.UK, 2020b). These powers legally came into force on the 26th of March 2020 (GOV.UK, 2020b).

In the months that followed, these restrictions continued and were regularly reviewed; on the 16th of April 2020, the lockdown was extended for a further three weeks and the government outlined five criteria that needed to be met before the lockdown measures could be relaxed or lifted (Sheikh et al., 2020). The first of the five criteria that needed to be met was to ensure that the NHS could manage incoming COVID-19 patients and provide sufficient care to infected patients across hospitals in the UK (GOV.UK, 2020c). Secondary to this, there needed to be a sustained and consistent decrease in the number of reported daily deaths from the coronavirus, and thirdly, reliable evidence of a decrease in infection rates of the virus (GOV.UK, 2020c). The fourth criteria of the proposed five addressed confidence in testing capabilities for the virus for current and future demand and the final criteria aimed to prevent the risk of a second peak of infections by assuring the lockdown restrictions were not lifted too hastily as this would, again, overwhelm the NHS and impel the government to introduce further lockdowns (GOV.UK, 2020c). The decision to begin relaxing lockdown restrictions commenced just over a month later, on the 11th of May 2020, when a three-step plan was introduced to bring normality back to daily life (GOV.UK, 2020d). From the 11th of May, the amount of time that the public could spend outdoors increased and people could start meeting one person outside of their household providing they adhered to a 2m social distancing rule (GOV.UK, 2020d). From the 1st of June, schools were allowed to re-open, and individuals

could meet up in groups of six outdoors; on the 15th of June, retail shops and outdoor attractions could re-open, and two households were allowed to form a support bubble in the case of single adult households (GOV.UK, 2020e; 2020f). Finally, from the 4th of July, other non-essential establishments (pubs, cafes, cinemas, hairdressers, and places of worship) were allowed to re-open provided they were COVID-secure, and two households were allowed to meet either indoors or outdoors (GOV.UK, 2020g). By the 14th of August, many of the lockdown restrictions had been lifted and the majority of venues were back open, and whilst there were still regulations about the number of people who could be together at one time, and imposed face mask-wearing on all public transport and in shops and supermarkets, the lockdown seemed to be coming to its end (GOV.UK, 2020f; 2020h; The Institute for Government, 2021). However, on the 31st of October 2020, the government announced a second national lockdown to come into force from the 5th of November until the 2nd of December; the following month, the government announced that England would enter its third national lockdown (GOV.UK, 2020i; 2021a). As of the 19th of July 2021, England has not been subject to further lockdowns and on the 24th of February 2022, the prime minister officially ended all legal restrictions stating that there can now be a shift from government regulations to personal responsibility (GOV.UK 2020a; 2020b). As for Scotland, Wales, and Northern Ireland although there were variations in lockdown restrictions, the countries adopted a similar approach to England in managing coronavirus, and like England, they now have too lifted all regulations and declared COVID-19 a public responsibility (Department of Health, 2022; GOV.Scot, 2022; GOV.Wales, 2022).

5.1.3 The impact of the lockdown on the general public

The coronavirus pandemic radically altered the way individuals could live their lives. Asking the nation to quarantine transformed the structure of daily life, and the introduction of the lockdown measures, whilst effective in containing the virus from further dispersion, led to significant social, economic, and psychological consequences (Mazza et al., 2020; Moreira & da Costa, 2020; Van Gelder et al., 2020). Recognised consequences of the national lockdowns included the risk of unemployment; potential increase in child and/or domestic abuse; reduced non-Covid-19 related health care and household essentials and food shortages (due to panic buying), among others (Chua et al., 2021; Ganesan et al., 2021; Onyeaka et al., 2021; Owens et al., 2022). Importantly, evidence has also highlighted the impact that the lockdowns have

had on individuals' mental health (Chandola et al., 2020; Owens et al., 2022; Pierce et al., 2020; Taylor et al., 2022). When global emergencies or environmental changes occur, people tend to feel unsafe and anxious and this is not unlike people's response to the COVID-19 pandemic (Usher et al., 2020). The constrictive and stringent measures that had to be adopted during the lockdown periods initiated an increase in potential stressors that may have affected individuals' mental health (Chandola et al., 2020; Field et al., 2021; Pedrosa et al., 2020). These stressors included indirect stressors which were those that were the result of the pandemic but were not directly linked to the virus itself and direct stressors which were directly linked to the virus (Chandola et al., 2020; Pedrosa et al., 2020). Indirect stressors include those related to economic factors, for example, the rise in unemployment and/or people being furloughed in the pandemic resulted in some families experiencing financial instability (Chandola et al., 2020; Pedrosa et al., 2020). A factor that has been strongly linked to psychological distress (Kahn & Pearlin, 2006). Similarly, structural changes, such as new working patterns (working from home), families spending increased time together, and individuals taking on additional roles within the household (e.g., home-schooling), in conjunction with not being able to see family and friends and the uncertainty of how long society would be asked to quarantine, increased individual stress levels ultimately leading to tensions within households (Chandola et al., 2020; Mazza et al., 2020; Pedrosa et al., 2020; Van Gelder et al., 2020). Direct stressors, on the other hand, include the fear of exposure to the virus and/or the fear of losing a friend or loved one to the virus (Chandola et al., 2020; Pedrosa et al., 2020). Together, these stressors have the capacity to intensify psychological disorders, such as anxiety, depression, various sleep disorders, panic, and paranoia and the capacity to precipitate others (Dubey et al., 2020; Pedrosa et al., 2020). For instance, these stressors increased the potential for individuals to participate in negative coping mechanisms (e.g., increased intake of alcohol, substance misuse) which research has outlined as possible risk factors for aggression and domestic violence (Bavel et al., 2020; Cafferky et al., 2018; Gilchrist et al., 2019; Moreira & da Costa, 2020; Roberts et al., 2021; Van Gelder et al., 2020). Furthermore, with a reported 25% increase in anxiety and depression globally during the first year of the pandemic, the risk of these stressors resulting in self-harm and/or suicide likewise increased (Sher, 2020; Kumar & Nayar, 2021; WHO, 2022). Indeed, volunteers who work for the support charity Samaritans reported that as the severity of the restrictions increased over the winter months there were more calls from young people stating that they were using self-harm as a coping mechanism whilst others raised concern about trying to resist self-harm due to various levels of psychological distress, especially loneliness (Samaritans, 2020; 2021a; 2021b). Academic research exploring the

impact that the pandemic has had on mental health has likewise found similarities within their results with depression, anxiety and loneliness being identified as negative outcomes of the lockdowns (Niedzwiedz et al., 2021; O'Connor et al., 2021; Robb et al., 2020; Shevlin et al., 2020; Taylor et al., 2022). Overall, it is evidenced that the pandemic and resulting lockdowns instigated or exacerbated peoples' mental health generally, however, for victims experiencing partner abuse during the lockdowns, and practitioners helping victims who are experiencing partner abuse during the lockdowns, the pandemic added additional challenges.

5.1.4 The impact of the lockdown on victims of partner violence

During the lockdown period, the home of a victim of intimate partner violence became a very dangerous place. Not only were victims required to stay in an enclosed space for the whole day with their partners, but they were also isolated from outside support who could provide potential help to their situation (Mazza et al., 2020). The imposed proximity between perpetrators and victims, on account of the legalised restrictions, meant that most victims very suddenly saw themselves spending twenty-four hours a day at home, and, around their abusers (Moreira & da Costa, 2020). Victims specifically, lost any respite from their abusers as any temporary freedom that they might have had prior to the pandemic, for example, either the victim or perpetrator going to work, temporarily had to be adapted to adhere to the pandemic regulations (Moreira & da Costa, 2020). These regulations and the challenges that stemmed from the pandemic, including structural stressors (changes to daily routines, working from home) in combination with the economic crisis (unemployment and financial fears) can significantly impact an already strenuous and unstable relationship by adding additional stressors, precipitating an increase in IPV (Mazza et al., 2020; Moreira & da Costa, 2020). Indeed, in England and Wales alone, the Office of National Statistics (ONS) reported a 9% increase in domestic abuse-related crimes between March 2019 and March 2020 (798,607 cases), the first year of the pandemic, and a 6% increase (845,734 cases) in the following year (Office for National Statistics, 2021a). Likewise, research globally found an increase in partner violence during the pandemic, including in North America, Germany, Australia, and Peru (Agüero, 2021; Gosangi et al., 2021; Kourti et al., 2021). The economic crisis and structural changes might have also impacted victims' ability to seek help for or leave their abusive environment, for example, with unemployment on the rise and fears about financial stability, a victim of abuse is less likely to leave their relationship (Lyons & Brewer, 2022). The

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opportunity for a victim to leave an abusive relationship and be self-sufficient depends not only on the victim's individual resources but also on society's welfare system; for those that are unable to manage self-sufficiently, financial hardship may actually push victims to return to their abusive relationships (Eriksson & Ulmestig, 2021; Haeseler, 2013; Purvin, 2007). Conversely, financial abuse is a possible strategy that abusers may use to prevent victims from leaving, especially if the abusive party has control over the couple's finances as this leaves victims completely dependent on their partners (Eriksson & Ulmestig, 2021; Lyons & Brewer, 2022). With the addition of the pandemic, perpetrators may instil fear into victims by stressing about the economic crisis deterring victims from attempting to leave. Additionally, self-isolation and social distancing left many victims without social contacts, e.g., family and friends. A concern because research has outlined the importance of informal networks in the process of recognising, reporting, and ending abuse (Citizens Advice, 2015). Certainly, research that has explored victims across all gender and sexuality combinations has stressed that a repetitive barrier to victims not reporting is not recognising that they are a victim of abuse, study 1 of this thesis included, therefore being isolated from family and friends meant that the potential of outside support recognising the abuse, alerting the police, or trying to get the victim to report their abuse themselves was impacted (Hine et al., 2022; Laskey et al., 2019; Mazza et al., 2020; Robinson, 2021). Moreover, the pandemic and the requirement to stay at home offered perpetrators of IPV the perfect excuse to exert further control of their partners and limit their partners' movements through suggestions that they should not leave or meet with others due to the risk of infection (Ceroni et al., 2021; Lyons & Brewer, 2022; Moreira & da Costa, 2020). In fact, it has been noticed that many of the approaches that perpetrators employ within abusive relationships reflect the social measures taken during quarantine, for example, victims of intimate partner violence often report instances of social isolation and control over their daily lives (i.e., who they are talking to and why) (Van Gelder et al., 2020). Finally, the lockdown restrictions also impacted services that normally would be available to IPV victims meaning that a lot of victims would have been experiencing abuse during the pandemic and not receiving any support (Lyons & Brewer, 2022). If they did however try to seek help, although contact through non-face-to-face measures (e.g., over the phone) was still authorised, many victims would not have received the privacy needed to alert a family member, friend, hotline, or the police to their situation due to their partner having also been quarantined and therefore being present in the house (Moreira & da Costa, 2020). For some victims, calls may have been monitored meaning that any attempt to call for help could potentially be dangerous and in turn precipitate violence in retaliation (Moreira & da Costa, 2020). Furthermore, victims' ability to

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seek support or leave their relationships may have been impacted by fears of where to go. Seeking support or shelter from family and friends during the pandemic may have been viewed as an unsuitable option to protect themselves and those close to them from infection (Moreira & da Costa, 2020; Sullivan, 2020). Taken together, it seems that the coronavirus pandemic intensified an already dangerous situation for victims of abuse by placing them in a paradox, whereby, if victims stay at home they are in danger of receiving abuse, however, if they leave they are at risk of exposure to a dangerous virus with reduced and limited support to help navigate their next steps (Kofman & Garfin, 2020).

5.1.5 The impact of the lockdown on practitioners and services

The Coronavirus pandemic likewise affected domestic abuse services with many having to adapt procedures to meet the requirements of government regulations whilst still helping victims of IPV. Shelters which provide temporary accommodation for victims of IPV, normally involve group living facilities, therefore restructuring these facilities to ensure that they adhered to social distancing and the protection of victims from the virus, whilst also offering shelter to those victims who already had the virus provided many challenges (Moreira & da Costa, 2020). Even with the restructuring of shelters, victims may have chosen not to utilise them due to fear of contracting the virus themselves, or their children contracting the virus (especially those with young children) (Moreira & da Costa, 2020). Likewise, healthcare settings were affected by the regulations with face-to-face appointments functioning at a reduced capacity and many consultations/appointments being held remotely either over the phone or on an online platform, e.g., Zoom (Moreira & da Costa, 2020; Lyons & Brewer, 2022). Health care providers are vital however in screening for and identifying partner violence, but, if there is limited access to healthcare, many incidents of partner violence may have gone unnoticed (Bradley et al., 2020; Lyons & Brewer, 2022). Additionally, with most healthcare settings' experiencing an incredible amount of stress, due to a vast number of patients very suddenly needing medical assistance, staff shortages and staff sickness (from the virus), victims may not have wanted to contact healthcare providers for fear that they will add extra strain to an already overwhelming healthcare setting (Moreira & da Costa, 2020). This fear may have also been reflected in police involvement, with victims or informal support networks less likely to contact the police for fear that they are taking up police time when they have other pandemic-related duties to attend to (i.e. enforcing lockdown rules) (Lyons &

Brewer, 2022). In terms of other domestic abuse services, i.e., hotlines, crisis centres, and charities, they were severely affected by a lack of staff and/or funding (WHO, 2022d). Many support organisations rely on funding from donations to continue and during an economic crisis, donations can reduce substantially (Moreira & da Costa, 2020). Furthermore, support organisations that were still in action started to have a preference for not in-person contact, however, depending on a victim's age and background, some victims might not have had access to the internet and a phone can be limited, especially if an abuser is also quarantining (Joska et al., 2020). Online appointments, whether it is with a support organisation, or a healthcare provider can be difficult for many victims as they may find it challenging to disclose an incident(s) of abuse online (Moreira & da Costa, 2020). Screening for partner violence specifically, relies on the patient feeling safe in their environment and comfortable talking to their healthcare provider, features that are lost in an online session (Melson, 2021). Whilst services were impacted by the regulations during the pandemic, the demand for these services increased, the Office for National Statistics reported a 22% increase in people supported by the National Domestic Abuse Helpline in England in the year ending March 2021 (Office for National Statistics, 2021a).

5.1.6 The present study

The present study aimed to qualitatively understand the experiences and challenges that both male victims of partner violence experienced generally, and more specifically when help-seeking during the pandemic and practitioners experienced when supporting male victims of partner violence during the pandemic. This study is the first two-part comparative study exploring this topic due to the pandemic being such a current phenomenon. Previous research exploring the experiences of male victims during the pandemic has been particularly limited, with only one study found during a literature search including male victims in their sample. Lyons and Brewer (2021) conducted a study exploring forum posts that described victims' experiences of partner violence during the pandemic and out of a sample of 50 participants, 2 were male. Therefore, this is one of the first, if not the first, studies to explore solely a male victim sample. When the pandemic started and the lockdown regulations were imposed, a lot of scholars began to refer to the 'shadow pandemic', a term used to imply gender-based violence and explain the increase in violence against women during the pandemic (Chandan et al., 2021; Evans et al., 2021; Guidorzi, 2020; Pfitzner et al., 2020; Ravindran & Shah, 2020;

Sri et al., 2021; Toccalino et al., 2022). Whilst this topic is an important avenue to explore and acknowledge, it seems that male victims have not received the same recognition in partner violence and covid-19 research. However, when observing victim-sex frequencies, the Office of National Statistics report that in the year ending March 2021, the victim was male in 27% of domestic abuse-related crimes reported to the police. Equating to approximately 228,348 male victims (Office for National Statistics, 2021b). Therefore, the need for research exploring male victims' experiences of partner violence during the pandemic and more importantly their help-seeking experiences is crucial.

This study aimed to answer the following research questions:

- *What were male victims' reported experiences during the COVID-19 pandemic?*
- *What were the reported help-seeking experiences of male victims during the COVID-19 pandemic?*
- *What were the reported experiences of practitioners supporting male victims during the COVID-19 pandemic?*

5.2 Method

5.2.1 Design

This study explored the experiences and challenges that male victims experienced generally and when help-seeking during the COVID-19 pandemic (study 2a) and what practitioners experienced when supporting male victims during the COVID-19 pandemic (study 2b) in a comparative two-part study. This was achieved by distributing two separate questionnaires and analysing two data sets using thematic analysis to dissect mass qualitative information in the form of codes and themes. Thematic analysis was the chosen method for this study specifically, as a) this study incorporates two data sets that are comparative in nature with the aim of the study to identify immerging patterns and themes of meaning across the entirety of the data set and b) because the outcome of this research intends to produce an understanding of the important features of the data in relation to the research question and add any novel information collected from this study to the existing field of research. This area of research is particularly important at this moment due to the topic being so current therefore involving gaps in the literature.

5.2.2 Participants

Study 2a, Male victims survey

A total of 36 men responded to the survey. The inclusion criteria for the participants answering this survey were that they were male, over 18 years of age, had experienced abuse during the covid-19 pandemic and had lived in the UK during the covid-19 pandemic to eliminate any variations in regulations within other countries at the time of the lockdowns. After refining the data set by removing responses from individuals who either were not living in the UK during the pandemic or who did not finish the survey to a standard where it could still be analysed using thematic analysis, the finished data set included 28 participants. The participant's ages ranged from 21 to 59 with a mean age of 41 (note: 5 participants did not specify their age). Ethnicities ranged from White, Asian, Black, Mixed, and other ethnic groups (see Table 10). Participants were also asked if they have a current partner and if they did, the gender of their current partner; 13 participants stated that they have a current partner (note: one participant did not state whether they have a current partner, see Table 10) and all 13

participants specified that their current partner is female. Following this, the 13 participants who answered they did have a current partner were asked if their current partner is the individual they are thinking of when answering this survey. As displayed in Table 10, 3 participants stated that they were answering the survey about their current partner and 10 stated they were answering the survey about an ex-partner. Of the 10 individuals who stated that they were answering the survey about an ex-partner, all 10 specified that their ex-partner's gender is female. Finally, the 13 participants who stated that they did not have a current partner (see Table 10) were then asked what the gender of their ex-partner is and if they were the individual they were thinking of when answering the survey. Of the 13 participants, 12 stated that their ex-partner is female (1 participant did not provide an answer) and 12 participants stated that their ex-partner was the individual whom they were thinking about when answering the survey (1 participant stated that they would rather not say, see Table 10).

Table 10.

Descriptive statistics detailing male victims' ethnicity, current partner status and the individual they are thinking of when answering the survey.

	Number of participants and overall percent	
	N	*%*
What is your ethnicity?		
White (British, Irish, Other)	21	75
Asian or Asian British (Bangladeshi, Chinese, Indian, Pakistani, Other)	3	10.7
Black or Black British (African, Caribbean, Other)	1	3.6
Mixed (White & Asian, White & Black African, White & Black Caribbean, Other)	1	3.6
Other (Arab, Other)	2	7.1
Do you have a current partner?		
Yes	13	46.4
No	13	46.4
Rather not say	1	3.6
Missing	1	3.6
Is this the individual (current partner) you are thinking of when answering this survey?		
Yes	3	23
No, an ex-partner	10	76.9
Is this the individual (ex-partner) you are thinking of when answering this survey?		
Yes	12	92.3
Rather not say	1	7.6

Study 2b, Practitioners survey

A total of 17 practitioners responded to the survey. The inclusion criteria for the participants answering this survey were that they worked at a DV organisation within the UK that supports male victims of abuse and that they had experience supporting male victims during the covid-19 pandemic. After refining the data set by removing responses from individuals who did not finish the survey to a standard where it could still be analysed using thematic analysis, the finished data set included 11 participants. The participant's ages ranged from 40 to 60 with a mean age of 50. The participant's ethnicities did not range widely with all participants stating that they are White British, White Irish, and White other background. Participants were asked how many years of experience they have working within the domestic violence sector overall. Looking at Table 11, the years of experience range from 1 year to 16+ years. Notably, two participants stated that they had worked in the domestic violence sector for 20 years. Thereafter, the participants were asked how long they had worked with male victims specifically, again, participants answered that they have between 1 to 16+ years of experience with many of the participants falling into the 1–4-year category. This could be reflective of the awareness that is growing increasingly about male victims in recent years resulting in the inclusivity of both female and male victims at more DV charities and/or the introduction of male victim-focused charities. Finally, the participants were asked how long they have worked at their current organisation. Participants' experience, once again, varied between the same parameters as the previous two questions.

Table 11.

Descriptive statistics detailing practitioners' experience overall in the DV sector, experience with male victims specifically and experience at their current DV organisation.

	Number of participants and overall percent	
	N	*%*
How many years of experience do you have working within the DV sector		
1-4 years	3	27.2
5-8 years	2	18.1
9-11 years	1	9.1
12-15 years	2	18.1
16+ years	3	27.2
How many years of experience do you have working with male victims of		
1-4 years	5	45.4
5-8 years	2	18.1
9-11 years	1	9.1
12-15 years	1	9.1
16+ years	2	18.1
How long have you worked at your current organisation?		
1-4 years	5	45.4
5-8 years	2	18.1
9-11 years	1	9.1
12-15 years	2	18.1
16+ years	1	9.1

5.2.3 Materials

The idea and resulting surveys for this study stemmed from a collaboration between the researcher and two senior researchers in the field of partner violence and male victims' experiences (Dr Bates & Prof Hine). The two surveys that were developed from this collaboration were distributed to both target groups (male victims who experienced abuse during the pandemic and IPV practitioners that supported male victims during the pandemic) through social media recruitment, i.e. Twitter, opportunity sampling, and direct email to relevant DV charities, including, Refuge; Respect; Safelives; ManKind; Victim Support and The Men's Advisory Project Northern Ireland (MAPNI). The surveys were formulated using Qualtrics (an online survey platform) and each participant was provided with a link to their relevant survey that they could complete online.

Study 2a, Male victims Survey

The survey involved a selection of demographic questions including the participant's age, ethnicity, and the gender of their ex/current partner. Following the demographic questions, the survey utilised 19 questions inviting free text responses asking the participants questions regarding their relationship dynamics prior to the covid-19 pandemic, during the covid-19 pandemic and their help-seeking experiences during the covid-19 pandemic (see Appendix C). An example question from the male victim's survey is:

> *"Can you describe how the nature of the UK lockdown affected your arrangements at home? (For example, were you or your partner furloughed, were you a key worker and still going out to work, did you have children who were no longer attending school?)"*

Study 2b, Practitioners survey

The survey involved a selection of demographic questions including the participant's age, ethnicity and the DV organisation that they work for. Following the demographic questions, the survey utilised 13 questions inviting free text responses asking the participants questions regarding their experiences supporting male victims prior to the covid-19 pandemic and then during the covid-19 pandemic to determine the differences in support that could be offered at the two different time frames (see Appendix E). An example question from the practitioner's survey is:

> *"Can you describe changes, if any, that you had to implement to your service due to the restrictions of lockdown?"*

5.2.4 Procedure

All qualitative data for both independent surveys (i.e., questions that invited a free text response) was gathered and transferred into an excel document. The data was then coded using Braun and Clarke's thematic framework (Braun & Clarke, 2006; 2012) to identify reoccurring themes within the data and provide a framework showing the relationships between the identified themes (see Appendices D and F for an example of the coding process). The six-step process that was followed for this analysis is outlined in chapter four (study 1) of this thesis.

5.2.5 Investigator triangulation

As well as the primary researcher, the principal supervisor of the research team coded the same two data sets to ensure confirmation of the results and increase the credibility of the findings. Once both researchers had independently coded both data sets to their entirety, a meeting was set to discuss the findings that each researcher had found for both individual surveys. A detailed discussion on the topic commenced, with the primary researcher firstly explaining what they had found and then their principal supervisor either agreeing or stating they found something slightly different or entirely new. The approach the two members of the research team executed was by introducing the first theme, then the sub-theme(s) under the overall theme and finally the codes within the sub-themes before moving on to the next theme, to logically discuss all the content. The same method of inter-coder reliability was used for both data sets as in chapter four. The results suggested a percentage agreement of 92% for the male victim data and 87% for the practitioners data.

5.2.6 Ethical considerations

The two individual surveys were reviewed and ethically approved by the UWL ethics committee. In terms of ethical considerations, the researcher ensured that the sharing of this data adhered to GDPR and that only members of the research team had access to and could read the two data sets. Individuals' responses for both surveys were anonymous, and data was kept confidential throughout the collection and analysis process. Prior to taking part in the two surveys, all participants were provided with the participation information sheet relevant to their study outlining the types of questions that they would be asked and informed that they could skip any questions that they felt uncomfortable answering and withdraw from the study at any point. Following this, they all were required to sign a consent form stating that they were happy to take part and have their data analysed by the research team. After completion, all participants were debriefed with the debrief form relevant to their survey. The debrief form included the researcher's and supervisory teams' work email addresses and support organization's contact numbers due to the nature of the study. Finally, due to the nature of the data including individual experiences of abuse, the researcher ensured particular precautions were in place when analysing the data to eradicate personal emotional impact; This included, only reading and coding a number of qualitative extracts per day and taking regular breaks, taking part in activities or socialising outside of the analysis process and keeping in contact and having regular meetings with the supervisory team.

5.3 Results

5.3.1 Study 2a: male victims' experiences during the pandemic.

Three themes were identified that express male victims' experiences of partner violence generally and whilst help-seeking specifically: 'pre-pandemic', 'pandemic' and 'impact of the pandemic on the victim'. Table 12 provides an overview of the themes and sub-themes that originated from the data.

Table 12.

Table of themes and sub-themes portraying male victims' experiences of partner violence and help-seeking during the pandemic.

Master theme	Sub-theme	Supporting quote
Pre pandemic	Impact of PV	"The relationship became unbearable, no one could do any right around the house."
	Help-seeking experiences	"There is no support for male victims of domestic abuse."
Pandemic	Pandemic related changes	"I still attended work on-site… my ex changed to working from home."
	Help-seeking experiences	"Negative experience, I didn't follow through with consultation."
Impact of the pandemic on the victim	Responses from abuser	"Yes, it got worse: she felt she could get away with anything."
	Parental alienation	"My ex-wife began using lockdown to prevent contact occurring"

5.3.1.1 | Pre-pandemic

Both the impact of partner violence and help-seeking challenges featured in participants' narratives when discussing their pre-pandemic abusive experiences.

5.3.1.1.a | Impact of partner violence

It is increasingly becoming recognised amongst IPV research that partner violence is just as impactful to male victims as to female victims. Participants' accounts from this study support previous findings with many participants detailing elements of isolation; gaslighting; threats of parental alienation and financial control as abusive tactics that were employed in their relationships. Alike other intimate partner violence research, isolation from informal support networks was identified in this data set:

> *"My family are not allowed to talk to me, I'm not allowed to call my own sister most of the time"* (P2).

Another participant likewise stated:

> *"No friends or my own family were allowed to visit the house. I wasn't allowed out with my friends"* (P19).

It was also evident in this data set that isolating participants from events where they already know or may meet new people was another form of isolating participants from support:

> *"In excluding me from school activities and other events, she is isolating me from the only circle of friends I had here"* (P25).

However, the outcome of being isolated from family and friends has damaging and lasting impacts on both the victims themselves, their families, and their wider networks. For some participants, being isolated meant that participants lost touch with close friends:

> *"She began to criticise family and friends and find reasons not to see people, so I began to lose touch with people, including my oldest friend."* (P25).

Others conveyed the loss of contact with family:

> *"My family say I'm a shadow of my former self and they miss me, just as I miss seeing them"* (P2).

Nonetheless, some participants reported that their family and friends had recognised signs of abuse in their relationships and recommended services to help:

> *"I started reaching out for help pre COVID, and my family members who had picked up on the DA had sent me recommendations for support services"* (P1).

Whilst other participants reported that they confided in their family and friends about the abuse they were experiencing:

"I did tell my mum and sister and a few friends" (P2).

Also identified within the collected data were various forms of emotional abuse and gaslighting. Specifically, participants described incidents where their partners would say callous and insensitive expressions to emotionally hurt their victim:

"she would say horrible hurtful things like "I don't love you", "I've never loved you" etc. Then she would be all apologetic afterwards" (P6).

Likewise:

"she would tell me things like "you'll never find anyone else who will love you" and 'your parents never loved you'" (P12).

Furthermore, participants reported that they experienced gaslighting in the form of their partners, denying any wrongdoing:

"When I defended myself, I was told my defensive behaviour was just evidence I was guilty because I wouldn't need to defend myself otherwise" (P13).

Also, by minimizing the victim's thoughts or feelings:

"she was overly flirtatious then blamed me for being 'jealous'" (P15).

Then finally by shifting blame:

"My ex-partner would frequently accuse me of doing things that she had done. She would create situations and then attempt to blame me or cause me to feel sorry or guilty for them" (P25).

Alongside emotional abuse and isolation, elements of control were present in participants' narratives. Particularly regarding control over finances and shared children. Concerning finances, some participants mentioned that their partners had long-term control over their shared finances:

"she took control over the finances for over 30 years" (P6).

There was also mention of restrictions on purchases:

"she had total control of the finances, total control over the joint savings account, no access to money unless it was an agreed spend. Restricted access to money to pay for fuel" (P7).

In fact, some participants stated that if they did make an 'unauthorised' purchase, they would be met with aggression:

"If I ever spent money without permission she'd get aggressive with me." (P26).

Others stated that their partners would spend their shared money and they had no idea about their financial situation:

"She would hide money in another account and rip up bills before I could see them. She wouldn't talk about finances and she would buy what she wanted" (P9).

In some cases, the victims even had to pay the bills that the perpetrators were accumulating:

"she incurred huge bills which I was stuck paying" (P12).

Which made it difficult if their partner was not working:

"she spends and then just expects me, the one who works, to fork out again" (P20).

Concerning the control of shared children, many participants indicated experiencing parental alienation. Within the data, there was evidence of the threat of parental alienation:

"She would say I'd never see the kids"(P11)

and remarks of sole ownership over the children:

"she threatens to take the children and I'll never see them again... she calls them 'hers' like they are her property" (P2).

For others, the threat of parental alienation became reality:

"I've been kept away from my daughter for long periods of time" (P14);

"Not seen our daughter for almost 2 years" (P15);

"She'd interfere with contact with our daughter, she'd prevent contact" (P16).

Some participants even felt like they had to stay in an abusive relationship and environment to protect their children from abuse:

"I stayed to protect my children" (P19).

The impact that parental alienation has on the victim and their family was also present in the data. Whether it was a clear diagnosis:

"our three children have been diagnosed with severe parental alienation" (P9).

Having to attend therapy:

"our daughters are emotionally and psychologically destroyed- the eldest is having PTSD and trauma therapy, the youngest has now started counselling at school" (P25).

Or children's mistrust of other adults:

"my sons do not trust women or like being around them" (P12).

However, on a positive note, there was also evidence of family repair:

"My daughter has done one year without contacting her mother and physically and mentally is in a better place. She has started university." (P9).

Interestingly, another pattern that was identified in the data was victims experiencing their partner being unfaithful. Whether that was the threat of having an affair:

> *"She was dishonest and unfaithful, threatening to find a man to have sex with her if I tried to leave the house"* (P12).

Or their partners actually partaking in affairs:

> *"She had multiple affairs"* (P24).
> *"She was involved in secret affairs"* (P5).

5.3.1.1.b | Help-seeking experiences

Support for male victims prior to the pandemic, whilst marginally improving, was still lacking in comparison to support for female victims. Specifically, considering this study, many participants felt that there was limited help in regard to partner violence support for men. Some did not know of any support available at all:

> *"There is no support for male victims of domestic abuse"* (P6)
> *"I wasn't aware there was any"* (P13)
> *"LOL – there was none. They were worse than useless"* (P12).

But they were aware of services for women:

> *"I feel like there was a lot on the radio about train services helping women in collaboration with Refuge or Women's Aid, providing free trains to escape, but almost zero for men!"* (P2).

Because of this, they felt that society held a biased view against male victims and disbelieved that men can be victims too:

> "*society doesn't believe men are genuine victims*" (P2),

and the consensus around IPV services was that they victimise men further:

> *"Nil… in fact they further victimize men."* (P8).

Essentially, this impelled men to feel like they were a hidden group:

> *"Zero. We are invisible"* (P16).

For those that did find support from partner violence charities, it is evidenced that they were concerns surrounding discrimination and organisational issues. For example, some men reported experiencing problems getting through to hotlines:

> *"Call Mankind (one of the two most helpful lines) but it's almost impossible to get through"* (P15).

There were also reports of men experiencing re-traumatisation due to having to repeat abusive behaviours to each practitioner answering the calls:

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"Men's Advice line is another helpful one, but the issue is, none of these remembers you, so you have to constantly repeat the entire abusive relationship over and over again, it's re-traumatising" (P15).

Lastly, men reported that they were not followed up on for a consultation after their initial phone call:

"I've contacted Mind which have not followed through with any consultation" (P14)

"Mankind and The Men's Advice Line never recalled me or my story on subsequent calls or monitored, followed, or checked up on me so ultimately pointless" (P15).

In terms of facing discrimination, men reported being laughed at:

"...I also rang Women's Aid, described some of her behaviour and got laughed at" (P15)

referred to anger management:

"Went to MAP's and they suggested an anger management course." (P19)

and assumptions that they are the perpetrator instead of the victim:

"Some of the support lines I refuse to call, e.g. refuge, because they assume males are perpetrators from the start." (P26).

This level of support was also reflected in the police:

"The police laughed at me until she hurt one of the children" (P10)

and housing support:

"I found support for male victims of DV/DA very limited and responses from police and housing are shocking" (P1).

5.3.1.2 | Pandemic

The coronavirus pandemic instigated a lot of changes in daily life. These changes were highlighted within the participant's data alongside how these changes impacted their help-seeking.

5.3.1.2.a | Pandemic-related changes

The spread of the COVID-19 disease meant that the general public had to very rapidly adapt to new regulations regarding the way they could live their lives. This affected all areas of daily life including, employment, schooling, healthcare, and social life. In terms of this

sample, home and work-life dynamics altered with participants experiencing both working from home and being furloughed:

>"*I got furloughed*" (P9)

>"*I was furloughed*" (P15).

There were also several participants who were key workers so working from home was not an option:

>"*key worker so worked all through COVID*" (P1).

In some households, both parties were key workers:

>"*we are both key workers, I work for the telecom sector, and she works for the NHS in a private care home as a mental health counsellor*" (P3).

In other households, one party went to work whilst their partners were furloughed:

>"*I continued to go to work, my partner worked from home*" (P20),

and in others, only one party was in employment whilst their partner was not:

>"*I was a key worker. My wife was dismissed…*" (P26).

The impact of these various changes on home and work life was also documented in the participant's narratives. For individuals who were furloughed or lost their jobs, there was worry about job security or incoming funds:

>"*… My wife was dismissed due to aggressive behaviour at her job, so we lost an income, adding stress as I was the main earner.*" (P26).

Furthermore, schools were closed which meant that children were missing out on education and at home all day with their parents:

>"*our children were not attending school, both schools and nursery were closed, so no one out the house, all locked up together!*" (P1).

This proved challenging when participants were trying to work from home:

>*My son was off school and working from home was very difficult when my wife wouldn't manage my son so I could concentrate. I worked from home as I could, but I work in SEND as a senior officer and dealt with confidential information and legal proceedings, so I couldn't have my ex-wife and son around, and I had no space to have an office, so I worked on the kitchen table.* (P26).

Knowing how invasive and impactful partner violence can be, and how alike the COVID-19 regulations were in terms of their rigid and sometimes imprisoning feeling structure, it is probably not surprising that some participants stayed in their abusive environments:

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"because I had no friends, and she was my only source of contact and affection, I endured her abuse longer than I should have" (P12).

Contrastingly, others decided to extend their work hours, so they spent less time at home and with their abusive partners:

"I still attended work on-site as I worked for the NHS, however, I worked longer days, 13-hour shifts 3 to 4 days a week." (P13).

Or declined to work from home entirely even though the option was presented to them, and failed to tell their partners about this option:

I am a key worker who continued to go to work in an office. I was offered to work from home, but I declined, stating that it was too noisy at home, when in fact, the truth was I needed to get away from my wife. I never told my wife about the option of working from home. I also took the minimum amount of holiday to avoid being at home. (P20).

5.3.1.2.b | Help-seeking experiences

With domestic abuse services having to change their regulations to meet the lockdown restriction criteria, support for victims of partner violence, whilst ongoing, became challenging with many offered services either being restricted or completely stopped. From this sample, over half (17) of the participants did tell someone about their abusive experiences and/or did reach out to a specialist service during or after the lockdown. When the participants were asked to specify who it was they reached out to, there was a mix of individuals who reached out to just informal support networks:

"My close family and friends" (P5)

just formal support networks:

"Inspire, police, doctor" (P19)

and a blend of the two:

"The police, Cafcass, Family Court, friends, counsellors, the children's school headteacher, counsellor, and solicitor" (P25).

For the participants that did disclose their experiences to formal support networks, Mankind, Dad's Unlimited, Splitz, Families Need Fathers, Mind, The Men's Advice Line, NSPCC, Samaritans, Inspire, Domestic Abuse Helpline, AMIS and Respect were the charities that they approached. The reasons that participants disclosed their experiences to these specific charities

varied with some explaining that the service they approached was the only one they could find that would support male victims:

"only service I could find for male survivors of DV" (P1).

Some participants stated simply for help:

"I'm looking for help to get better to deal with life" (P19)

"for help" (P9).

Whilst others reported to try and increase awareness about male victimization:

"so that others can get benefitted and my experience is known to all" (P3)

"Male domestic abuse needs to be reported and stopped equally as much as females." (P15).

Finally, when asked how the lockdown restrictions and the 'stay at home' message impacted their decisions to disclose their experiences to their chosen charity, one participant stated that the lockdown enlightened them about their abusive environment making them more determined to receive help:

"made me more determined as I had less to think about so more time to think about my abusive \ alienated situation" (P15).

The reported outcomes of approaching these services also varied with some participants reporting positive experiences and some participants reporting negative experiences. The reported negative experiences included discrimination:

"Officer treated me like a criminal… Was awful." (P16).

Threats of arrest:

"Police and emergency mental health, no help. Police threatened to arrest me for harassment." (P9).

Organisational issues:

"Tried calling Samaritans and Mankind once each but no answer" (P16).

Or they were just generally turned away:

"they either didn't support men or weren't able to help legally or emotionally" (P10)

"NSPCC told me it's not bad enough. Police awful." (P16).

Nevertheless, some participants did find their chosen charity helpful and reported positive experiences:

"Very positive and validating" (P1)

"Splitz…. Were extremely supportive and did follow-up remedial work" (P7)

"Positive and understand given personal centred approach" (P22).

The participants that chose not to disclose their experiences during the lockdowns were also asked their reasons for not disclosing. Similar to reasons provided by men prior to the pandemic, they included, not knowing about services for male victims:

> *"I didn't feel that there was much in the way of help out there or that I would be taken seriously"* (P13)

or feeling they did not deserve the help:

> *"I didn't know there were such services for men. Some Google searches seem to show up help for abusive men. Also, my past treatment made me feel I didn't really deserve help."* (P17).

Likewise, participants were also asked how the lockdown restrictions and the 'stay at home' message impacted their decisions to not disclose. Participants reported that due to the pandemic overwhelming services it was difficult to find help:

> *Everyone was stressed; courts were backed up; since my life was not 'in danger', no one cared. Nine-month wait for mental health services- even remote services were either not covered, not available, or not helpful- the only one I could get was text messages only, and cost almost 100/ month.* (P12).

Others reported that they were afraid of the outcome for themselves and their children:

> *"I was frightened as was aware that if I told anyone what was happening the situation would become more dangerous for me and our child"* (P11).

Finally, participants reported that they did not have the privacy to phone for help due to the restrictions ensuring that their abuser was in close proximity:

> "*she is always listening and intercepting my calls, texts and emails. Even controlling posts on my social media"* (P2)

> *"I wouldn't disclose when my abuser was home 24/7 and always monitored me"* (P26).

5.3.1.3 | Impact of the pandemic on the victim

Participants reported that certain responses from their abuser and parental alienation impacted them during the pandemic.

The pandemic and lockdown restrictions were reported to have further impacted already abusive relationships resulting in negative consequences. From the data, it is evident that the pandemic acted as a catalyst for abusive relationships with most participants stating that their experiences became worse during the lockdown periods. For some participants, they experienced their partner becoming more desperate for attention:

"She was more desperate for attention, being isolated. She didn't follow the stay-at-home requirements, putting added risk on the situation" (P9).

Whilst others began to feel an exponential strain on their relationship:

"During the initial phase of the lockdown, I felt the relationship got more strained" (P13).

There was also evidence of an increase in controlling behaviours:

"Her controlling behaviours worsened throughout lockdown" (P25),

and abusive behaviour reportedly became more frequent:

"The behaviour was always there, however, it became much more frequent and worse" (P26).

Participants likewise reported that they experienced their partners projecting their own concerns onto them:

"She already suffered from some mental health worries; this was projected on me a lot more due to always spending time together" I could not escape the abuse" (P27).

Which in some cases meant concerns about their partners going to work for fear of contracting the virus

"My wife was frightened of me going to work" (P20).

In others, there were concerns about adultery:

"worked all through COVID, however, the DA at home became worse as ex thought I was not at work but having "an affair"" (P1).

Then in some cases, there were concerns about the relationship ending which resulted in ruinous and serious threats and accusations:

A few months before the first lockdown I tried to break up with my ex as I did not like how she spoke to me and treated me… When I said I cannot go on like this, this is where I began to encounter something I was not equipped for: threats of suicide and self-harm if I was to break up with her. This escalated during the pandemic as I also had the

element of her saying I was abandoning her in a global pandemic and that I should be ashamed if I thought that is what love is: abandonment. (P21).

Finally, as services were temporarily closed or their amenities restricted, monitoring of individuals under agencies or organisations was stopped providing abusers with the opportunity to, for example, pause medication:

> *My partner began to get more aggressive and violent outbursts became more frequent as no one was checking in on her or us. Before lockdown social services were checking on her, visiting her, ensuring she had taken her meds, looking at her physical appearance (she has anorexia) and ensuring she was meeting their criteria. Also, she was going to see a psychiatrist (ordered by the courts). But this stopped. She stopped taking her meds, no one kept an eye on her, no social services visits and no psychiatric help, just the odd phone call* (P2).

These behaviours in connection to the restrictions, however, lead to some participants feeling like they were trapped:

> *As soon as the lockdown was announced my partner changed. She became a worse version of herself where everything I didn't like prior to lockdown became 10 times worse. We lived in the same space so I could not see any friends or family. I was stuck with the abuse.* (P27).

Or helpless, with nowhere to turn to:

> *"Just made everything worse and magnified the feeling of helplessness and the absolute lack of services and how useless most, if not all public services are!"* (P15).

5.3.1.3.b | Parental alienation

Another pandemic-related negative consequence that was present throughout the data was participants experiencing parental alienation. A reported explanation behind preventing participants from seeing their children was fear of infection and to keep them safe:

> *"she refuses to follow the court order because it was 'safer' for the kids. I got furloughed and wanted to see the kids more, she refused"* (P9).

Or due to adhering to the lockdown restrictions:

> *"My ex-wife began using lockdown to prevent contact from occurring. The courts had ordered contact under supervision and she would use spurious reasons to prevent the supervisors attending"* (P25).

This meant, however, that fathers were experiencing long periods of time without any contact with their children:

> *"No direct contact with my daughter for over 3 months"* (P16).

In contrast, other participants experienced contact with their children continuously throughout all lockdowns, however, when the lockdowns were lifted, their contact ceased:

> *"At the time, FaceTime with our daughter was good, twice a week, 1 hour on the phone. I think her mother needed a break from our daughter and was happy she was entertained by myself. After the end of lockdown, no more FaceTime with me"* (P16).

5.3.2 Study 2b: practitioners' experiences of helping male victims during the pandemic.

Three themes were identified that express practitioners' experiences of supporting male victims whilst help-seeking: 'pre-pandemic support', 'pandemic support' and 'reported impact of the pandemic on the victim'. Table 13 provides an overview of the themes and sub-themes that originated from the data.

Table 13.

Table of themes and sub-themes portraying practitioners' experiences of helping male victims during the pandemic.

Master theme	Sub-theme	Supporting quote
Pre pandemic support	General operational requirements	"The sector, in general, is underfunded"
	Needs of men pre-pandemic	"To be believed and supported by frontline services"
Pandemic support	Pandemic related changes	"Had to stop face-to-face groups so moved to online chat groups"
	Support challenges/ opportunities	"Huge increase in demand"
Reported impact of the pandemic on the victim	Experiences	"XXXX was kept inside during the pandemic"

5.3.2.1 | Pre-pandemic support

Both general operation requirements and needs of the men pre-pandemic were highlighted in participants' narratives when discussing pre-pandemic support.

Participants' overview of the support available for male victims of partner abuse generally and prior to the pandemic revealed a general consensus:

"poor" (P8)

"pretty scarce" (P6)

"patchy" (P4)

"non-existent" (P1)

that included several key issues. Firstly, there were remarks about the bias that exists against male victims making it difficult for them to receive support:

"There is a gendered bias that makes it almost impossible to get support for male victims" (P1).

Quite often leaving men unsupported and/or disbelieved:

"Men are hidden within the DA sector, often unsupported and frequently disbelieved, particularly by the police, DA practitioners and children's services" (P7).

For those that do reach out for support, however, there were concerns that available services mostly provide lip service but do not follow through with action:

"Provision is largely lip service" (P8).

Possibly because there are very limited options for just men in comparison to women:

"no housing solutions, no true crisis support" (P8)

and men are even treated differently to women under certain circumstances:

"Court orders, child contact orders or NMO are adhered to and applied differently to fathers v mothers" (P8).

Furthermore, in rural areas, available support is even more limited making it extremely difficult for victims to access support:

"Some areas of the country provided excellent support while other areas were barren with basic signposting if any support at all." (P4)

"Support is limited in the remote and rural areas" (P5).

Evidently, one of the most pressing concerns for participants was the lack of funding that the sector receives:

"The sector in general is underfunded and lacks clarity with an inconsistent level of training & structure nationally and locally" (P7).

Especially as there is a difference in funding for support for female victims:

"men are not funded in the same way as women" (P8),

but male victims' services are just as overwhelmed as female support services:

> *"Exhausting, back-breaking work; underfunded; underappreciated; overwhelming need and numbers"* (P8).

In fact funding concerns left some participants apprehensive about the continuation of their career:

> *"you are often worried about continuity in employment due to funding"* (P9).

Lastly, there was mention of the negative impact that working in the sector has on the participants:

> *"there is a personal cost to raising awareness and/or supporting male victims. I've been called various names, had a slur campaign run against me and an attempt to get me in trouble with my employer for stating facts regarding male victims"* (P1).

However, participants did also report that they like working within the DV sector as it is rewarding:

> *"I absolutely love the work I do. It's challenging and frustrating at times, particularly when other organisations are not forthcoming, but helping someone to move forward is incredibly rewarding."* (P6).

5.3.2.1.b | Needs of men pre-pandemic

Although the number of support services that exist for male and female victims differ in quantity, the needs of male and female victims are very similar, as apparent within this data set. Many practitioners highlighted this:

> *"In many ways similar to those of women"* (P3)

> *"Men need similar services to female victims"* (P1).

With some participants stating that gender is regardless as every individual case is unique and requires a tailor-made approach to helping victims:

> Each individual, regardless of gender, will have a situation that is unique to them and their needs will be based on that. There will be a package of services that needs to be available and tailored for each individual. Some will want refuge/safe house, legal support, help with housing, benefits, employment support, financial advice, counselling / psychological support, possibly support to attend court, etc. If they are disabled or English is not their first language, there will be additional needs. If they are GBT, there will be a range of other support that may also be required. (P4).

However, there was recognition that additional barriers exist for men when help-seeking:

> Some additional barriers for men in terms of the impact of the abuse on their sense of self as a man, their masculinity and the stereotypes around what abuse is which has meant they have taken longer to contact us than they might otherwise have done. Generally they have been relieved that we "get" it and understand what they might have gone through. (P3).

5.3.2.2 | Pandemic support

Pandemic-related changes and support challenges/ opportunities were identified in practitioners' pandemic-related experiences.

5.3.2.2.a | Pandemic-related changes

The introduction of the lockdown restrictions enforced DA services to make changes to their daily operations. As a social distancing rule was imposed, many support organisations temporarily ended face-to-face appointments and offered instead video/phone support sessions:

> *"we were doing mostly phone rather than in person support for everyone, unless there was a very good reason not to"* (P6)

> *"We are still not offering face-to- face appointments; all support sessions transfered to telephone/ zoom/ whatsapp as clients preferred."* (P3).

There was also a shift in employees working from home to ensure that the social distancing policy was met:

> "*social distancing etc and also reduced staff in the office with others working from home."* (P6).

However, to ensure that anyone who needed support knew that support options were still in place and to ensure that everyone had the opportunity to seek support, organisations increased the promotion of DA services:

> "*Promoted the service more"* (P2)

recruited additional staff:

> *"Recruited additional support staff"* (P2)

and extended opening hours:

> *"Extended opening hours"* (P2).

With some services providing early morning and evening appointments:

> *We were more flexible with our availability as many people had their children at home during the day & doing the sessions with them present wouldn't have been appropriate, so we did some early morning & evening appointments.* (P3).

Finally, some services introduced additional training relevant to the pandemic covering remote support training and COVID-related PTSD:

> *"specific trauma-informed working remote practices & how COVID can being especially triggering for our clients with trauma psychotherapist"* (P11).

5.3.2.2.b | Support challenges/ opportunities

The possibility and probability of partner violence increasing in emergencies, like pandemics, increases the demand for support from services. This was certainly the case within this data, with several practitioners reporting an increase in the frequency of phone calls during the lockdown periods:

> *"Huge increase in demand"* (P2)

> *"There was an increase in the volume of calls to the helpline"* (P4)

> *"Seems to be an increase in all calls but noticeably more men coming into support"* (P6).

Likewise, practitioners also reported that there was an increase in phone calls from third-party individuals, for example, family and friends concerned for the victim's welfare:

> *"Not through direct experience but from a male support organisation, I know that the calls regarding male victims, including those from female friends and family member concerned for men's welfare, has increased phenomenally"* (P1).

This demand for support from services, however, presented challenging as

> *"help-seeking became more complex and desperate"* (P2).

In terms of changes in support to help male victims, astonishingly, whilst the practitioners of this study work for support organisations that advertise that they support both male and female victims of abuse, a practitioner stated that their organization did not offer any additional support or make changes to their pre pandemic support, because their organization was focusing on helping female victims:

"No changes as the focus has been on VAWG" (P3)

Support opportunities were also identified in the data with many services expressing changes to services/support that they will implement in the future. For example, extending opening hours and increasing staffing:

"Opening hours, extra staff and increased promotion" (P2).

Also, increased group meet-ups:

"continuing online groups & continuing walk & talk meet-ups in daytime (rather than just in one static location)" (P11).

Finally, continuing online support:

"Phone support (where it's appropriate) means we can support more people at once. Also home working means I can do phone support in the early evening which is often a bit more accessible for those working" (P6).

As many male victims reported that online appointments were preferable as it allowed for anonymity and worked well around a busy schedule:

> Several men commented that they preferred the anonymity of phone support so when we resume face-to-face community appointments, online appointments are going to be one of the choices offered, as some clients have preferred support by phone or video calls. This has been of particular help to many of our clients who are working full time and would have found it difficult to meet up during the working day for an appointment, but could fit in a zoom call. (P3)

5.3.2.3 | Reported impact of the pandemic on the victim

The experiences that male victims reported to practitioners when help-seeking was lastly identified in the data.

5.3.2.3.a | Experiences

Practitioners reported that male victims had disclosed a variety of behaviours and experiences when help-seeking during the pandemic. For men who were still currently in abusive relationships during the pandemic, practitioners reported men's desperation to receive support from services; men were not only experiencing abuse in their relationships, but

regulations instructed them to stay enclosed within their homes and with their abusers. Thus meaning an increase in time spent around their abusers, with little space or privacy, with added opportunity of being monitored, and a high probability of further abuse. Therefore, the need for support for a lot of men who were in current abusive relationships was more crucial during the pandemic than under normal circumstances. Specifically practitioners stated that men's needs/ experiences were:

C-PTSD rise as coping mechanisms were removed; fear of being locked in with their abuser; desperate for help but a lack of ability to freely get help, when more closely monitored. (P10)

Due to the strict and rigid nature of the enforced shelter-in-place legislation and the loss of freedom or temporary space to escape from their abusive partners, practitioners reported an increase in referrals to mental health support services:

the nature of those calls since the start of lockdown was more mental health issues as people were unable to access their regular support networks so were calling any helpline that would answer. As time has progressed over the past 18 months, there continue to be mental health issues but these are more related to being trapped inside with an abusive party. (P4)

As outlined in the male victim section (part a) of this study, abuse for a lot of men progressively worsened and increased during the pandemic, this is reflected in the practitioner's accounts. An example of a coercive controlling experience that happened during the pandemic which is evidenced in the text was the following narrative that was disclosed to a practitioner:

MV was kept inside during the pandemic, not even allowed to open a window. Didn't leave the house for months, until he was made to leave the property permanently after having had his passport destroyed (along with his spousal visa). He managed to stay with a friend, but they worked nights so he was completely alone most of the time. He was distraught by the ending of the relationship to start with and couldn't understand "what he'd done wrong" so I spent a lot of time just helping him to process what had happened to him, as well as practical help to apply for leave to remain in his own right. (P6)

For men who had left their abusive relationships prior to the pandemic, practitioners reported that some men had found the lockdown restrictions very triggering:

> *A number of clients who had previously been in very controlling relationships found the initial lockdown restrictions very triggering, as being told what to wear, where you could go, who you could see etc was very much like the abuse.* (P3)

> *Isolated – It felt like the control of being in an abusive relationship again due to restrictions.* (P10)

Whilst others experienced instances of parental alienation: *"men were stopped from seeing their children in many cases citing covid as an excuse."* (P4); *"loss of child contact - role as a father further abused by lockdown restrictions."* (P10)

5.4 Discussion

The aim of this two-part comparative study was to a) explore male victims' abusive experiences generally, and whilst help-seeking, and b) explore practitioners' experiences of supporting male victims during the coronavirus pandemic. The themes that were found in studies 2a and 2b reflect one another with one theme in each study referring to pre-pandemic experiences, one set in each study referring to pandemic experiences and one theme in each study referring to the impact of the pandemic on the victim. For study 2a the pre and pandemic themes include experiences of help-seeking for male victims and for study 2b the pre and pandemic themes include practitioners supporting male victims.

Figure 4.

Study 2a: Male Victims Thematic Map.
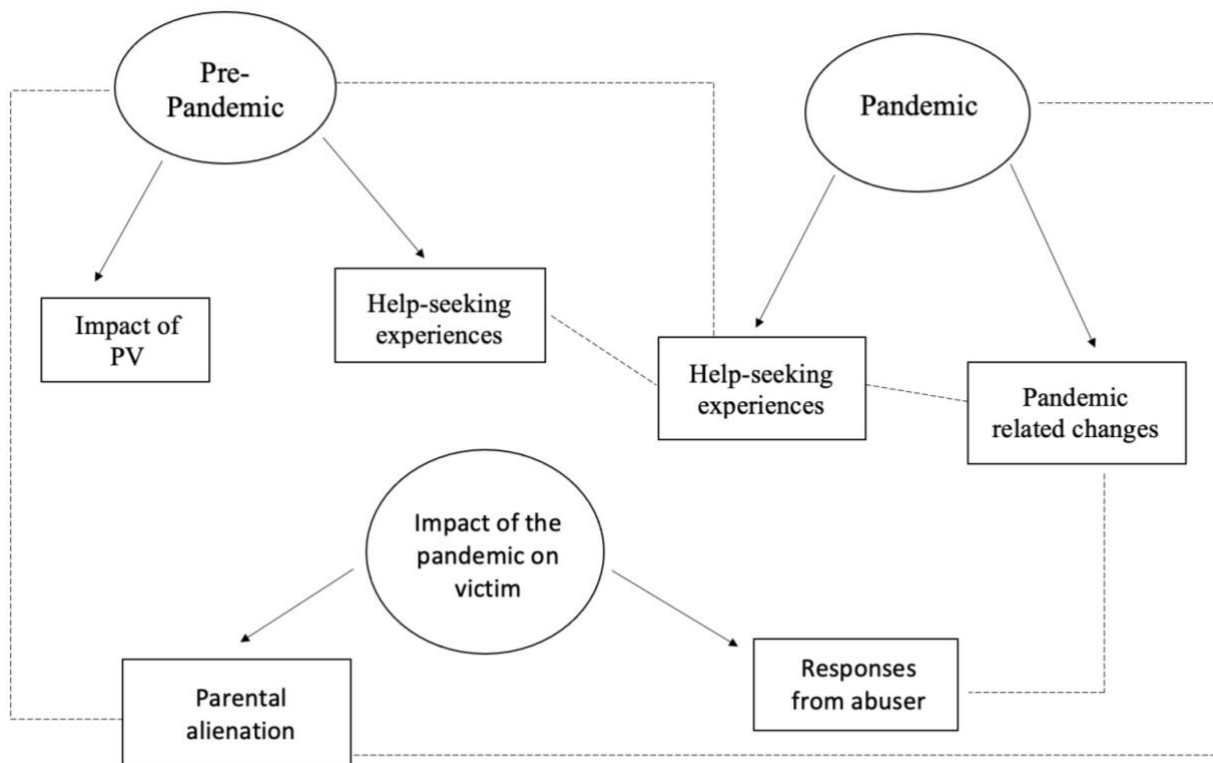
Note. Key. Themes: represented in circles   Subthemes: represented in squares

*The thematic map represents a visual of the connections between subthemes and themes (shown with dotted lines). It is important to note that sub-themes can be relevant to alternative main themes other than their original overarching theme.

Figure 5.

Study 2b: Practitioners Thematic Map.
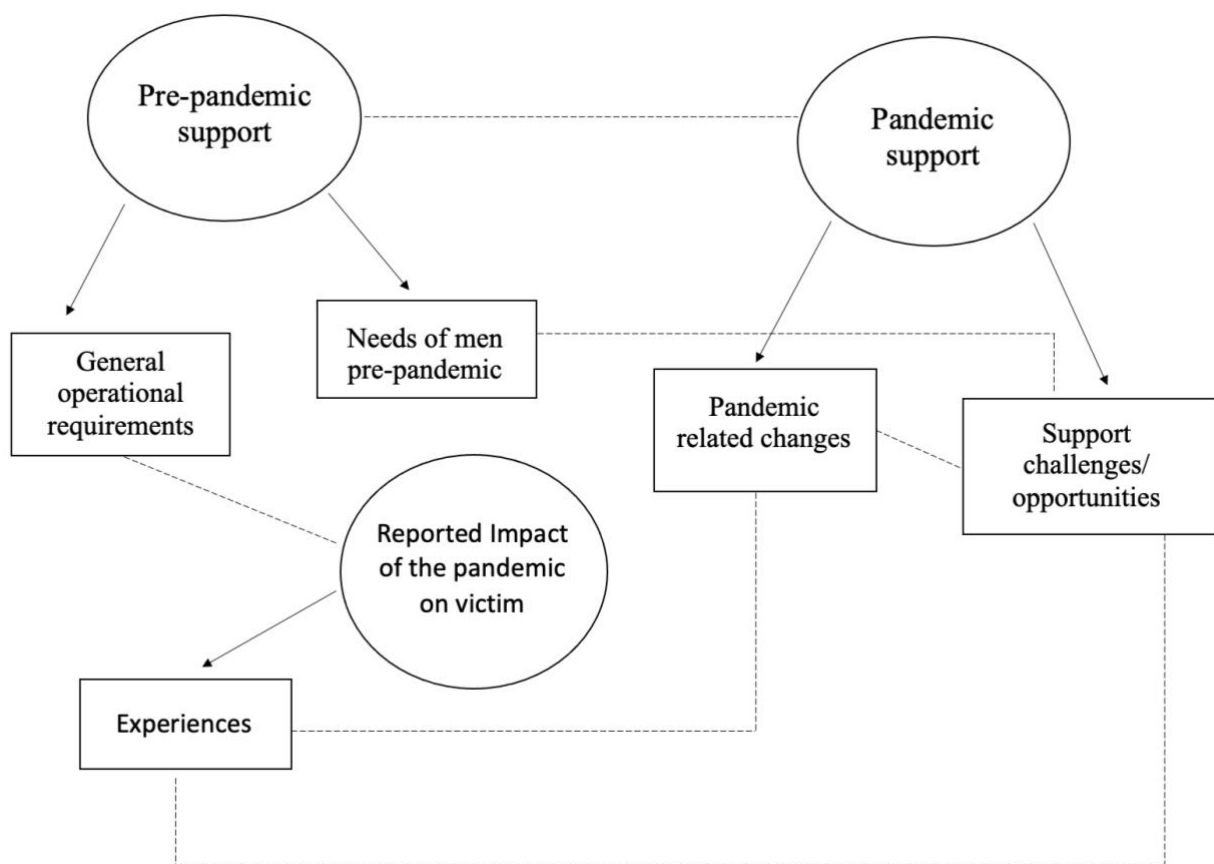
Note. Key. Themes: represented in circles   Subthemes: represented in squares
*The thematic map represents a visual of the connections between subthemes and themes (shown with dotted lines). It is important to note that sub-themes can be relevant to alternative main themes other than their original overarching theme.

Results suggest that the COVID-19 pandemic and the lockdown restrictions impacted both male victims', generally and whilst help-seeking, and practitioners whilst supporting male victims. Specifically, it seems that the pandemic presented additional challenges for both groups of interest. For male victims' experiences generally, participants report that the pandemic and the restrictions initiated an increase in controlling and abusive behaviours, including emotional, psychological, and physical elements. Also evidenced were incidents where the pandemic was used as an excuse or a means to use controlling tactics or abusive behaviour. These instances were present in both current relationships and ex-relationships. For example, both studies 2a and 2b show numerous instances where fathers' contact with their children was stopped by their ex-partners with the lockdown restrictions or fear of infection being the provided reason behind the prevention of contact. Of course, the pandemic offered abusers the perfect excuse to further control their victims and by extension prevent male victims from seeing their children during the pandemic by suggesting that they are keeping their shared children safe or that they are worried about their children contracting the virus (Ceroni et al., 2021; Lyons & Brewer, 2022; Moreira & da Costa, 2020).

For help-seeking experiences (see Figure 4.), results suggest, that for some men, the pandemic-related changes at home and to services impacted their decision whether to disclose. Indeed, help-seeking may not have been a possibility for victims if their abuser was in close proximity for extended periods of time throughout the day, and able to monitor what their partner was doing (Moreira & da Costa, 2020). Likewise, they would not want to try and seek help if violence was a possible outcome (Moreira & da Costa, 2020). Interestingly, for other men, the pandemic may not have had any impact on their decision to disclose, or not disclose, their experiences. Previous pre-pandemic male victim and help-seeking research has highlighted that some men are not aware of the support that is available to them and/or may not recognise that they are a victim of abuse or deserve support (Bates, 2020; Machado et al., 2017; Taylor et al., 2021). These findings are also present in this study under the pre-pandemic help-seeking theme and under the pandemic help-seeking theme. Hence, suggesting that if men were unaware of available support prior to the pandemic, they may not be any more aware of available support during the pandemic. Furthermore, it also seems that the pandemic had no impact on the response that some male victims received from support services as results from during the pandemic reflect those prior to the pandemic. For example, participants who stated that they did help-seek during the pandemic reported facing discrimination, threats of arrest, and being told 'they don't support men', all findings that have been identified in the pre-pandemic theme of this study (2a), study 1 of this thesis, and much other research that has been

produced around male victims and their help-seeking experiences (Bates, 2020; Machado et al., 2017; Taylor et al., 2021).

For practitioners' experiences of supporting male victims during the pandemic (see Figure 5.), challenges arose from the increasing demand on support services combined with the limited resources and service options that support services could offer to male victims. For instance, most of the practitioners reported that face-to-face appointments/support was temporarily stopped at their respective services. However, this has the potential to cause harm as not all victims will feel comfortable disclosing their abuse over the phone or online (Moreira & da Costa, 2020). Meaning that some victims may stay in their abusive relationships. Likewise, in healthcare settings, this shift from face-to-face appointments to online appointments meant that screening for partner violence was impacted, therefore, affecting the number of partner violence cases that were identified (Bradley et al., 2020; Lyons & Brewer, 2022). Finally, if male victims did leave their abusive relationships and were able to find a shelter that supported male victims, as there are far fewer shelters for men than for women, it is possible that the shelter would not be able to help due to reaching full capacity and following social distancing regulations (Barber, 2008; Moreira & da Costa, 2020).

5.4.1 Limitations

Whilst this study is innovative in several ways, 1) because it is one of, if not the first to explore solely male victims' experiences through the covid pandemic, 2) because it is a comparative study showing the help-seeking experiences of men and supporting experiences of practitioners during the pandemic, and 3) because it is one of the existing few studies to have conducted a qualitative analysis on the experiences of victims during covid, it does have its limitations. What was initially desired in this study was an even split of participants. Thus an even number of male victims' and practitioners' narratives. This was aimed for and endeavoured, however, recruiting practitioners, in particular, was very difficult. The researcher posted the study on social media (Twitter) and personally contacted individual charities that are inclusive in supporting male victims, however, most of the charities responded by stating that they could not help. This left the practitioner study short of participants. For the male victim's study, there was some confusion regarding the inclusion criteria. Whilst the researcher and research team believed they had advertised the study correctly, by stating that they were only looking for male victims who had experienced abuse and help-seeking during the

pandemic by either a current or ex-partner, once the data was analysed it became apparent that 10 of participants had left their relationships prior to the pandemic. Hence, the coronavirus pandemic did not affect them or their relationship at all.

5.4.2 Implications

Although there were limitations to this study, this research also has its implications. Firstly, with the coronavirus pandemic being such a current phenomenon and with little research existing about the impact that the pandemic had on victims of partner violence, specifically men, this research adds to a very new field of research. Of the limited research that exists about victims' experiences of partner violence during the coronavirus pandemic, very few have conducted a qualitative analysis with victims and even fewer have included male victims. However, this research is very important. Firstly, this research suggests that some men still did not know about available IPV support services for men. Even though throughout the pandemic advertisements about support services for women were increased, which was entirely necessary, this study suggests that the same may not have been provided for men. In case of future possible pandemics, and just in general, the promotion of support services for male victims needs to be increased. Furthermore, from a comparison of the pre-pandemic help-seeking experiences and pandemic help-seeking experiences of male victims, it is clear that some men were met with the same hostility during the pandemic as those who help-seeked prior to the pandemic. Therefore, additional training in those services would be beneficial to address the belief that only women are victims of partner violence and destigmatise male victims. Finally, for support services, it is evident from the results that the whole sector needs additional funding and training of staff to manage the overwhelming demand from male victims. As for the direction of future research, an avenue that should explored is if the sex of the partner influenced the experiences of male victims during the Covid-19 pandemic. This should be investigated qualitatively, by assessing the gender dynamics of the relationship and the abuse that is experienced. Specifically, areas that should be focused on are if the frequency, the severity, and the abuse type varies depending on the sex of the partner.

To conclude, overall the pandemic and lockdown restrictions appeared to have impacted male victims' experiences generally and for some men whilst help-seeking. Likewise, they also impacted IPV support services and the practitioners who are employed at them. From the identified themes, it is apparent that men's general abusive experiences were impacted

further by an increase in controlling and abusive behaviour, their help-seeking experiences were impacted by the lockdown restrictions enabling their abusers to further control and monitor them, and IPV support services were impacted by having to restrict available support to meet the regulations of the national lockdowns.

"A man shouldn't hit a woman": the role of the victim and perpetrator sex in bystander helping behaviour.

6.1 Introduction

Chapter five introduces a recent phenomenon that has further impacted an already challenging system. The Coronavirus (COVID-19) pandemic has had a substantial effect globally, including on the world's economy, the structure of day-to-day life, people's businesses and/or jobs, freedom, and mental health. Whilst this pandemic and the measures that have been introduced to prevent the spread of the virus (national lockdowns) have affected everybody, it has generated additional consequences for individuals who are experiencing partner abuse. This is evidenced in the findings of the previous study. Chapters four and five of this thesis document men's experiences of help-seeking specifically, the present chapter expands on this and adds an additional layer to the help-seeking topics already explored by investigating bystanders' willingness to intervene in incidents of intimate partner violence, depending on the sex of the perpetrator and the victim.[2]

6.1.1 Societal perceptions of intimate partner violence

Societal perceptions of intimate partner violence are often informed by gendered stereotypes, discussed in the fourth chapter of this thesis. These stereotypes can be traced back to theories of partner violence, for e.g., the feminist perspective, discussed in detail in the second chapter of this thesis, which emphasises perpetrators are male, and victims are female. Both of these factors impact how victims, particularly males, perceive themselves and their victimisation (the focus of chapter four), but they also impact how society perceives partner disputes (the focus of this chapter). In the second chapter of this thesis, it is mentioned that violence and aggression are typically stereotyped as male characteristics, which combined with traditional views of partner violence (the domestic violence stereotype) influences how society

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[2] Within this chapter both terminologies 'gender' and 'sex' are used. Gender is used to refer to context where the researcher is discussing socially constructed characteristics of men and women, e.g., gendered stereotypes. Sex is used in context where the researcher is discussing biological sex.

responds to intimate partner violence depending on the sex of the perpetrator and the victim. Arguably, gender is the most important social determinant of partner violence perceptions, and it impacts all elements of intimate partner violence. Specifically, it is recognised that such stereotypes affect: attribution of blame, i.e., responsibility (Bryant & Spencer, 2003); situational factors, i.e.., perceived seriousness of partner violence disputes and how often they occur (Seelau, et al., 2003); believed resolution or intervention, i.e., police involvement (Fugate et al., 2005); proposed legal action (Bates et al., 2019) and believed victim/perpetrator characteristics, i.e. sex of the victim and perpetrator (Buss & Duntley, 2011).

Several studies have suggested that sex is an important factor when considering culpability, with many reporting that partner disputes involving a male perpetrator were considered more serious than those involving a female perpetrator (Harris & Cook, 1994; Harris & Knight-Bohnhoff, 1996; Seelau, et al., 2003; Yamawaki et al., 2009); male perpetrators were held more accountable for domestic disputes than female perpetrators; and, male perpetrated violence was seen to be more illegal than female perpetrated violence (Sorenson & Taylor, 2005). This is represented in Scarduzio et al. (2017), study which explored gender stereotypes about IPV through qualitative analysis. The results outlined differences in the ways participants perceived male and female perpetrators. This included participants perceptions about the types of aggression that male and female perpetrators use, the emotional reasons behind why male and female perpetrators use aggression, the physical (size and strength) characteristics of perpetrators and the acceptability of male and female perpetrators use of violence. Interestingly, when discussing the acceptability of male perpetrators use of violence, participants invoked "the code of chivalry" insinuating that men should not strike women and even suggesting that it is "cowardly" behaviour to do so. However, when discussing female perpetrators use of violence, whilst they stated that violence is not acceptable for both sexes, they suggested that if the female's use of violence was in response to a male's use of violence, then they should not be held responsible. In other words, if the female was acting in self-defence, the notion that violence is not acceptable for both sexes is adaptable.

Comparably, stereotypes about victims and their sex also exist. For instance, male victims are more likely to be blamed for their victimization than female victims (Taylor & Sorenson, 2005). Also, as male-to-female violence is continually assumed to result in more negative consequences than female-to-male violence (Stuart et al., 2006), beliefs exist implying that, females are more likely to experience physical injuries than male victims (Seelau & Seelau, 2005; Vivian & Langhinrichsen-Rohling, 1994), require medical attention for injuries more so than male victims (Tjaden & Thoennes, 2000), need to seek and use mental health and

justice/intervention services more so than male victims (Tjaden & Thoennes, 2000), and require and deserve police involvement more so than male victims (Arias & Johnson, 1989; Carmo et al., 2011; Felson et al., 2002). However, research has demonstrated that the effects of intimate partner violence are equally as damaging for both male and female victims, with studies highlighting that male victims experience the same physical injuries and psychological consequences that female victims experience (Drijber et al., 2013; Du Plat-Jones, 2006; Hines, 2007; Hines, 2015; Hines & Douglas, 2010; Hines et al., 2007; Houry et al., 2008; Kaura & Lohman, 2007; McNeely et al., 2001; Nybergh et al., 2016; Randle & Graham, 2011). This is represented in a study conducted by Hines et al., (2007) who found that men had experienced being slapped/hit, kicked, punched, choked, and stabbed by their female partners. Further studies have likewise found alternative methods of abuse that are reflected in female samples, with studies showing evidence of emotional abuse/ psychological abuse, verbal abuse, sexual abuse, and the use of coercive control (threats and intimidation) (Bates, 2020; Weare & Hulley, 2019). Additionally, Douglas and Hines (2011) analysed three national studies of family conflict (1975, 1985 National Family Violence Survey, NFVS & 1992 National Alcohol and Family Violence Survey) and found that partner violence involving severe physical assaults that were likely to result in injury, inflicted by a female partner to a male victim occurred at a rate of 45 per 1000, equating to approximately 2.6 million men per year. These results demonstrate the importance of recognising that men can be victims of IPV as well as women and at the same severity as female victims. However, despite these findings, it seems individuals consider the identification 'victim' differently depending on the victims' sex (Seelau et al., 2003).

General stereotypes about partner disputes also extend to and influence attitudes within policy and practice (Felson, 2002), With many scholars recognising, that male perpetrated violence towards a female victim, results in a severer conviction than female perpetration to a male victim, and violence between same-sex couples, and, that police are much more likely to intervene in a male-to-female dispute, with a higher possibility of arrest for a male perpetrator than a female perpetrator (Baron et al., 1991; Gerber, 1991; Felson & Feld, 2009; Felson & Pare, 2008; Hine, 2019). Likewise, stereotypes also extend to the victim's social circle, with friends, family (and even service providers e.g., nurse) recommending that female victims should include the police in partner violence disputes more so than male victims (Felson & Pare, 2008).

Such judgements have an impact on the way domestic violence is seen within society, with existing beliefs challenging the notion that women are just as violent as men (Brown,

2008). Incidentally, this produces a schema (a mental structure of preconceived ideas) which suggests that female-perpetrated violence is not to be considered as serious as male-perpetrated violence. Thus, affecting perception, attitude, and behaviour, in response to incidents of partner abuse, including if, and how, bystanders who witness a partner violence incident intervene (Pagliaro et al, 2020).

6.2 The bystander model

Charles Darwin wrote in his 1871 book *The Descent of Man*, that men inherit a tendency to help others. Together with Darwin's suggestion of a genetic predisposition to helping others, individuals are exposed to social norms that insinuate the social responsibility that individuals have to one another. For example, from a young age, individuals are taught to "do to others what you would have them do to you" (Latane & Darley, 1969). Therefore, it could be supposed that in emergency situations, those that are present (bystanders) are likely to help. However, this has been shown to not always be the case.

An example: in the early hours of March 13th, 1964, a young woman named Kitty Genovese was murdered outside of her apartment building in New York City. Several weeks after the murder had taken place, the New York Times reported a story stating that 38 of her neighbours had witnessed the attack but not one of them attempted to intervene or even called the police (Darley & Latané, 1968). What followed was mass coverage of the story with newspapers expressing that "moral decay", "dehumanization", "apathy" and "indifference" were the reasons behind bystanders not responding to the attack (Darley & Latané, 1968; Latane & Darley, 1969). In response to these statements, social researchers began to explore the reasons why in emergency situations bystanders do not always intervene.

6.2.1 Characteristics of an emergency

Prior to understanding the possible reasons that bystanders do not intervene it is first important to characterise what an emergency is. Latane and Darley, two of the leading academics in bystander research, suggest in their 1970 work, *'bystander apathy'*, that most emergencies consist of five shared characteristics. The first characteristic is that most emergencies involve the possibility of threat or harm. This can involve harm to the person themselves (their well-being or their life), their property, or the environment. The second

characteristic of emergencies is their rarity. Fortunately, during the average individual's lifespan, they will only experience about half a dozen serious emergencies (Latane & Darley, 1970). However, due to being a rarity, people's personal experience of emergencies is limited compared to routine behaviour that occurs on a daily basis. Therefore, when faced with a serious emergency, individuals find themselves inexperienced or untrained to handle circumstances that come with an emergency. The third characteristic is the diversity of emergencies. An emergency can encompass natural disasters (e.g., tornados, tsunami, hurricanes); technological emergencies (e.g., plane crashes, power outages); chemical emergencies (e.g., chemical spills); medical emergencies (e.g., heart attack, disease transmission) and human-caused emergencies (e.g., crime/violence) (Shaluf, 2007). Each emergency presents a different problem and requires a unique response. In addition to being rare, the fourth feature of an emergency is that they are unforeseen. Without prior warning, an emergency can emerge and progress substantially in a short period of time. Thus when individuals are confronted with an emergency they will have little time to contemplate what the best course of action is. As an individual is weighing up their options, the emergency is unfolding and possibly exacerbating. A bystander will have to do their assessing, reasoning, and decision-making in the urgency of the situation without prior planning or forethought; they will be forced to use their own resources. Therefore the final characteristic of an emergency is that any decision-making and intervention is required immediately. If an emergency is left unattended, it has potential to increase in seriousness and require additional intervention.

6.2.2 The intervention process

In the event of an emergency, a bystander will have to make a series of judgments which will help determine if they intervene in the emergency or not (Latane & Darley, 1970). These include both cognitive and behavioural decisions that can affect the outcome of this process. Supposing an emergency transpired, the first part of this process is the bystander *noticing* that an incident has occurred. If a bystander does not recognise that something has happened, they are unable to proceed to the next stages of this process and therefore would be unable to intervene in a possible emergency. After noticing that an incident has indeed occurred, the bystander would then have to *interpret* the event and come to a decision that something is wrong. Without coming to this conclusion, a bystander is unlikely to respond to the incident due to believing that everything is okay and therefore believing that their help is not needed.

Once the bystander has noticed that something has happened and has interpreted it as something wrong, the bystander then has to decide if they have a *responsibility to intervene*. If the bystander does decide that they have a responsibility to act, the next decision they have to make is the best possible *method of intervention*. Finally, the last decision that the bystander would have to make is to decide how to *implement* their chosen intervention method.

Whilst this intervention process seems logical on paper, when faced with a real-life emergency, the probability that a bystander will have enough time to be able to carefully consider these decisions sequentially is highly illogical (Latane & Darley, 1970). As already outlined, an emergency can present itself suddenly and require immediate action, therefore, it is possible that a bystander might need to decide on multiple actions simultaneously (Latane & Darley, 1970). Furthermore, these decisions are not simply black and white, yes or no decisions. There are other factors- internal and external- that can influence a bystander's decision to not intervene (Latane & Darley, 1970). For example, when considering responsibility, it is possible that professional help (police, ambulance) is already on the way. If this is the case, the bystander might decide that intervention is best left to the professionals and choose not to intervene. Similarly, considering the method of intervention, if CPR was necessary to aid the situation, the bystander may not know how to perform CPR. As such, failure to intervene in emergencies has been the subject of many social research studies dating back to the Kitty Genovese murder.

6.3 Why do bystanders not intervene?

Classic bystander intervention studies have put forth several theoretical accounts that explain why bystanders may not intervene in emergency situations. The first three explanations were identified by Latane and Darley (1970). The first explanation is the *diffusion of responsibility*. This explanation suggests that the more bystanders that are present in a situation, the likelihood that one of them will intervene decreases. Another way to explain this, is, personal responsibility is subjectively divided by the number of bystanders present, i.e., the more bystanders that witness the emergency the less personal responsibility an individual bystander will feel (Fischer et al., 2011). The second explanation is *pluralistic ignorance* (Darley & Latané, 1968; Darley et al., 1973; Prentice & Miller, 1996). This explanation suggests that bystanders look to others present to evaluate the seriousness of an ambiguous situation; to determine if a situation is an emergency and needs intervention. If those around

them do not present as concerned then that infers it might not actually be an emergency, and if there is inaction from the other bystanders, that suggests it is not a critical situation that needs help from others, therefore, this will inhibit an individual bystander from intervening (Garcia et al., 2002; Latane & Nida, 1981). "Until someone acts, each person sees only other non-responding bystanders, and is likely to be influenced not to act himself. A state of 'pluralistic ignorance' may develop." (Latane & Darley, 1969, p. 249). The third explanation is *evaluation apprehension* (Latane & Darley, 1970; Latane & Nida, 1981). If a bystander decided to intervene, there is risk of judgement or embarrassment from others who are also present and observing the situation, especially, if something is misinterpreted and evaluated negatively (Fischer et al., 2011; Latane & Nida, 1981). "Each member of a group may watch the others, but he is also aware that others are watching him. They are an audience to his own reactions" (Latane & Darley, 1969, p. 249). Latane, Darley and colleagues devised a number of experimental situations to assess these reasons and determine if they do inhibit bystanders from intervening. Latane and Nida (1981) categorise these experiments into three groups: *bystanders in danger*, for example, smoke entering and filling a room (Latane & Darley, 1968); *a victim in danger*, for example, bystanders overhearing a victim having a seizure (Darley & Latane, 1968), or a victim fall and cry out in pain (Latane & Rodin, 1969); and *a villain act,* for example, overseeing someone steal money (Latane & Elman, 1970). In all three experimental groups, social inhibition of helping was found. A fourth explanation, proposed by Cacioppo et al. (1986), is the *confusion of responsibility*. This explanation proposes that bystanders will be inhibited to intervene due to fear of being perceived as the perpetrator by other bystanders. That is, they are the cause of the situation and harm to the victim.

Before a bystander intervenes in an emergency, there is an automatic cost-benefit analysis. As expected, there will be matters to contemplate and advantages and disadvantages of intervening. Whilst there are humanitarian norms that exist advocating for society to help others, there are also rational and irrational concerns for a bystander that does intervene (Darley & Latané, 1968; Milgram & Hollander 1964). A bystander who intervenes needs to think about the possibility of their intervention having an adverse effect. Their decisions may not only have consequences for the victim but also for themselves (Latane & Darley, 1969). Violence could be redirected to the bystander, and if so, they face the risk of injury, or worst case scenario, a fatality (Latane & Darley, 1970). A less serious but also possible scenario could include being sued (Latane & Darley, 1970). Consequently, there are fewer positive outcomes for intervention in an emergency, at best, the bystander would feel a sense of pride, or the opportunity to be seen as a 'hero'. At worst, intervention could result in risk for not only the

victim, but the bystander who intervenes, and even others in close proximity (Latane & Darley, 1969). For this reason, a bias in favour of inaction usually exists, as the potential costs pressures bystanders to "ignore a potential emergency, to distort their perceptions of it, or to underestimate their responsibility for coping with it" (Latane & Darley, 1969, p 246).

Piliavin et al. (1981), like Latane and Darley, also introduced an intervention model that developed and further advanced the bystander theoretical framework. The bystander-calculus model implies that bystanders experience three stages of physiological and cognitive responses in the emergence of an emergency: physiological arousal; labelling the arousal; and evaluating the consequences (Crisp & Turner, 2020). According to Piliavin and colleagues, a bystander's initial response to an emergency is physiological. Specifically, an individual will experience a lowered physiological response, often a decrease in heart rate, which allows for the bystander to assess the situation and decide how to proceed without panicking; this is called an orienting reaction (Crisp & Turner, 2020). This is rapidly followed by a defence reaction, a dramatic increase in physiological response which prepares the bystander to act. Often referred to as fight or flight. Piliavin et al. (1981) found that the greater the level of physiological arousal, the greater the chance that the bystander will act.

Secondary to experiencing physiological arousal, the arousal has to be attributed to an emotion. Individuals experience physiological arousals in many different contexts and researchers believe that the physiological response to these different situations is similar, however, they are differentiated by the emotion that they are attributed to, i.e., anger, fear, joy (Crisp & Turner, 2020). For emergencies, the bystander calculus model determines that physiological arousal is attributed to personal distress, i.e., an increase in anxiety and discomfort at observing someone else suffer. Therefore, to reduce this unpleasant feeling, bystanders may be more inclined to intervene (Crisp & Turner, 2020; Piliavin et al., 1981). Thus this type of emotional response is focused on an individual's self-serving needs, i.e., there is a requirement to intervene to rid the bystander's distress, so that is the key motivation behind intervention (Crisp & Turner, 2020).

Another emotional response, identified by Thomas et al. (1981), is empathic concern. This response suggests that if there are similarities present between the bystander and the individual in distress, then the bystander can identify with them which evokes an empathetic response. Therefore, this emotional response is focused on a bystander's compassion and concern for others and is motivated by altruistic traits (Crisp & Turner, 2020; Thomas et al., 1981). Finally, having identified their physiological arousal as personal distress, bystanders then evaluate the costs of intervening before deciding whether to act, weighing up what would

be the best intervention method to reduce their personal distress at the lowest cost (Piliavin, 1981). To achieve this, bystanders must consider two types of cost: the *cost of helping* and the *cost of not helping* (Piliavin, 1981). There are costs associated with both helping and not helping. In relation to helping, the cost may involve the time it takes to intervene or the effort to think of a possible solution and how to implement that solution. The greater these costs, the less likely that a bystander will help (Piliavin, 1981). For not helping, the costs may involve personal costs, such as feeling guilty or at fault if they were unable to help in the situation (Piliavin, 1981).

To explain how the two types of cost interact and influence whether a bystander will intervene in an emergency, Piliavin and colleagues proposed a reward-cost model (Piliavin, 1981). They argue that the cost of helping and the cost of not helping will either be high or low, resulting in a possible four outcomes. When the cost of helping is low, but the cost of not helping is high, a bystander is likely to intervene in an emergency (Piliavin, 1981; Crisp & Turner, 2020). If a bystander witnessed a man collapse in the street, for example, there are minimal costs to helping (e.g., a perpetrator that might inflict violence towards the bystander) but, high costs of not helping (i.e. the man could die) thus a bystander is more likely to respond. When the cost of helping is low, but the cost of not helping is also low, societal norms will influence how the bystander responds (Piliavin, 1981; Crisp & Turner, 2020). In the same scenario, if the man did not collapse but fell over, a bystander that identifies strongly with societal norms of helping each other, will probably help them up, or at least ask if they are okay. When the cost of helping is high, but the cost of not helping is low, a bystander is very likely to ignore the incident and not intervene in the situation (Piliavin, 1981; Crisp & Turner, 2020). If the man was having an argument with another man, then the cost of helping could be high (as either of the men could have started being aggressive with the bystander), but the cost of not helping could be low (as the argument could sort itself out). Finally, if the cost of helping is high, but the cost of not helping is also high, a bystander may indirectly intervene, or alternatively try and lower the cost of not helping (Piliavin, 1981; Crisp & Turner, 2020). If the man was being physically assaulted by the other man, for example, a bystander may either try and contact the emergency services if they chose to indirectly help, or, lower the cost of their not helping by suggesting that it is nothing to do with them or interpreting the situation as not as serious as it first seemed.

In addition to these explanations, other factors have also been identified to impact bystander intervention, including: the amount of time that bystanders have to intervene in a situation (Darley & Batson, 1973); the quality of the bystander's mood (Holloway et al., 1977;

North et al., 2004); the type of day (whether it is a sunny temperate or cold intemperate day) (Bower, 1981; Cunningham, 1979); bystander's personality (i.e., bystanders with an internal locus of control are more likely to help); shared characteristics between a bystander and victim(s) (i.e., sexuality and race) (Dovidio & Gaertner, 1981; Ellis & Fox, 2001; Gaertner & Dovidio, 1977; Gaertner et al., 1982); attraction (Carvalho et al 2019; Lynn & Mynier, 1992); responsibility (whether they believed the victim deserved their misfortune) (DePalma et al., 1999; Halter, 2004; Ray et al., 1992); and the sex of the bystander (male bystanders are more likely to help female victims rather than male victims and female bystanders are more likely to help children and the elderly) (Eagly, 2009; Eagly & Crowley, 1986; Eagly & Wood, 1991; Laner et al., 2001; Levine et al., 2002). In particular, the sex of the bystander may have implications for intimate partner violence, depending on the sex of the victim.

6.4 The bystander model and intimate partner violence

There is a large focus on bystander literature, and it has explored both non-emergency and emergency situations, however, research into bystander intervention and intimate partner violence has been particularly limited, specifically when exploring differences in victim and perpetrator sex. Focussing on studies that have explored bystander intervention to intimate partner violence specifically, Leon et al. (2022) used vignettes to explore participant's willingness to intervene in hypothetical scenarios which varied across six dimensions: the situation triggering the violence (for example: "she does not want to go to the movies with him"); the type of violence (for example: "He insults her and begins to throw things all over the room"); the frequency of its occurrence (for example: "lately, it occurs frequency"); the origin of the members of the couple (for example: "both are foreign"); adherence to gender roles (for example: "she has a higher salary than his"); and the possible justifications for the violence (for example: "he has problems with alcohol"). Each participant read one vignette that included one of the four possible options for each of the six dimensions (see Leon et al., 2022 for a complete breakdown). After reading the vignettes, respondents were asked four questions relating to the scenario (perceived severity of the scenario, the responsibility attributed to the victim, and to the perpetrator, and their willingness to intervene in the scenario), three questions relating to intimate partner violence in general (acceptability of IPV, perceived frequency of IPV, concern about IPV) and they were asked to fill in the Classical and Modern Sexism Scale (Ekehammar et al., 2000). Logistic regression determined that just over 1 in four respondents

indicated that they would report the scenario they had read to the police. Concerncing the six dimensions of the vignettes, the type of violence and the justifying cause of the abuse were significant, signifying that participants were more likely to report incidents involving physical, sexual, or emotional abuse over controlling behaviour and incidents that involved a perpetrator who had problems with alcohol compared with those that did not. Furthermore, relating to the questions that were associated with the scenarios, severity was found to be significant, indicating that participants were more likely to intervene in the scenarios that were considered "very severe" in comparison to those that were perceived to be "not severe at all/ slightly severe". Finally, the perpetrator's responsibility was also significant with participants reporting that they were more likely to intervene in scenarios where the perpetrator was considered fairly responsible or very responsible compared to those where the perpetrator was considered not responsible at all or slightly responsible.

Similarly, Cinquegrana et al. (2017) also used vignettes to explore participants' willingness to intervene in scenarios which varied by either victim infidelity, alcohol use by the perpetrator, or a control condition. They also accounted for the bystander's sex. Their results determined that participants were less likely to intervene in the victim infidelity scenario and the alcohol use by the perpetrator scenario than in the control scenario. Furthermore, they found that women were less likely to intervene in IPV situations than men. Whilst these findings are important to partner violence research, a limitation of these two studies is their focus only on violence against women.

Otañez, (2018) in her thesis, explored bystanders' willingness to intervene in intimate partner violence situations, accounting for both the bystander's sex and the sex of the victim and perpetrator. Her results determined that respondents were more willing to intervene in an IPV incident that involved a female victim rather than a male victim. Relating to the bystander's sex, she found that male participants were overall less willing to intervene in a situation of IPV and that female participants were more willing to intervene indirectly if on their own, and directly if a friend or acquaintance was present. Furthermore, female victims were more likely to offer the victim emotional support. Whilst this study, out of the bystander and IPV studies already presented, is more harmonious with the present study of this thesis, there is a limitation to this study. The study utilised only a survey design, which can invite socially desirable responses from participants.

In terms of experimental designs that have explored bystander intervention in violent situations, there have been studies that have investigated intervention in various violent contexts (general violence; sexual violence and intimate partner violence). For example,

Borofsky, et al. (1971) assessed bystander intervention (accounting for the sex of the bystander) when violent fights occurred between altering gender combinations and same-sex pairings, however, there was no element of intimate partner violence within this methodology. Nevertheless, their results did determine some interesting findings as they found that more male participants attempted to intervene in all conditions, except the condition where a male was "injuring" a female, contrary to previous research that has suggested male bystanders are more likely to help female victims (Borofsky, et al. 1971; Laner et al., 2001; Levine et al., 2002). Similarly, Harari et al (1985) assessed male bystanders' intervention to a simulated rape scenario in a realistic setting. They found that males in groups intervened more frequently than individual bystanders, which is again conflicting to findings from other studies that suggest bystander apathy or a diffusion of responsibility (Darley & Latane, 1968; Latane & Darley, 1968).

Finally, Shotland and Straw (1976) conducted an experiment observing the differences in bystander intervention when a simulated violent fight occurred between a man (perpetrator) and a women (victim) who were portrayed as both strangers and a married couple. The purpose of this study was to identify whether bystanders would intervene at a more frequent rate when the man and the woman were perceived as strangers rather than married to one another, as stranger situations are believed to be more serious and incidents between romantic partners may be perceived as just a "lovers quarrel" (Shotland & Straw, 1976). Additionally, they investigated gender differences in bystander intervention. The results from this study determined that participants did intervene more frequently in the stranger situation than in the married couple situation. However, they found that bystander sex did not affect intervention. They concluded that if bystanders were not to know that the two people involved in an incident were strangers, then they are likely to believe that they are known to one another and possibly in a romantic relationship, therefore, inhibiting bystander intervention. Whilst this study provided interesting results to a necessary subject of research, they did not assess if the reverse sex (female perpetrator-male victim) altered the differences in intervention levels by bystanders. This approach is identical to more recent experimental research that also focuses on bystander intervention in violence against women (Pagliaro et al., 2020).

Further research in intervention and intimate partner violence, however, is essential. Intervention of partner violence incidents increases the possibility that a victim receives further help by seeking support from formal support organisations, such as the police (Cismaru, et al. 2010). But the majority of the literature has focused on professional intervention, i.e. policing and the criminal justice system to reduce violent behaviour, with limited attention to non-

formal, intervention i.e. bystanders. Previous research, however, has suggested that up to one-third of violent incidents (between partners) are witnessed by bystanders (Planty, 2002). Bystanders play an important role in intervening in domestic violence as Berk and colleagues (1984) found that half of the calls to the police in the United States regarding domestic violence incidents were made by third parties. Furthermore, Planty (2002) states, that when third parties did decide to intervene in a domestic dispute, they were more likely to help the situation than to make the situation worse and drastically increased the number of domestic violence disputes being reported. However, more often than not, third parties decided not to intervene. This is present in his results showing that in 44% of intimate partner incidents, third-party individuals did not help when witnessing an incident. Evidently, bystander intervention is an important factor in the prevention of IPV; therefore, research exploring the possible factors that inhibit or determine intervention by bystanders when witnessing an incident of intimate partner violence is needed. In particular, the focus on intervention of incidents with male victims of IPV needs to be assessed, to determine if gendered stereotypes impact bystanders' recognition of male victims, thereby preventing their intervention.

6.5 The present study

Therefore, the present research intends to combine elements of the aforementioned studies and expand on a study previously conducted by the researcher and colleagues (Hine et al, 2020) to explore participants' judgements of intimate partner violence both in specific scenarios and generally, between heterosexual couples perpetrated by both male and female perpetrators. Additionally, this study will explore how judgements impact whether bystanders will intervene in partner violence incidents depending on the sex of the victim and perpetrator. For judgements of the scenario, this will include: exploring participants' identification of the victim and perpetrator, judgements relating to the seriousness of the situation, judgements relating to how the situation should be resolved, and determining participant intervention in the situations. For judgements generally this will include, judgements relating to "typical" victim and perpetrator characteristics and judgements of available IPV support. This study develops on the previous studies for three reasons: firstly, this study accounts for both victim/perpetrator sex and bystander sex, to determine if there will be any differences in specified judgements and intervention by male/female participants depending on the sex of the victim/perpetrator.

Secondly, this study utilises audio recordings in place of vignettes to elicit the beliefs, attitudes, or behaviours of respondents with respect to the presented audio scenarios which will increase the validity of the results. Finally, this study utilises a mixed-method approach presenting qualitative results to complement the quantitative findings as the combination of the two types of data contributes both the detailed, contextualised insights of qualitative data and the generalisable, externally valid insights of quantitative data. Together, these two types of data provide a detailed narrative which offers a promising means of advancing the study of partner violence and bystander intervention.

The aim of the following study is to assess participants' judgements towards intimate partner violence scenarios and identify if these judgements are different depending on the sex of the bystander and the sex of the victim and perpetrator in the scenario. Furthermore, from the literature that has been produced, it is clear that there are conflicting results about when and why a bystander does or does not intervene, so this study also aims to add to this research and provide a further understanding of bystander intervention in intimate partner violence. Lastly, this study also aims to explore participants' judgements to partner abuse generally, and their understanding of available partner abuse support.

This study hypothesises the following:

H$_1$.   Will the participant's biological sex affect their judgement towards, the allocation of victim/perpetrator labels, severity, resolution, and potential intervention of the hypothetical scenario?

H$_2$.   Will the type of audio heard affect participants' judgements differently?

H$_3$.   Do these two factors have an interaction effect, influencing judgments made?

And the complementary research question is:

How will the participants explain their judgements of the scenarios, how does this impact their possibility of intervening in the same scenarios, and how does it impact their understanding of available IPV support?

6.2 Method

6.2.1 Design

This mixed method study used a 2 x 2 between-subjects quasi-experimental design. This design incorporated a questionnaire that invited both quantitative and qualitative responses. The quantitative analysis included utilizing Manovas, Anovas and Chi-square analysis, and the qualitative analysis utilised thematic analysis. The experiment utilised two independent factors each with two levels: The first independent variable 'biological sex' included levels, male and female; the second independent variable 'audio recording' included levels, male perpetrator-female victim, and female perpetrator-male victim. The dependent variable (judgements of scenario) consisted of twenty-nine questions which assessed the participants' perceptions of the scenarios, domestic disputes in general and available support for domestic disputes. These questions included allocation of victim/ perpetrator labels, victim/perpetrator characteristic questions, intervention questions, available help-seeking questions, and resolution/outcome questions. A pilot study consisting of 15 questions (see appendix E) was conducted prior to the experimental study to determine the validity and reliability of the two audio materials used in the experimental study.

6.2.2 Participants

Pilot study

Opportunity and snowball sampling were used to recruit university undergraduate students, who were the target sample for this pilot study and the experimental study. In total, 36 participants took part, consisting of 30 females and 6 males (as this pilot's purpose was to assess the consistency of participant answers about the reliability of the audio recordings, not factoring in gender as an IV, as in the experimental study, the dissimilarity in male and female participants is acceptable) (Connelly, 2008). Of these participants, half of the female (15) and half of the male (3) participants heard the male perpetrator/female victim audio recording and half of the female (15) and half of the male (3) participants heard the female perpetrator/male victim audio recording; every participant only heard one of the possible two audio recordings.

As this study was just a pilot for the purposes of assessing the validity of the two audio pieces, requesting other demographics (age, ethnicity) was not necessary.

Experimental study

Similar to the pilot study, opportunity and snowball sampling were used to recruit participants for the experimental study. A total of 160 participants started the study, however, 40 participants were excluded from taking part in the experiment as they stated that they had previously experienced some form of domestic abuse (see Table 14). This resulted in a total number of 120 participants completing the experiment consisting of 60 male participants and 60 female participants (see Table 14.). Of these participants, half of the male (30) and half of the female (30) participants heard the male perpetrator/ female victim scenario, and half of the male (30) and half of the female (30) participants heard the female perpetrator/ male victim scenario (see Figure 6.). The participant's ages ranged from 18 to 69 ($M = 27$, $Mdn = 24$ Note: 15 participants chose not to disclose their age) with the majority of participants falling between the ages of 20-26 (56 participants). Likewise, the participant's ethnicities also varied. As seen in Table 14., participants' ethnicities included, White, Asian or Asian British, Black or Black British, Mixed and Other ethnicities. Within these ethnic groups, British, Irish, Polish, Romanian, Mexican, Sri Lankan, Arab and Filipino were some of the examples that were listed.

Figure 6.

Depiction of the participant sampling for both the pilot and experimental studies
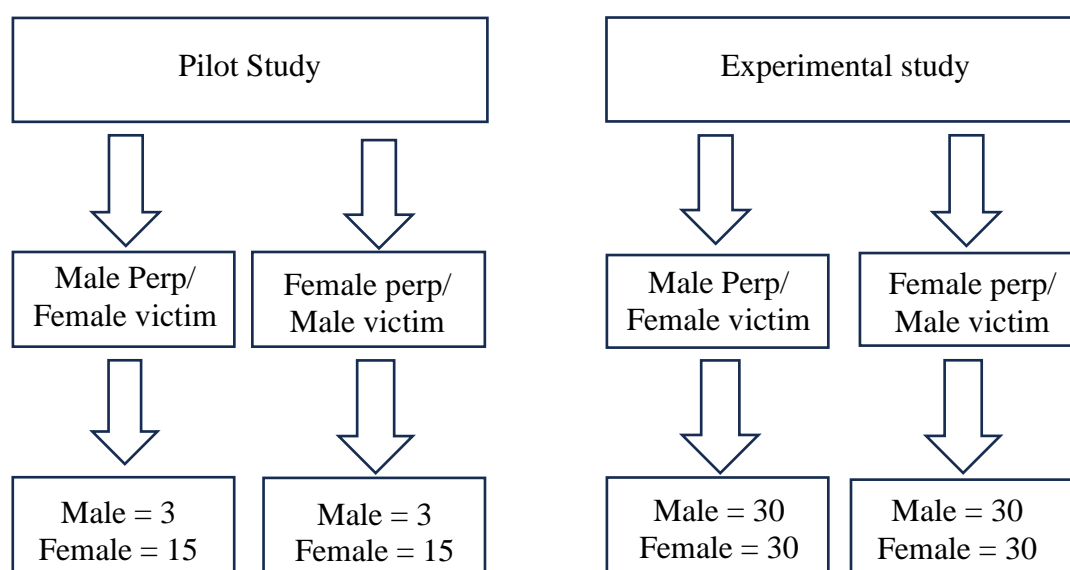
Table 14.

Descriptive statistics displaying participants' IPV history, their biological sex and ethnicity.

	Number of participants and overall percent	
	N	*%*
Have you ever been a victim of domestic violence before?		
Yes	40	25
No	120	75
What is your biological sex?		
Male	60	50
Female	60	50
What is your ethnicity?		
White	77	64.2
Asian or Asian British	22	18.3
Black or Black British	7	5.8
Mixed	6	5
Other Ethnic Group	8	6.6

6.2.3 Materials

Two materials were used in both the pilot study and the experimental study, the first was an audio recording and the second a questionnaire.

6.2.3.1 Audio recordings

An audio recording involving a domestic dispute between a heterosexual couple was created by the researcher for the use of this experiment. An audio piece was chosen due to vignette methods previously being used by the researcher in other works (Hine et al., 2020), and by many other researchers in their respective works (Aviram & Persinger, 2012; Hine, 2019; Horstman et al., 2019; Seelau & Seelau, 2005; Stalans, & Finn, 2000). Therefore, the researcher believed that the best way to add to the field of research would be to use a measure that has not been utilised in previous partner violence research whilst also increasing the validity of the research. The process of creating the audio began with writing the script that the

actors would use in the recording (see appendix G). To do this the researcher explored previous studies that have used vignettes in their methodology to provide context (Hine, 2019; Hine et al., 2020; Seelau & Seelau, 2005). The researcher also watched tv shows including documentaries (e.g., Abused by my girlfriend) that have covered the dynamics of partner violence and drama series (e.g., Eastenders) that included incidents of partner violence in their narratives to get ideas for the script. Through this process, the researcher also noted the types of abuse that were included in each respective piece (i.e., physical, emotional, sexual) to comprehend the types of abuse that should be included within the audio piece. From this investigation, the researcher deduced that the audio should include a progression of the types of abuse commencing with coercive and controlling behaviours, then transitioning to emotional abuse and finishing with physical abuse. Once the script was finished the researcher embarked on acquiring actors for the two available roles. The researcher posted an advertisement on the website StarNow, a platform for individuals to post available roles in film, television, theatre, music videos, commercials etc, and this search found two aspiring actors looking for experience. The two actors (male and female) and the researcher met at a recording studio that the researcher had access to, and the researcher explained the premise of the research. The researcher ensured that the actors knew that the audio would be recorded two times and that they would both be acting as the perpetrator and the victim. The script for both recordings was kept exactly the same to eradicate any concerns around validity. Once both audios were recorded the researcher manually added a slapping sound in both audios at the same time point to account for the physical element of violence. A pilot study was also conducted to ensure the validity of the two audios as a measure. The same two audios were then used in the experimental study.

6.2.3.2 Survey questions

Pilot study

The survey used in the pilot study consisted of 15 questions which aimed to measure the validity of the two audio recordings that would be used in the following experimental study. The questions that were used in the pilot survey, were formulated by the researcher, and included (N = 4) questions that invited a quantitative response (Likert scale) and (N = 11) questions that invited a free text response. The questions were divided into two subsections: questions about the scenario's content and questions about the study in general (see appendix

H). The questions included in the subsection about the scenario's content specifically acted as a control to ensure that participants could hear and understand the narratives included in the audio: *'In the example, you just heard, what was the perpetrator annoyed about?',* and identify with the components of the audio pieces: '*Can you describe at what points in the audio you believe you heard examples of abuse'.* The questions then that were included in the subsection about the study in general, acted as a measure to ensure that the topic of the study was clear and comprehensible: '*What do you think the purpose of this experiment was?'*. This question was especially important due to the participants initially being deceived about the true nature of this study (explained further in the ethical considerations section of this chapter). Finally, the questions *"In the scenario, you just heard, who would you identify as the victim" and "In the scenario, you just heard, who would you identify as the perpetrator"* (also present in the experimental survey) acted as a manipulation check, measuring whether participants perceived, comprehended, and/or reacted as expected to the portion of the manipulation of interest contained within the independent variable i.,e the audio recording, and determine that the IV was effectively manipulated.

Experimental study

The survey used in the experimental study consisted of 30 questions which included both questions that invited a quantitative response (Likert scale) and questions that invited a free text response. This survey, like the pilot survey, was created by the researcher. The content used to create the questions for this survey included the researcher's previous work, other domestic violence research that utilised surveys and questions formulated by bystander research (Hine et al., 2020; Latane & Darley 1970). The survey questions were divided into five subsections (see Appendix I). The first three subsections of the survey included questions relating to the audio pieces and the two latter subsections of the survey included questions relating to intimate partner violence in general (See appendix I). The first subsection named *'the allocation of the victim and perpetrator labels'* involved questions which asked participants to detail what they had heard: *'can you describe what you just heard?'* and specify whom they believed was the victim/perpetrator in their respective scenario: *'In the scenario, you just heard, who would you identify as the victim?'*. This subsection also acted as a manipulation check of the independent variable, audio recording. The second subsection named *'intervention questions'* involved questions which asked participants the likelihood that they would have intervened if they had witnessed their respective scenario: *'If you had witnessed*

this scenario alone, how likely it is that you would have intervened?'. Subsequently, if they stated that it was likely, how they would have intervened: *'What would you have done?'*, or if they stated that it was unlikely, the reasons why they would not have intervened: *'why do you think you would not have intervened?'*. The third subsection named *'resolution questions'* involved questions which asked participants to state whether they believed that the perpetrator in their scenario committed domestic violence: *'do you think the perpetrator in the scenario you heard committed domestic violence?'* and what they believed was the best possible way to resolve the dispute: *'what do you think would be the best possible way to resolve this dispute?'*. The fourth subsection named *'help-seeking questions'* involved asking participants if they knew what services were available for both female victims and male victims: *'would you know where to send a male victim of domestic violence for help?'*. Then finally, the last subsection named *'general partner violence questions'* involved asking participants to describe what characteristics they believed a 'typical' victim or perpetrator displayed: *'take a moment to think about what a 'typical' victim might look like and try and describe their characteristics'*. For the questions that invited a Likert scale response, the responses ranged from a 3 point Likert scale to a 7 point Likert scale with the responses varying depending on the question, an example of a Likert response includes (1) extremely serious (2) serious (3) neither serious nor not serious (4) not that serious (5) not at all serious (see Appendix I).

6.2.4 Procedure

Qualtrics, an online survey platform, was utilised to accumulate responses in both the pilot study and the experimental study. All participants were asked demographic questions, including age, ethnicity, and biological sex, prior to proceeding to the topic questions (see appendices H and I). Once the participants had filled in the initial demographic questions, they were randomly allocated to one of the two possible audio recordings (male perp/female victim or female perp/ male victim) and were informed that they would need a quiet space, or headphones available, to listen to the audio pieces. Both the pilot study and the experimental study were structured so that the two possible audio pieces were distributed equally to male participants and female participants. After all the participants had listened to one of the two, two-minute audio recordings, they were asked questions about the audio recording that they had heard and general partner violence questions.

6.2.5 Ethical considerations

This study was reviewed and ethically approved by the UWL ethics committee. Participants were recruited through direct and online recruitment as pre-outlined on the ethics form. All participants were presented with a participation information sheet prior to taking part in this study. The participation information sheet included deception about the topic of the study as the research team wanted to limit participants' pre-awareness of the true nature of the study, and that it involved domestic abuse. This was for two reasons: a) to prevent priming participants to respond that they heard domestic abuse if that is not what they believed that they had heard, and b) to limit any potential bias towards the two scenarios and following questions instigated by existing gender stereotypes. Therefore, the participation information sheet stated that the study's purpose was to explore societal perceptions of aggression. The participant information sheet also outlined that participants' information and responses to the survey would be kept confidential, that they had the right to omit any question that they did not want to answer and/or the right to withdraw from the study altogether. After the participation information sheet, all participants were presented with a consent form which required participants to agree to the criteria statements of the study, such as, that they were over 18 and that they had read the participation information sheet and agreed to participate. To assure that this experiment was not "triggering" to participants who had previously experienced a form of domestic abuse, a screening question was included, *"have you ever been a victim of domestic violence before?",* which prevented participants from continuing with the study. Finally, after every participant had completed the study, they were presented with a debrief form outlining that the study's actual purpose was to explore societal perceptions of intimate partner violence and specifically if there were differences in perceptions present between the sex combinations of the victim and perpetrator. The debrief form also disclosed the purpose of the deception and why it was necessary for the study. Participants were provided with both the researchers and the research teams email addresses and were aware that they could contact any one of them if they had any queries or concerns. The debrief form also included numbers for domestic abuse and mental health charities. Once all the data was collected, the participant's responses were analysed using SPSS version 27 software. All participant's responses were anonymous and only the researcher and research team had access to the data set.

6.3 Results

The first part of this section explores the findings of the pilot study. This consists of both quantitative and qualitative data. The questions included asked: whether the participants could understand what the content of the audio recordings was about; whether they believed it was representative of a partner violence incident; and what they believed the rationale behind this study was. The purpose of this section was to determine the validity of the audio recordings so that the researcher could ensure that these measures could be utilised in the following experimental study. This pilot also provided a manipulation check of the independent variable, audio recording, to ensure that the IV had been effectively manipulated. The second part of this section explores the findings of the experimental study. This section begins with outlining the types of analysis that were used in this study, including both quantitative and qualitative elements. Next, the findings of the quantitative data are provided for both questions that were associated with the content in the audio recordings specifically (such as, in the scenario you just heard, who would you identify as the victim?) and questions that were associated with intimate partner violence generally (such as, what do you think a female victim of domestic violence should do if they are experiencing abuse?). Finally, the findings of the qualitative data are provided for both questions that were associated with the content in the audio recordings specifically (such as, why have you identified this individual as the victim?) and questions that were associated with intimate partner violence generally (such as, why do you think you are not sure where to refer a male victim to?).

6.3.1 Pilot study

The pilot study aimed to measure the content validity of the two audio recordings that were used in the experimental study and provide a manipulation check of the independent variable, audio recording. Two quantitative questions and three qualitative questions were examined to measure the degree to which the two audio recordings adequately measure societal perceptions of partner violence. Similarly, two quantitative questions were also used as a manipulation check of the independent variable, audio recording.

Participants were first asked if they could understand the content of the audio that they had heard and identify that it was an incident of partner abuse. The purpose of this question was to ensure that participants could recognise that the relationship dynamic present within the audio was a romantic couple, even though the participant information sheet only specified aggression in a general matter. As seen in table 15, all participants (100%) that participated in the pilot study answered yes to this question.

Table 15.

Descriptive statistics displaying the number of participants that could understand the content of the audio recording.

	Could you understand what the content of the audio was about? (i.e., that it was a simulation of domestic abuse between a romantic couple)	
	F	*%*
Yes	36	100
No	0	0

Participants were also asked if they believed that the audio recording that they heard was representative of a domestic dispute. This question was asked to determine whether the content of the audio pieces resembled an incident in a real-life setting. As displayed in Table 15, 94% of the participants (34) stated that they believed the audio recordings were representative of a domestic dispute, with only 5.6% (2) stating that they were not representative.

Table 16.

Descriptive statistics portraying the number of participants who believed that the audio recordings were representative of a domestic dispute.

	Was this recording representative of a domestic dispute? (i.e., was it believable)	
	F	*%*
Yes	34	94.4
No	2	5.6

To further reinforce the answers provided for this question, the participants that stated that the recordings were representative of a domestic dispute were also asked to explain why they thought that they were representative. Participants' answers included:

"Because it shows a person who is insecure and frightened inside and so gaslights and controls their partner into submission via physical and mental abuse." (P3)

"Shows the emotional abuse by one partner who uses apologies to control and manipulate another." (P5)

"Domestic disputes tend to start with this type of everyday argument and escalate to physical abuse. The manipulative nature of the conversation is what you see happening in real life." (P7)

"The perpetrator acted how real perpetrators would have and her tone was quite believable." (P13)

"Contained emotion, physical and verbal abuse between two people in a relationship." (P16)

"It appeared to represent a situation in reality that could arise." (P20)

The two participants that stated that the audio recordings were not representative of a domestic dispute also provided reasons for their answers:

"The males' voice acting was unconvincing. The female gave the male no reason to become aggressive. The setting being a public place was strange as if the male was abusive, attracting attention to himself will cause more issues. There were no triggers for his sudden aggression as the female did seem to argue, simply having a conversation. The scenario was unrealistic in that sense." (P1)

"The conversation was unconvincing as things escalated quite fast. There were no triggers for the male to become abusive (the female had a calm tone and barely said anything)." (P10).

Finally, to ensure that the reason behind the use of the audio recordings and the purpose of the study was understood by participants, they were asked *'What do you think the purpose of this experiment was?'*. Participants' answers highlighted that they understood that the study was about recognising both male and female perpetration:

"To understand how domestic violence happens to male victims too" (P4)

"To see if I can identify a female abuser as well as I would identify a male abuser" (P7)

"I believe the purpose of this experiment was to see if people can identify abuse or the abuser." (P8)

"To identify who the victim and perpetrator were, and to see if individuals picked the female? gender stereotypes?" (P21)

"showcase domestic violence against men" (P27)

"To identify that females can be perpetrators too" (P36)

To assess the effectiveness of the manipulated independent variable, audio recording, half of the participants (18) heard the male perp/female victim scenario and half of the participants (18) heard the female perp/male victim scenario and all participants were asked "*'In the scenario, you just heard, who would you identify as the victim/perpetrator?'*. Results suggested that when participants were asked to identify the victim, for both scenarios, 100% of participants were able to identify the intended victim of their scenario as the victim. Similarly, when asked to identify the perpetrator, for the male perp female victim scenario, 100% of participants were able to identify the intended perpetrator of their scenario as the perpetrator, and for the female perpetrator male victim scenario 94% of participants were able to identify the intended perpetrator as the perpetrator. Together, the information present determined that the two audio recordings were effectively manipulated and that they did accurately measure societal perceptions of partner violence, as can be seen by the participants responses, identifying that the contents' purpose was to explore participants understandings of partner violence and that the sex of the perpetrator and the victim can be contradictory to typical stereotypes of partner violence. Therefore, it was concluded that they were an appropriate measure to utilise in the experimental study. As the pilot study ran accordingly and the results were as expected, there were not any modifications made to the main experimental study.

6.3.2 Experimental study

6.3.2.1 Explanation of analysis

Quantitative data: Chi-Square analysis was performed on data from questions that required a Likert response. Assumptions for Chi-Square were met, i.e. nominal variables, independent IV's, and participant's contribution of data to only one cell in the analysis (Field, 2018; McHugh, 2013). The rule for expected cell frequencies in Chi Square was accounted for in this study, which states that in 2 x 2 contingency tables there should be no cells with expected cell frequencies less than 5 and in larger contingency tables there should be no cells with expected cell frequencies less than 1 and no more than 20% of cell counts should be less than 5 (Cochran, 1954; Fisher 1925; Field, 2018; Sharpe, 2015). However, due to some of the 14 Chi-Square analysis conducted violating this assumption, Pearson Chi Square, Fischer Exact and Likelihood Ratio results were reported for the relevant Chi Squares to account for any loss in statistical power. (Field, 2018; Kim, 2017; McHugh, 2013; Özdemir, & Eyduran, 2005). Thus, the Fishers Exact test was reported for any 2 x 2 Chi Squares that violated the expected cell frequency assumption and the Likelihood Ratio was reported for any contingency tables larger than a 2 x 2 Chi Square that violated the expected cell frequency assumption (Field, 2018; McHugh, 2013; Özdemir, & Eyduran, 2005).

Pearson's *r* determined*,* through correlation of the dependent variables of interest, that a MANOVA was appropriate (3 out of the 3 correlations were significant, $p < .05$, all portraying moderate positive correlations). Therefore, a MANOVA was conducted on data from questions that required answers on a Likert scale. Likewise, the assumptions for MANOVA, as outlined in Tabachnick and Fidell (2019), were met and discussed in detail below:

- *Assumption 1*: All three dependent variables are ordinal variables that utilise a Likert scale measure, however, as all three Likert scales consist of five or more Likert categories they can be used as continuous variables for the purposes of MANOVA analysis (Johnson & Creech, 1983; Norman, 2010; Sullivan & Artino, 2013; Zumbo & Zimmerman, 1993).
- *Assumption 2*: The two independent variables (biological sex and audio recording) are both categorical variables which involve two or more independent groups.
- *Assumption 3*: There is independence of observations between groups, meaning that each participant only falls into one category/group of each independent variable.
- *Assumption 4*: This study has an adequate and equal sample size consisting of 120 participants. GPower, a statistical power software programme, concluded that for a medium

effect size of 0.0625 with a range of power at 0.8, a total number of 113 participants would be sufficient for this study design.

- *Assumption 5*: There are no multivariate outliers present within the data set. A Mahalanobis distance was conducted on the data to detect any multivariate outliers and no outliers were identified (<.001). The threshold value of .001 was recommended by Tabachnick and Fidell (2007) as they state a very conservative probability estimate for outlier identification is important due to MANOVA's sensitivity to outliers.

- *Assumption 6*: Multivariate normality was tested for in numerous ways. After splitting the data file on SPSS by both independent variables and running the explore analysis to present the tests of normality, the first test that was observed was the Shapiro-Wilk test of normality for each IV and DV combination. This test produced significant results for each combination, determining a violation in multivariate normality, however, researchers have defined that this test is best used for sample sizes of up to only 50 participants, which this study exceeds (Das & Imon 2016; Ghasemi & Zahediasl 2012). Therefore, the z scores for skewness and kurtosis for each dependent variable for each combination of the groups of the independent variables was determined. The range of which was acceptable for the z scores to be within and therefore considered normal was between -2 to +2 for skewness and -7 to +7 for kurtosis (Bryne, 2010; Hair et al., 2010; George & Mallery, 2010). Every combination bar one met this criteria. Therefore, a transformation of the relevant (non-normal) dependant variable on the category of the independent variable was considered, however, a transformation of one dependant variable for one group of the independent variable is not achievable, meaning that the dependant variable would have to be transformed for all categories of the independent variables (Field, 2018). As such, this can have negative consequences, as whilst the transformation might be successful for the dependant and independent combination variable with non-normal data, as the other combinations- that are normal- would have to be transformed too, this could turn their normally distributed data into non-normally distributed data. Furthermore, the central limit theorem (CLT) proposes that as a sample size increases, the distribution of sample means approximates a normal distribution with some psychologists stating that with a participant sample of more than 100 participants, normality can be assumed (Ghasemi & Zahediasl, 2012; Mishra et al., 2019). Finally, it has been suggested that *F* tests are robust against violations of the normality assumption, therefore, if normality has been violated a MANOVA can still be conducted regardless (Bray et al., 1985; Pituch & Stevens, 2016;

Weinfurt, 1995). For these reasons, a transformation was not applied to the data and the researcher proceeded to the next assumption accepting this assumption as having been met.

- *Assumption 7:* There was homogeneity of variance-covariance matrices, as assessed by Box's M test ($p > .001$). Due to the sensitivity of this test, the threshold for this assumption to be met and therefore assumed is $p > .001$ rather than $p > .05$ (Tabachnick & Fidell, 2019).

- *Assumption 8:* There was no multicollinearity (+/- .9 and higher). Bivariate correlations were run on all three dependant variables to determine the correlation coefficients. This displayed that all three dependant variables were correlated at a positive moderate level, (.3).

- *Assumption 9:* A scatter plot matrix was produced to determine multivariate linearity. This consisted of splitting the file by both independent variables and running the scatterplot matrix through the legacy dialog option so that a plot would be produced for each dependent variable for each group of the independent variables. Once the scatterplot matrix was generated, observation of each plot combination determined that a linear relationship did exist for two dependant/ IV variable combinations, the two dependent variables (questions) that involved the subject matter intervention, but not for the dependant variable that assessed the seriousness of the scenario. Therefore, to ensure maximum statistical power, this meant that a transformation of the non-linear DV was needed, or, for this DV to be removed from the analysis. However, as previously explained, a transformation is not always successful, so the decision was made to remove this dependant variable from the MANOVA analysis and continue with a two-way MANOVA with two independent variables and two dependant variables, instead of three, and run a separate two way ANOVA for the seriousness dependant variable. After removing this dependant variable, all the assumptions were retested with the two dependant variables to ensure reliability.

Qualitative data: The qualitative data in this study was analysed using thematic analysis, the same as in the first and second studies of this thesis, the qualitative data that was relevant to answering the research question was collected and transferred into a Microsoft word document. The data was then coded using Braun and Clarke's thematic framework (Braun & Clarke, 2006; 2012; 2022) (see Appendix J for an example transcript). The six steps that were used to analyse this studies data are outlined in detail in chapter four of this thesis. However, for this study, a bottom-up approach was used to analyse the data in comparison to a top-down approach, as the researcher analysed the data in segments (i.e. analysing specific questions) opposed to the data set as a whole (see qualitative analysis section for full breakdown).

6.3.2.2 Quantitative Analysis

This section incorporates the quantitative questions that are associated with the audio recordings and required participants to answer specific details about the content. This involved questions regarding, a) whom the participants identified as the victim and perpetrator, b) how serious they considered the scenario to be, c) whether they would intervene if they witnessed the scenario alone or with other bystander(s) present and d) What they believed was the best way to resolve the disputes.

6.3.2.2.1 Perceptions of and responses to the provided scenario

Victim and perpetrator labels

A 2 x 4 Chi-Square was used to determine who participants allocated as the victim within their respective scenario. The analysis showed a significant influence of audio recording (that the participants heard) on who participants allocated as the 'victim', $\chi^2 (2) = 86.92$, $p < .001$. Results indicated that, whilst the majority of participants were able to identify the victim in their respective scenario, participants were more likely to allocate both parties as the victim in the female perpetrator/ male victim scenario than the male perpetrator/ female victim scenario (see Table 17). This suggests in incidences where the female is perpetrating the abuse individuals are more likely to determine shared blame, suggesting that may be some reluctance in labelling men as victims, or misrecognition of female perpetration.

A secondary Chi-Square was used to determine participants' allocation of the perpetrator within their respective scenarios. Similarly, the Likelihood Ratio showed a significant influence of audio recording heard on who participants allocated as the 'perpetrator', $G^2 (3) = 113.97$, $p < .001$. Identical to the previous results, whilst most participants were able to identify the perpetrator in their respective scenario, results determine that shared blame was more likely to be allocated to the female perpetrator/ male victim scenario than the male perpetrator/ female victim scenario (see Table 17). Additionally, within this same scenario, there were participants who claimed that they were not sure who the perpetrator was, whilst in the male perpetrator/ female victim scenario, not one participant claimed that they were not sure who the perpetrator was. This further reinforces the conclusions made from the previous Chi square analysis.

Table 17.

Cell counts (and percentages) for participants' allocations of victim and perpetrator for both audio recordings.

		The male	The female	Both	I'm not sure
Who is the Victim?	M Perp F Victim	5 (8.3%)	54 (90%)	1 (1.7%)	0
	F Perp M Victim	48 (80%)	3 (5%)	**9 (15%)**	0
Who is the Perpetrator?	M Perp F Victim	56 (93.3%)	4 (6.7%)	0	0
	F Perp M Victim	3 (5%)	51 (85%)	**3 (5%)**	**3[3] (5%)**

Seriousness and intervention

A 2 (male/ female) x 2 (MPFV/ FPMV) ANOVA was also conducted to evaluate the effect of participant biological sex and audio recording heard on how serious participants believed the scenario they had heard to be. Results indicated that there was a main effect of audio heard, $F(1, 116) = 6.69$, $p < .05$, partial $\eta^2 = .055$, on participants perceptions of the seriousness of the incident. Mean differences indicated that participants felt the male perpetrator/ female victim scenario (M = 4.48, SD = .537) was more serious than the female perpetrator/ male victim scenario (M = 4.15, SD = .860, see Table 18). Suggesting that when the perpetrator is male, incidents of IPV are considered more serious than when an incident involves a female perpetrator. The main effect for biological sex was also explored, however, this reported to be not significant, $F(1, 116) = 3.28$, $p = .073$, partial $\eta^2 = .027$. The interaction effect of biological sex and audio heard on perceptions of the seriousness of the incident also reported to be not significant, $F(1, 116) = 2.40$, $p = .123$, partial $\eta^2 = .020$.

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[3] Items in bold represent data of interest.

Table 18.

Descriptive statistics showing participants perceptions of how serious the scenario they heard to be, split by participant sex.

Sex	Audio heard	M	SD	N
Male	M Perp F Victim	4.47	.571	30
	F Perp M Victim	3.93	.980	30
	Total	4.20	.840	60
Female	M Perp F Victim	4.50	.509	30
	F Perp M Victim	4.37	.669	30
	Total	4.43	.593	60
Total	M Perp F Victim	4.48	.537	60
	F Perp M Victim	4.15	.860	60
	Total	4.32	.733	120

Note. M = Mean, SD = Standard deviation

A 2 (male/ female) x 2 (MPFV/ FPMV) MANOVA was secondly conducted to determine the effect of participant biological sex and audio recording heard on whether the participants would intervene alone (DV1) and intervene if another or other bystanders were present (DV2). The interaction effect between the two IVS on the combined DVS was firstly explored and determined that participant sex and audio heard on the combined dependant variables was not statistically significant, $F(2, 115) = 1.924$, $p = .151$, Wilks' $\Lambda = .968$, partial $\eta^2 = .032$. Therefore, an interpretation of the univariate interaction effects was not explored and instead the main effects were investigated. The main effect of participant sex on the combined dependant variables was not statistically significant, $F(2, 115) = 2.194$, $p = .116$, Wilks' $\Lambda = .963$, partial $\eta^2 = .037$. However, there was a statistically significant effect of audio heard on the combined dependant variables, $F(2, 115) = 6.078$, $p = .003$, Wilks' $\Lambda = .904$, partial $\eta^2 = .096$. Therefore, follow up univariate two-way ANOVAs were run to explore the main effects for audio heard. Results showed that there was a statistically significant main effect of audio

heard for if participants had witnessed their respective scenario alone, $F(1, 116) = 12.121$, $p =$ .001, partial $\eta^2 = .095$, and, if other bystanders were present, $F(1, 116) = 6.347$, $p = .013$, partial $\eta^2 = .052$. Examining the mean differences for audio heard on both dependant variables the results show that participants would more likely intervene (alone or if there were other bystanders present) in the male perpetrator/ female victim scenario than the inverse (see Table 19). Taken together with the previous ANOVA result (testing seriousness), this might suggest that participants perceive a male perpetrator as more serious than a female perpetrator therefore necessitating more help from third parties.

Table 19.

Descriptive statistics indicating whether participants would intervene alone or if other bystanders were present in their respective scenario, split by participant sex.

	Sex	Audio Heard	M	SD	N
If you had witnessed this scenario alone, how likely is it that you would have intervened?	Male	M Perp F Victim	3.80	1.24	30
		F Perp M Victim	2.67	1.12	30
		Total	3.23	1.31	60
	Female	M Perp F Victim	3.47	1.17	30
		F Perp M Victim	3.13	1.07	30
		Total	3.30	1.12	60
	Total	M Perp F Victim	3.63	1.21	60
		F Perp M Victim	2.90	1.12	60
		Total	3.27	1.21	120
If another/ other bystander(s) was present when you witnessed this scenario, how likely is it that you would have intervened?	Male	M Perp F Victim	3.70	1.02	30
		F Perp M Victim	2.93	1.05	30
		Total	3.32	1.10	60
	Female	M Perp F Victim	3.73	.94	30
		F Perp M Victim	3.57	1.04	30
		Total	3.65	.99	60
	Total	M Perp F Victim	3.72	.98	60
		F Perp M Victim	3.25	1.08	60
		Total	3.48	1.05	120

For participants who answered 'unlikely' or 'extremely unlikely' to the question, *"if you had witnessed this scenario alone, how likely is it that you would have intervened?"*, they were then asked, *"Why do you think you would not have intervened?"*. Two 2 x 6 Chi-Squares were conducted to determine if biological sex (Chi-Square 1) and audio heard (Chi-Square 2) had an association with the reasons they chose not to intervene. The analysis revealed a significant association between participant sex and why participants chose not to intervene when witnessing their scenario alone, $G^2(4) = 9.52$, $p < .05$. Observing the cell counts represented in Table 20, it is apparent that for both males and females, the most likely reason that participants would not have intervened is due to not knowing how they could help the situation. It is also apparent that for males, a high count believed that the incident had nothing to do with them, whilst for females, it was in relation to fear of violence being inflicted on them also. These results suggest that female participants are more concerned about violence being inflicted on themselves when intervening in IPV incidents, whilst, for male participants, violence being inflicted on them is not so much of a concern. This may be due to natural physical differences between men and women, i.e., strength, that are more concerning for a female bystander than a male bystander. Alternatively, this may also suggest that typical stereotypes about men, i.e., aggressive, extend to female participants influencing their decisions to intervene. The analysis for audio heard and why participants chose not to intervene when witnessing their scenario alone found a non-significant association, $G^2(4) = 3.49$, $p > .05$.

Table 20.

Cell counts (and percentages) presenting participants' reasons why they would not intervene if they had witnessed their respective scenario alone.

		Not sure of how to help	Unsure if violence would also be inflicted on myself	It is nothing to do with me	The victim probably deserved it	Domestic disputes should be dealt with by those involved and no one else	Other
Sex	Male	**9** **(45%)**	1 (5%)	**8** **(40%)**	0	1 (5%)	1 (5%)
	Female	**9** **(47.4%)**	**6** **(31.6%)**	2 (10.5%)	0	0	2 (10.5%)
Audio heard	M Perp F Victim	5 (41.7%)	4 (33.3%)	2 (16.7%)	0	0	1 (8.3%)
	F Perp M Victim	13 (48.1%)	3 (11.1%)	8 (29.6%)	0	1 (3.7%)	2 (7.4%)

For participants who answered "likely' or 'extremely likely' to the question, *"if you had witnessed this scenario alone, how likely is it that you would have intervened?",* they were then asked, *"What would you have done?"*. Another two 2 x 6 Chi-Squares were conducted to determine if biological sex (Chi-Square 1) and audio heard (Chi-Square 2) had an association with participants chosen intervention method. Reflecting the previous Chi-Square, there was a significant association between participant sex and their chosen intervention method when witnessing their scenario alone, $G^2(4) = 11.39$, $p < .05$. Interestingly, results signified that both males and females were more likely to approach the perpetrator and stand up to them than call a domestic abuse hotline/organisation or call the police (see Table 21). This result may suggest that participants are not sure of available domestic abuse hotlines to contact, or that participants may not have confidence in the police to help. Also alike the previous Chi-square a non-significant association of audio heard and chosen intervention was found, $G^2(4) = 1.52$, $p > .05$.

Table 21.

Cell counts (and percentages) representing participants' intervention choices if they had witnessed their respective scenario alone.

		Try to talk to the couple	Call a domestic hotline/ organisation	Call the police	Approach the perpetrator and stand up to them	Other	Prefer not to say
Sex	Male	9 (37.5%)	**4 (16.7%)**	3 (12.5%)	**8 (33.3%)**	0	0
	Female	7 (22.6%)	**2 (6.5%)**	7 (22.6%)	**8 (25.8%)**	7 (22.6%)	0
Audio heard	M Perp F Victim	9 (25.7%)	4 (11.4%)	6 (17.1%)	12 (34.3%)	4 (11.4%)	0
	F Perp M Victim	7 (35%)	2 (10%)	4 (20%)	4 (20%)	3 (15%)	0

For participants who answered 'unlikely' or 'extremely unlikely' to the question, *"if another/ other bystander(s) was present when you witnessed this scenario, how likely is it that you would have intervened"*, they were then asked, *"Why do you think you would not have intervened?"*. Two more 2 x 4 Chi-Squares were conducted to determine if biological sex (Chi-Square 1) and audio heard (Chi-square 2) had an association with the reasons they chose not to intervene when other bystanders were present. For participant sex, cell counts, shown in Table 22, suggests that the most likely reason that a male participant would not intervene if other bystanders were present is because they would expect others to also react to an emergency, so if they did not, they would not perceive the situation as an emergency (pluralistic ignorance). Or, due to believing that another bystander would assist instead (diffusion of responsibility). Likewise, diffusion of responsibility is also the most likely reason why a female participant would not intervene if other bystanders were present, together with fear of doing something wrong. For audio heard, diffusion of reasonability and pluralistic ignorance was also the most selected answer across both audio recordings. However, when assessing the Likelihood ratios for both Chi-Square's, both participant sex, $G^2(3) = 2.65$, $p > .05$, and audio heard, $G^2(3) = 1.21$, $p > .05$, were found to be non-significant, meaning that no associations were found.

Table 22.

Cell counts (and percentages) presenting participants' reasons why they would not intervene if they had witnessed their respective scenario whilst other bystanders were present.

		Afraid I would do something wrong or mess up in front of onlookers	Believe the other bystanders would help instead	If others do not react in the way I would expect them to, then it must not be an emergency	Other bystanders might perceive me as the perpetrator
Sex	Male	3 (18.8%)	5 (31.3%)	6 (37.5%)	2 (12.5%)
	Female	3 (37.5%)	3 (37.5%)	2 (25%)	0
Audio heard	M Perp F Victim	1 (14.3%)	3 (42.9%)	2 (28.6%)	1 (14.3%)
	F Perp M Victim	5 (29.4%)	5 (29.4%)	6 (35.3%)	1 (5.9%)

Participants were then asked what they believed was the best possible way to resolve this dispute. To determine whether an association existed between participant sex and audio heard on their responses to this question, two 2 x 5 Chi-Squares were conducted. Cell counts (as seen in Table 23) suggest that across both IV's, most participants believed contacting a domestic abuse hotline would be the best way to resolve the disputes. Interestingly, the second most selected response was that the couple should talk things through and resolve the situation between themselves. Even over the option of police involvement. But the Chi-Square results determined that there was not a significant influence of participant sex on what participants believed was the best way to resolve the disputes, $\chi^2(4) = 5.17$, $p > .05$, nor a significant influence of audio heard on what participants believed was the best way to resolve the disputes, $\chi^2(4) = 4.81$, $p > .05$.

Table 23.

Cell counts (and percentages) portraying what participants believed would be the best way to resolve the dispute that they had heard.

		Couple should talk things through and resolve the problem on their own	Friends/ family should intervene	Domestic abuse hotline	Police involvement	Other
Sex	Male	11 (18.3%)	10 (16.7%)	22 (36.7%)	6 (10%)	11 (18.3%)
	Female	9 (15%)	7 (11.7%)	28 (46.7%)	11 (18.3%)	5 (8.3%)
Audio heard	M Perp F Victim	6 (10%)	11 (18.3%)	26 (43.3%)	9 (15%)	8 (13.3%)
	F Perp M Victim	14 (23.3%)	6 (10%)	24 (40%)	8 (13.3%)	8 (13.3%)

This section incorporates quantitative questions that are associated with intimate partner violence generally. This involves understanding if participants would know where to refer a male victim and female victim of partner violence to for support, and asking participants what they believed both a male and female victim of partner violence should do if they are experiencing abuse.

Knowledge of available support

A further two (2 x 3) Chi-Squares were performed to identify if participant sex had an association with whether participants knew where to send a male (Chi-Square 1) and female (Chi-Square 2) victim of partner violence to for support. The results found a non-significant association between participant sex and whether participants knew where to send a male victim to, $\chi^2(2) = 1.67, p > .05$. However, a significant association was found between participant sex and whether participants knew where to send a female victim to, $\chi^2(2) = 8.33, p < .05$. Observing the cell counts for this Chi-Square (see Table 24), whilst the majority of participants across both IV's (48%) stated that they would know where to send a female victim of partner violence, there was a substantial number (33%) that was not sure. Furthermore, it also is apparent that male participants (26%), more so than female participants (10%), did not know where to send a female victim to. These results may suggest that domestic violence charities are not universally recognised amongst the general population. It seems that there is still some individuals who do not know what available support there is for female victims of partner violence.

Table 24.

Cell counts (and percentages) displaying if participants would know where to send a male and female victim of domestic violence to.

		Yes	No	Not Sure
Would you know where to send a female victim?	Male	22 (36.7%)	**16 (26.7%)**	22 (36.7%)
	Female	36 (60%)	**6 (10%)**	18 (30%)
Would you know where to send a male victim?	Male	16 (26.7%)	21 (35%)	23 (38.3%)
	Female	21 (35.6%)	15 (25.4%)	23 (39%)

Resolution

Finally, frequencies were assessed to determine what participants believed a female victim and male victim of partner violence should do if they are experiencing abuse. Table 25 represents participant responses; frequencies suggest relatively equal responses for both male and female victims. It seems that most participants believed that reporting the incident to the police/ domestic abuse charity or leaving the relationship was the most rational answer. What is interesting, despite the moderately small difference in frequencies, is for the male victim question, more participants selected leaving the relationship than reporting the incident. Furthermore, there were double the 'not sure' responses for the question regarding male victims than for female victims. Likely suggesting that some participants may be more unsure of what a male victim should do than what a female victim should do. However, considering the frequencies collectively, these results do suggest improvements in judgements towards male victim scenarios as participants recommended that male victims should equally report their experiences as female victims should, indicating that participants are likely recognising the importance of male and female victims receiving identical support.

Table 25.

Frequencies (and percentages) demonstrating participants responses to what they believe a male and female victim should do if they are experiencing abuse. Note: participants could select more than one answer.

	What do you think a female victim of partner violence should do if they are experiencing abuse?		What do you think a male victim of partner violence should do if they are experiencing abuse?	
	F	*%*	*F*	*%*
Report it to the police or domestic abuse hotline	99	82.5	92	76.6
Leave the relationship	93	77.5	93	77
Tell friends and family	88	73.3	84	70
Nothing	0	0	0	0
Not sure	3	2.5	6	5
Other	10	8.3	8	6.6

6.3.2.3 Qualitative Analysis

Table 26.

Table of themes and sub-themes portraying patterns that emerged from the qualitative data.

Master Theme	Sub theme	Supporting Quote
Language used to describe the scenarios	Male perpetrator female victim	"She was being abused and gaslighted"
	Female perpetrator male Victim	"He lets the woman abuse him"
Types of intervention	Reversed roles bias	"Yes- may have been a bit more likely to intervene if the victim was female."
	Advice bias	"Do you still feel as though you need to be with him?"
Stereotypes about victims and perpetrators of IPV	Typical victim	"Woman, any build"
	Typical perpetrator	"Male"
Knowledge of available support	Referring female victim	"Women's aid. Refuge. Victim support."
	Referring male victim	"My impression is that abuse organisations primarily cater for female victims."

Table 26 represents the patterns of data that emerged from the qualitative responses within the dataset. Four master themes were identified each consisting of two sub-themes. These will be discussed in detail within this section of the chapter.

This section incorporates the qualitative questions that are associated with the audio recordings and required participants to answer specific details about the content. This included descriptions of what the participants had heard and detailing the reasons behind their identification of the victim and perpetrator in their scenario.

Language used to describe the scenarios

This master theme was constructed from the questions "can you describe what you just heard?" and "why did you identify this individual as the victim/perpetrator?". It consists of two sub-themes: male perpetrator/ female victim and female perpetrator/ male victim.

Male perpetrator/ female victim

When participants were asked to specify what they had heard in the audio recording that was randomly allocated to them, participants who had heard the male perpetrator and female victim scenario used different language than that that was found in the female perpetrator and male victim scenario. This included two forms of language: the words that they used to describe what they had heard and the strength of the language that they used to describe what they had heard. Participants in this category (MPFV), for example, used language to stipulate that they had heard an incident of domestic violence/partner abuse signifying that they had identified what they had heard was an incident of partner abuse:

> *"They were arguing about the female going out with her friends. The signs point towards a case of **domestic abuse**."* (P54)

> *"Two people in an intimate relationship where the female voice is a victim of **domestic violence** (physical and emotional)."* (P66)

Even if participants had not specifically labelled that the scenario was an incident of partner abuse, they used formal language/ terminology to represent the elements or types of partner abuse:

> *"A male boyfriend is verbally and then **physically abusing** his female girlfriend."* (P28)

> *"A man obsessing about his partner going out with her friends. He is clearly **manipulating her** about her friends being a negative influence for her"* (P31)

> *"**Coercive control**, bullying, gaslighting from a guy towards his partner"* (P3)

> *"A man's voice who is trying to control, **manipulate and gaslight** his girlfriend"* (P10)

Relating to the strength of the words that were used to describe what the participants had heard in the MPFV audio recording, participants used much stronger language to explain the situation that they had heard:

> *"An insecure controlling **low-value male** doesn't like that his female partner has friends, and uses physical violence when he thinks he doesn't get his way. He tries to make her feel like it is her fault"* (P72)

> *"Boyfriend being a **dickhead** and gaslighting his girlfriend"* (P47)

These findings were similarly found in the participant's responses to whom they identified as the perpetrator with participants communicating much stronger expressions when they identified the perpetrator as male than what was found when participants identified the perpetrator as female:

> *"He uses intimidation, manipulation, and violence to get what he wants because he is a **fucking loser**."* (P72)

> *"He is shaming, blaming, insinuating, and manipulating the victim. In a public place-**disgusting**."* (P144)

Taken together, these results signify that participants may consider male-perpetrated partner violence to be more serious than female-perpetrated violence and hold male perpetrators much more accountable than female perpetrators.

Female perpetrator/ male victim

When observing the responses for the female perpetrator and male victim scenario, however, what became apparent was that there was some hesitance in labelling the scenario as partner abuse. Instead, a number of variations to explain the situation was identified:

> *"**A conversation** between 2 people in a relationship including a very manipulative and possessive girlfriend"* (P12)

*"I heard a **woman talking to her boyfriend** about a night out he wanted to go on while she didn't want him to go"* (P19)

*"In **the audio conversation**, there is a couple who is having a conversation where a girl is agitated at the boy"* (P55)

*"**A female partner asking** where her male partner was going and not being impressed with it"* (P107)

This suggests that female-perpetrated violence may not be viewed as serious as male-perpetrated violence and therefore not need to be labelled in the same way. Equally, instead of using formal terminology to explain the types of abuse that were present in the scenarios, slang terminology was used, which likewise reduces the seriousness of the incident and suggests that participants may not hold female-perpetrated violence at the same importance as male-perpetrated violence:

*"The **female nagging** her partner because he wants to go out with his friends and she doesn't want him to."* (P151)

*"The man sounds like he is being **henpecked** and needs to have a break from her overbearing attitude"* (P2)

What's more, participants made significantly more references to the female perpetrator experiencing paranoia, insecurity, or obsession than to the male perpetrator :

"Paranoid girlfriend plus she seems obsessed as well" (P105)

"The woman is insecure and paranoid" (P84)

"A female partner who is paranoid about her boyfriend in every way possible; is he going to cheat on her? Is he going to overspend? Is he going to act differently around his friends? etc. She sounds very possessive and wants to control him" (P121)

"A very controlling girlfriend who is paranoid and some way insecure" (P137)

Possibly suggesting that participants attribute paranoid, obsessive, and insecure behaviour to females more so than males.

Interestingly, when exploring the participant responses who had identified the male as the victim, whilst there were individuals who recognised that the behaviour he was exposed to

was not acceptable, there were others that actually suggested that he was the victim due to letting the female perpetrator abuse him:

>"He lets the woman abuse him." (P77)

And that he should have tried to challenge her behaviour, or he came across as weak:

>"He sounds subdued almost timid at times. His responses to her accusations are weak, he doesn't try very hard to challenge her" (P27).

Finally, when exploring the reasons that participants had identified the perpetrator in their scenario as female, there was evidence of possible excuses or reasons that the female might have perpetrated violence, whereas for the male perpetrator responses, this was not the case:

>"The girl got angry at the guy for meeting his friends and maybe not spending time with her." (P51)

>"Women in the recording was being paranoid, and she worried that the man (her beloved / boyfriend?) will break up with her ultimately after hearing anything from his friends." (P141)

>"However, we do not know all the details, maybe the guy's friends really are malicious" (P7)

>"Whilst there may be reasons for the female's overreaction to his appointment, these are not made clear." (P56)

>"The female is a victim too because there must be something in her history that has caused her to feel so possessive. Has she been a victim of domestic abuse herself in the past or has see grown up in a similar environment so she knows no better?" (P121)

>"The female is telling her partner she doesn't want him to go out but maybe the male friends are untrustworthy and there is a history of cheating. The female may have been pushed by her partner to act out like this" (P151)

This master theme was constructed from the questions "Do you think you would have acted differently if the sex of the victim and perpetrator were reversed?" and "if the victim in your scenario asked for advice, what advice would you give to them?". It consists of two sub-themes: reversed roles bias and advice bias.

Reversed role bias

Participants were asked to picture the scenario that they heard and imagine the roles had reversed and the sex of the victim and perpetrator had reversed (i.e. if they had heard the male perpetrator and female victim scenario, they were asked to picture a female perpetrator and male victim scenario) and specify if they believed they would have intervened, intervened differently, or not intervene at all. For participants who had heard the MPFV scenario, and so were answering this question relating to the FPMV scenario, responses suggested that participants believed that they would have acted differently:

> *"Interesting question. I probably would have not said anything, which is weird. I would have probably just ignored them."* (P144)

> *"I would still feel that same way however I would be a lot less likely to intervene"* (P106)

> *"Although I think both are bad I think in a real life situation I would have been more hesitant around calling the police."* (P152)

Specifically, participants stated that they probably would not have intervened due to believing that men are physically stronger and therefore can stand up for themselves against a female perpetrator:

> *"There could be a chance the woman could hurt him although it would not be the same damage caused. If the woman was the perpetrator and hit him I do not know how I would react. On the one hand it would be wrong but on the other hand he has more ability to protect himself than if it were happening to a woman."* (P15)

> *"I would probably not feel like the male needed help. I would assume he could handle it himself."* (P42)

"Yes, the average women is not capable of physically hurting the average man. I would let the woman know I was observing her. (P75)"

"Both situations are wrong but unfortunately, I think biases may have stopped me from intervening if the genders were reversed because I would perceive the man as being able to stand up for himself more." (P96)

"Yes, I think we as a society do not see a woman being violent towards a man as serious as we have gender stereotypes around men being stronger and women as more weak." (P152)

Or, because they thought that the perpetrator had instigated the situation:

"Possibly bias would have led to an assumption that the male had initiated the exchange" (P13)

For participants who had heard the FPMV scenario, and so were answering this question relating to the MPFV scenario, responses also suggested that participants believed that they would have acted differently. For instance, some participants suggested that if the incident had involved a female victim and a male perpetrator that they were more likely to intervene:

"Yes - may have been a bit more likely to intervene if the victim was female." (P47)

"I think I would more likely intervene if it was a male perpetrator" (P56)

Both directly and indirectly:

"Probably I would have called the police instead of just talk to the perpetrator" (P1)

"I would have been more likely to urgently talk to the victim. Maybe I would be more likely to call the police. This is because typically men are more easily able to overpower a woman rather than the other way around, so I would feel that if the victim was female they would be in more danger, as they are less likely to do anything if they are being hurt." (P7)

"I would have hit him in the face with a closed fist repeatedly." (P72)

Others suggested that they were less likely to intervene:

"I would have been more sure not to intervene." (P16)

"I feel like it would be more difficult for me to confront a male predator than a female predator" (P12)

"I think I would have felt more worried if it was a man as females tend to come off worse in those situations." (P19)

Especially if they were a female bystander:

"As a small framed woman myself, if the perpetrator was a large man I too would be frightened and therefore disempowered to help." (P46)

"As a female, I would have been very scared of the male myself and more worried about the risk of escalating violence during and also after I had left if intervening in front of the male" (P49)

Finally, participants mentioned that individuals are almost programmed by society to think about partner violence in a certain way:

"I think we tend to think of perpetrators as male and victims as female. The media and social media tends to influence us that way." (P85)

And consequently, societal norms were produced that influenced individuals to think about partner violence in a certain way, i.e., men should not hurt women:

"Yes, probably. Society and the family I have been brought up in means that a male must never hit a female." (P121)

"A man shouldn't hit a woman." (P151)

Advice bias

When participants were asked what advice they would provide to the victim in their scenario, results showed that for a female victim, the majority of the advice was very direct, and included leaving the relationship:

"Do you still feel as though you need to be with him?" (P28)

"Leave him asap , you can do so much better" (P47)

"Leave the man, he is a dangerous bully who will likely eventually hurt her badly." (P75)

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> *"To get away from the man as soon as possible."* (P132)

And seeking professional support:

> *"To contact women's aid for advice"* (P3)

> *"To receive therapy or counselling and report the perpetrator to police as domestic violence is a punishable crime"* (P10)

> *"Direct them to a local domestic abuse helpline"* (P20)

However, advice for a male victim presented as very different. Instead of immediately suggesting that the victim leave their relationship or seek support, there were recommendations that they should try and talk it through:

> *"Try to be patient and communicate"* (P33)

And understand their partner's motives:

> *"Just try to understand your partner"* (P149)

> *"Have a discussion with their female partner, exploring the reasons why she might be so possessive. If the male partner knows the reasons behind the behaviour, he could then remind the female when she is becoming possessive of her behaviour and why she does it."* (P121)

Suggesting that it is the male victim's responsibility, rather than the female perpetrator, to identify why he is experiencing abuse and to try and monitor his abuser's behaviour in the future to stop further abuse. Interestingly, it seemed that for male victims to be advised to leave their relationship or seek support, it was only suggested if the abuse had occurred on more than one occasion:

> *"That if this is not the first time to leave the perpetrator and to go to the police"* (P1)

> *"Try communicate so the other person doesn't feel insecure or leave them if it's a continuous thing."* (P137)

This section incorporates qualitative questions that are associated with intimate partner violence generally. This included asking participants what typical characteristics they believe describe a victim and perpetrator and where specifically they would send a male and female victim of partner violence too for support.

Stereotypes about victims and perpetrators of IPV

This master theme was constructed from the question "Take a moment to think about what a typical victim/ perpetrator might look like and try to describe their characteristics" It consists of two sub-themes: Typical perpetrator and typical victim.

Typical perpetrator

Asking participants to specify characteristics that they believe typical perpetrators of partner violence possess found interesting but somewhat anticipated results. Unsurprisingly, a lot of participants referred to a specific sex:

"Man in 30s. Tall and muscular with broad shoulders" (P7)

"Tall strong man. Could also be any age." (P8)

"Man, age similar to victim - youth/middle aged." (P20)

"Male" (P56)

"Tall male who is older than the female" (P36)

"Man, also in his thirties or forties, muscular, tall, strong, aggressive, loud, alcoholic." (P46)

"Male, hunched over, darting eyes, fidgety" (P72)

Others did not refer to a specific sex, but the descriptive language used and the indicated characteristics that were outlined are more likely to be attributed to males more than females:

"Tall in height, strong build, older than the victim, low self-esteem, control issues."
(P25)

"Tall, muscular, older" (P16)

"Tall, older, strong, scary" (P11)

"Strong, masculine, older than victim" (P33)

"Muscular and tall like 6ft and over, Aged 30 and over" (P42)

"Angry, cocky" (P150)

Finally, what was also featured were classic stereotypes about individuals who are believed to commit general violence and crime (i.e., mental illness, substance misuse and tattoos):

"Individuals with personality disorders or psychosis, drug/alcohol users" (P58)

"Maybe has an issue with alcohol abuse" (P50)

"Fat, alcoholic and always has bad temper" (P94)

"Probably manipulative, egotistical, clean, tattoos" (P145)

"What comes to mind is big muscular men with tattoos and a bit of an ego." (P93)

"Male, tall, maybe a bit older, maybe have some tattoos." (P52)

Typical victim

Equally present in the participant's responses of characteristics that they believe typical victims of partner violence possess, were references to a specific sex:

"Young woman, maybe in their 20s. Quite small and petite, also pretty and vulnerable looking." (P7)

"I guess typical victim would be a woman in general" (P8)

"Female, small build, any height, of any age" (P39)

"Woman, maybe in her thirties, a small frame, conventionally attractive, quiet and passive"(P46)

"Normally when considering a "typical" victim I often picture a "helpless" woman. Normal weight, in her 20-30s. Maybe someone who has suffered abuse in their childhood and is now with a partner similar to her abusive father" (P50)

"Female, short and skinny, usually young." (P52)

"A "typical" victim, female, young, trusting. However, it shouldn't be that." (P53)

"Female, young, vulnerable emotionally and physically" (P66)

Furthermore, reflecting responses in the perpetrator subtheme, there were responses that do not refer to a specific sex, however, that do outline characteristics that are usually believed to be attributed to females rather than males:

"Vulnerable, small, naive, young" (P11)

"*Smaller in stature than perpetrator, not aggressive, any age"* (P19)

"*Short in height, young, weak, very fragile, vulnerable, not very confident, very dependent on others." (P25)*

"Young, height typically smaller than the perpetrator, looks weak both physically and mentally" (P33)

"Petite so 5ft 5 and shorter. Young so in their 20s or younger. Youthful and innocent appearance. Modestly dressed. Look shy and timid." (P42)

Finally, also found in this subtheme were references to classic stereotypes about victims in general (for example, their income, and previous abusive experiences):

"A housewife with no own income" (P94)

"a little bit of a human pleaser." (P105)

Knowledge of available support

This master theme was constructed from the questions "if you have answered yes to knowing where to send a female/ male victim of partner violence to, where would you send them to?" and "if you have answered no to knowing where to send a female/ male victim of partner violence to, why do you think you are not sure?". It consists of two sub-themes: referring female victims and referring male victims.

Referring female victims

        For participants who answered *yes* to the question, *would you know where to refer a female victim of partner violence too?* they were then asked to specify where they would send them to. Answers suggested that participants were aware of specific organisations that they could refer victims to:

    "Women's aid" (P3)

    "Refuge" (P43)

    "Women's Aid Refuge Police Galop for LGBTQ+ individuals" (P47)

    "Women's aid. Refuge. Victim support." (P48)

    "Women's aid" (P93)

    "Safe in Sussex" (P121)

    "Refuge" (P142)

    "Women's Aid, Refuge, Solace" (P153)

    "Women's aid" (P156)

    "Refuge, Women's Aid, Respect" (P159)

For participants who answered *no* to knowing where to send a female victim of partner violence, they were then asked why they think they are not sure where to send a female victim of partner violence. Responses for this question included a lack of awareness of available support organisations:

    "I am not really aware of organisations out there and would have to do research." (P50)

    "I've never been taught" (P58)

    "I do not know what is available for that type of scenario, having never been through something similar myself" (P64)

    "I am not familiar about the available helplines or services for this matter." (P70)

    "I am not immediately aware of any nearby places or online resources; I would have to look this up" (P123)

    "Because I have never had to research anything like that" (P134)

    "I haven't seen anything advertised or online." (P136)

This lack of awareness for some participants made them reflect and realise that they probably should know some relevant information about available organisations in case they are ever confronted with a situation and could provide some advice:

"I have not an experience of witnessing domestic violence. But I should know better." (P99)

Referring male victims

For participants who answered *yes* to the question, *would you know where to refer a male victim of partner violence too?* they were then asked to specify where they would send them to. Interestingly, whilst participants did specify that they would know where to send a male victim to, this was not exactly reflected in their answers. Whilst participants were very direct in naming specific organisations in the female referral subtheme, what became apparent in this subtheme is that participants could not name specific male victim-focused organisations, therefore, they produced vague responses:

"Male abuse charity" (P11)

"Not sure of specific services but GP or NHS crisis line." (P46)

"To a domestic violence organisation for men" (P52)

"Domestic abuse hotline or centre." (P53)

"Domestic abuse hotline or police" (P65)

"Police and domestic violence hotline" (P72)

"No idea I would Google that at the time." (P150)

For participants who answered *no* to knowing where to send a male victim of partner violence, they were then asked why they think they are not sure where to send a male victim of partner violence. Responses, similarly, to the female referral subtheme suggest that participants are not aware of the resources available to male victims:

"I don't know any services" (P12)

"This is not something I have learnt about" (P15)

"I am not familiar about the available helplines or services for this matter." (P70)

"Unsure of nearby facilities or online resources." (P123)

"I'm not sure of which service would help" (P148)

However, additionally, for male victims, participants suggested that a reason that they would not know where to refer a male victim is due to considerably less information publicised about male victims and fewer services being available for male victims than female victims:

"I would have to look up information on it as it is only being talked about recently as an issue and support services are recent too" (P3)

"I have never come across support lines for male victims." (P42)

"I haven't heard of any hotlines for males." (P43)

"I have never heard of men's shelters or places male victims of domestic abuse can go." (P132)

Finally, participants who answered yes to knowing where to send a female victim, but no to knowing where to send a male victim were asked an additional question relating to referring male victims, asking, why do you think you know where to send a female victim, but not know where to send a male victim. Similar responses were likewise found in answers to this question with participants stating that there is much more information available about female victims:

"My impression is that abuse organisations primarily cater for female victims." (P13)

"I think female victims of domestic abuse are more talked about than male victims." (P25)

"Has not been brought to attention like female domestic violence cases" (P36)

"Maybe not enough awareness spread about this" (P51)

"I don't know of any services dedicated to male victims. There are no advertisements I've seen like I have for female victims." (P85)

Furthermore, references were made to existing stereotypes that insinuate men are primarily perpetrators of partner violence and female are primarily victims of partner violence:

"Stereotypes that men can't be 'weak'" (P137)

"Probably because I assume most of the time men are the perpetrators so not so much info on where to get help" (P19)

"Because females are portrayed as the only ones who can be a victim and men are portrayed as always being the perpetrator." (P42)

"Because when people think of domestic abuse, they usually imagine the woman as the victim and the man as the perpetrator." (132)

Finally, just as in the female sub-theme, participants reflected upon their knowledge of available support and indicated that they need to explore available support for male victims as well as for female victims:

"You have made me realise that I should look into this" (P92)

"I clearly need to do some research into available organisations" (P42)

6.4 Discussion

This study's purpose was to examine the effects that bystander sex and the sex of the victim and perpetrator had on individuals' perceptions of hypothetical heterosexual partner abuse scenarios. Additionally, this study also explored participants' judgements of partner violence generally (not related to a specific scenario). This was achieved by utilising both quantitative and qualitative methods. Quantitative results indicated that bystander sex and the sex of the victim and perpetrator did have an influence on participants' judgements of the allocation of victim and perpetrator labels, the severity of the incident, and intervention. However, they did not influence participants' judgements of resolution. The qualitative data originated six themes (see Figure 7.): language -with two sub-themes- male perpetrator/ female victim and female perpetrator/ male victim; intervention -with two sub-themes- reversed role bias and advice bias; stereotypes -with two sub-themes- typical perpetrator and typical victim; and help-seeking -with two subthemes- referring female victim and referring male victim.

Figure 7.

Study 3: Thematic Map Depicting Participant Judgements of the IPV Audio-simulations
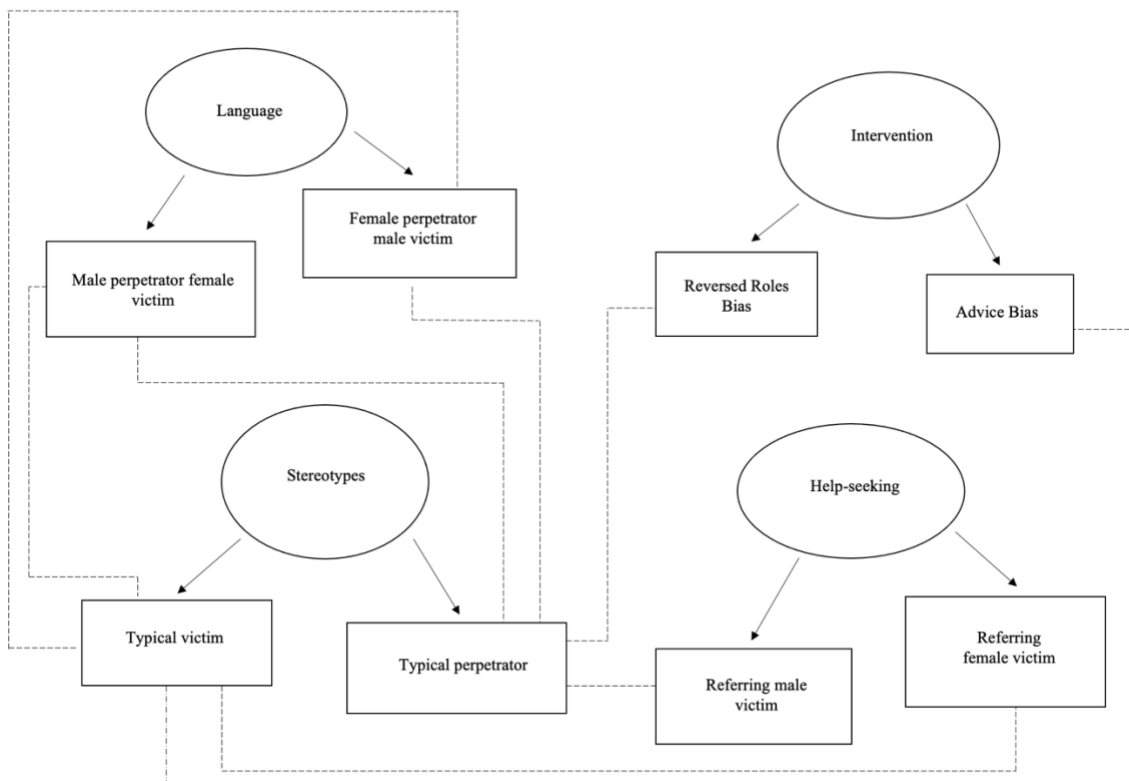
Overall, the findings determined that whilst most participants were able to recognise the victim and perpetrator in the scenario that they heard, traditional partner violence stereotypes may still of had an influence on some participants' perceptions of intimate partner violence. For instance, when observing the results for the allocation of victim and perpetrator within the scenarios, it is evident that some participants were reluctant to label men as victims, and women as perpetrators. This is represented in the allocation of the victim responses, by several participants identifying both the male and the female as the victim in the female perpetrator and male victim condition, but, only one participant selecting both the male and the female as the victim in the male perpetrator and female victim condition. This was also reflected in the allocation of the perpetrator responses, with several participants selecting both the male and the female as the perpetrator, or, stating that they were not sure who the perpetrator was in the female perpetrator and male victim condition. Such results suggest that typical stereotypes may have had an impact on some participants' ability to recognise abuse when the female is perpetrating the violence, as in the female perpetrator male victim condition, several participants identified that the male was equally the perpetrator as the female. This would suggest that participants identified with a narrow conceptualization of domestic violence- the domestic violence stereotype- discussed in chapter three, which suggests that men perpetrate violence against vulnerable women (Hine, 2019; Dutton & White, 2013). Furthermore, under the theme 'stereotypes about victims and perpetrators of IPV' and the sub-themes 'typical perpetrator' and 'typical victim', participants made direct references to a specific sex. This suggests that existing prescriptive gender stereotypes (discussed in chapter one) describing men as 'aggressive' and 'dominant' may have enhanced participant's beliefs that men are generally the more violent gender, and therefore could have influenced participant's perceptions that men are typically always the perpetrator, whilst gender stereotypes describing women as 'gentle' and 'tender' could have influenced participants perceptions that women are typically always the victim (Bem, 1981; Seelau & Seelau, 2005). Indeed, it seems that participants may have used representativeness heuristics when identifying the perpetrator and victim in the scenario that they had heard, or when prescribing typical

characteristics to perpetrators and victims in general whereby traditional stereotypes about partner violence informed them and may have influenced their response. Results also determined that the male-perpetrated scenario was considered more serious than the female-perpetrated scenario, which is concurrent with other studies that suggest the same findings (Arias & Johnson, 1989; Carmo et al., 2011; Harris & Cook, 1994; Harris & Knight-Bohnhoff, 1996; Hine et al., 2020; Seelau, et al., 2003; Stuart et al., 2006; Williams et al., 2012; Yamawaki et al., 2009). If participants are identifying with hegemonic masculine norms, suggesting that men are physically stronger and more aggressive than women, it is possible that this perception distorts participants view on partner violence incidents that involve a male victim, therefore, implying to them that because they are stronger, incidents involving a male victim are not as serious.

The intervention results suggested that participants were most likely to intervene in the male perpetrator and female victim scenario than the female perpetrator and male victim scenario, results which are consistent with Otañez's, (2018) findings. Collectively with the severity of the incident findings, these results suggest that participants may have perceived male perpetrated incidents as requiring more help from external sources than female perpetrated incidents. Surprisingly, this study did not find a significant result in relation to bystander sex and intervention, however, interestingly this study did find that bystanders were more likely to intervene in the male perpetrator and female victim scenario whether they had witnessed the scenario alone, or with another bystander present. Findings that are not consistent with early bystander intervention work, such as, Latane and Darley's (1970) theory of bystander apathy. Also interesting, with the participants that responded stating that they would have intervened, the most chosen intervention methods for both male and female participants was either to try and talk to the couple, or to approach the perpetrator and stand up to them, over intervention methods, call a partner abuse hotline or the police. This may indicate that either there is not enough awareness about available support for victims of partner abuse in society, or, that there is a lack of confidence in the police to help victims of partner violence, from bystanders, as well as victims. Especially, given that the two intervention methods that were the most selected were direct intervention methods that include the bystander inserting themselves into the situation, and are the methods that could result in potential risk to the bystander, whilst indirect intervention methods would include little involvement and little risk. Consistent with the quantitative findings, the qualitative findings also suggest that participants were more likely to have intervened in the male perpetrator and female victim scenario than the female perpetrator and male victim scenario. This is present in their responses when asked

if they think that they would have acted differently in the reverse scenario of the one that they had heard. Results suggested that participants were more likely to intervene if the female was victim because they believed that a male victim should be able to stand up for themselves and therefore not require a bystander's intervention. These findings further support the influence that damaging and mendacious stereotypes about partner violence may have on individuals' perceptions of partner violence, such as, that male perpetrated violence towards a female victim causes more negative consequences than female perpetrated violence and that female victims are more likely to experience injury than male victims (Seelau & Seelau, 2005; Stuart et al., 2006; Vivian & Langhinrichsen-Rohling, 1994; Tjaden & Thoennes, 2000). More so, these results also demonstrate that these stereotypes do not just extend to individuals' perceptions of partner violence, but also their action, or rather their inaction to partner violence.

Finally, in relation to help-seeking, the quantitative results determined that a substantial number of participants did not know where to refer a female victim of partner violence to for support. Specifically, female participants were more aware of available support for female victims than male participants. These results, similarly, to previous conclusions, may suggest that there is not enough awareness or recognition of partner violence organisations within society. Interestingly, participant sex did not have an influence on whether participants knew where to send a male victim. Cell counts were relatively even for both sexes for each of the three possible responses (yes, no, not sure). Suggesting that sex did not have an influence because there was a similar number of participants who knew where to refer a male victim as those who did not know where to refer a male victim. However, what became apparent in the qualitative results was that whilst individuals stated that they did know where to refer a male victim to, when asked where they would refer them to, they could not name any specific organisations that help male victims. Instead, participants provided vague responses, such as, a domestic abuse hotline. Yet, when participants were asked where they would refer a female victim of partner violence to, they could name specific organisations, such as, Woman's Aid that help female victims of partner violence. This could be explained by the difference in available organisations for male and female support as there are substantially more services for female victims (Tsui et al., 2010). It could also be due to existing support organisations that state that they support male victims directing their services more specifically at female victims (Tsui et al., 2010).

Taken together, these results suggest that traditional partner violence stereotypes continue to have an impact on society's perception of intimate partner violence, especially when it involves a female perpetrating the violence. Even more so, these results indicate how

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influential stereotypes can be when making judgements of partner violence. Participants in this study were mostly able to recognise the perpetrator and the victim in their respective scenarios, however, when observing the coordinating qualitative results it seems that there was hesitation to label the female-perpetrated incident as partner violence. This suggests that when participants were presented with information that was conflicting to the typical existing stereotype of partner violence, i.e., the female perpetrator and male victim condition, even though they recognised that this information was conflicting, typical stereotypes still had an influence on their judgements. Furthermore, it is evident from this study's findings, that the same stereotypes extend to and affect individuals' willingness to intervene in incidents of partner violence, demonstrated by participants suggesting that they more likely to intervene in a partner violence incident that involved a female victim, and their awareness of existing support services for victims of intimate partner violence, demonstrated by participants suggesting that they were unsure of where to refer a female victim in the quantitative results and male victims in the qualitative results.

6.4.1 Limitations

Prior to this study utilising an audio-recording and survey methodology, the original study aimed to use a simulated partner violence scenario, following in the footsteps of experimental studies, such as, Shotland and Straw (1976) and Borofsky et al. (1971). This type of study would have allowed for the researcher to explore participants levels and methods of intervention in a natural and more genuine setting, increasing the validity of the experiment whilst reducing the possibility of social desirability. However, as outlined in the methodology section of this thesis, the COVID pandemic meant that this study needed to be adapted so that it could still proceed within the parameters of the national lockdown and its regulations. Therefore an audio recording was used in the simulation's place as this is a methodology that is not frequently used within partner violence literature and adds more reliability to the results than a vignette and survey design. With the use of the audio recording and survey, however, social desirability was still a possibility, especially in the female perpetrator and male victim scenarios. Although the researcher did attempt to account for this in several ways: firstly, deception was used in the participation information sheet to try and limit any potential predetermined bias from participants, secondly, the participants all only heard one of the conditions (MPFV/ FPMV) and finally, qualitative questions were used alongside quantitative

questions to further probe deeper responses from participants and identify if their qualitative answers corroborated with their quantitative responses. A second limitation of this study is that the audio recordings only consisted of one specific incident, without explanation to any background knowledge. In other words, participants were not informed whether this incident was part of a larger pattern of behaviour. Partner violence disputes within reality, however, are a lot more complicated in nature and are often reported to be repeated patterns of abuse perpetrated over a period of time (Fugate et al., 2005). In fact, most definitions of partner abuse, indicate that it involves patterned behaviour, therefore it is possible that some participants may have perceived the incident as just a one-time argument and not processed it as partner abuse. Specifically, for the female-perpetrated condition, existing IPV stereotypes suggest that partner violence is primarily perpetrated by men. Therefore, when trying to process conflicting information (female perpetration), without additional information of patterned behaviour- i.e. that the female has perpetrated abuse to her male partner on previous occasions- participants may assume that it was either just an argument, or if they do perceive the incident as partner abuse, it is possible that they may make excuses for her behaviour, i.e., self-defence, due to typical stereotypes suggesting as much. A final limitation of this study is cultural diversity. Whilst the majority of participants identified as white, 35% of the participants were from different ethnic backgrounds. Cross-culturally, partner abuse is identified differently; in many countries, partner abuse from a man to a woman is considered normal and acceptable behaviour, and female victims are often advised to stay in abusive relationships to prevent bringing shame on the family (Latta & Goodman, 2005; Vandello & Cohen, 2003; Walker, 1999; White & Satyen, 2015). Therefore, for participants who continue to live within the confines of their cultural understanding of intimate partner violence, any information that is considered to conflict with this would be difficult to apprehend and understand, affecting their judgements of not only incidents that involve a male victim, but even incidents that involve a female victim (i.e., seriousness, victim identification).

6.4.2 Implications

Several implications are suggested from this study's findings. It seems, as previous studies have likewise highlighted, that stereotypes about intimate partner violence, continue to influence societies perception of intimate partner violence. Even when individuals are recognising that the incoming information is conflicting to the existing stereotype. This is

concerning because the findings of this study suggest that partner violence stereotypes may be deeply embedded in many individuals psyche providing information about what a typical incident of partner violence looks like, and, if the incoming information is conflicting with these stereotypes, then individuals may perceive the information as something else, such as a "lovers quarrel". Therefore, much more is needed to challenge dated stereotypes. Whilst in academic circles considerably more literature exists about male victimisation and female perpetration, there is less exposure within society. Undeniably exposure about partner violence needs to exist for both female and male victims, however, there is substantially less information about male victims than female victims. This then, impacts how individuals perceive the dynamics of a female perpetrated incident, including whether they identify it as partner violence, how serious they perceive the incident to be, whether they perceive the incident needing intervention and what resolution they believe the incident requires. Findings that have been supported within this study. Additionally, what is also apparent from this study's findings is that these stereotypes extend to affecting individuals' decisions to intervene in IPV incidents, and their awareness of available support, particularly for male victims of partner violence. This is evidently concerning because if male victims already perceive themselves as a hidden group, or even do not recognise they are experiencing abuse, and then a bystander who witnesses an incident does not directly or indirectly intervene, this may appear to the male victim that what they are experiencing is nothing concerning, or abusive, and that they do not need assistance. Thus, they are unlikely to report their own victimization. Additionally, if society is not aware of organisations that exist for both female and male victims, then it is likely that victims are not sure of organisations that exist for them. Therefore, increased exposure of available organisations that support both female and male victims would also be advantageous. To achieve challenging typical stereotypes and increasing awareness of support for intimate partner violence, both formal and informal settings should be targeted. For formal settings, for example, in practice settings, (GP, hospital), this could mean ensuring that specific guidelines are followed, and that all NHS frontline staff are trained to the identify hidden victims and have up to date knowledge of available support as doctors, nurses and mental health professionals are likely to encounter many victims. This could also mean ensuring that there is relevant information about partner violence and organisations positioned around the waiting rooms, or clinical spaces so that individuals who visit them have the opportunity to read about support for victims of partner violence. For informal settings, an example may be, using methods of media to increase exposure about partner violence and challenging any damaging stereotypes, as media is used widely daily and is one of the best methods to distribute information. This

could include, broadcasting more experiences of both female and male victimisation on the news, using social media to circulate information about available support for both male and female victims, and in tv dramas or soaps introducing storylines which cover partner violence ensuring that it is representative and not feeding the typical stereotype of partner violence (for e.g., if they include a story about a male character abusing a female character, they could include information in the credits to say that whilst this was the storyline included, the show recognises that this is not what all partner violence looks like in reality and include helplines for both male and female victims for inclusivity).

6.4.3 Conclusion

To conclude, this chapter explored if biological sex and the sex of the victim and perpetrator influenced participants' judgments of intimate partner violence incidents, and furthermore, if their judgements influenced their decision-making. It seems, from the findings that stereotypes about gender and intimate partner violence do extend to society and moreover impact individuals' decision-making in connection to intervention. Specifically, male perpetrated violence is considered more serious, more consequential and in more need of intervention than female perpetrated violence which has implications for male victims of abuse, namely that they are considered a hidden victim group. The next chapter explores this chapter's findings in combination with the previous two chapters findings and recommends certain avenues that should be considered to ensure male victims receive adequate attention and support.

The overall aim of the present research was to explore the help-seeking experiences of male victims, who are either currently, or previously have been, involved in an abusive relationship. This was achieved by exploring multiple avenues: For the first study, found in the fourth chapter of this thesis, the experiences of help-seeking by men and boys were explored generally. This is what much of the previous research on male victims of partner abuse and help-seeking has begun to investigate, although limited. The second study of this thesis, found in the fifth chapter, explored the help-seeking experiences of men who have been in an abusive relationship at a different time point and during a novel phenomenon- the Coronavirus Pandemic- to compare men's pre-pandemic and pandemic-related accounts to explore if the lockdown restrictions impacted men's abusive and help-seeking experiences further. This study also explored practitioners, who work for partner abuse organisations, experiences helping male victims during the Coronavirus pandemic to similarly compare the challenges that male victims found when help-seeking and practitioners found when supporting. Finally, the third study, found in the sixth chapter of this thesis, explored help-seeking via the general public by assessing 'bystanders' intention to intervene in incidents of intimate partner violence and their awareness of available organisations for male and female victims. The purpose of this study was to identify if the barriers reported by men, in studies 1 and 2, also extended to observes of partner violence thus preventing them from intervening. Together, these studies provide a rounded, in-depth narrative of men's help-seeking experiences and they also uncover the barriers that exist for male victims when help-seeking and bystanders when intervening thus preventing help-seeking and intervening behaviour. Four main research questions were proposed in the second chapter of this thesis, and these, among other secondary research questions can be found in each individual study of this thesis. Within this chapter, the aim is to discuss each question in relation to the findings of the three studies and how the findings contribute to male victim help-seeking literature. Therefore, the first section of this chapter is a summary of the findings. In the second section of this chapter, the implications of this research are explored, and suggestions are presented for possible directions for future research in the help-seeking area. The third and fourth sections of this chapter consider the limitations

of this research and the researcher's reflexivity. Then the final section of this chapter includes the overall conclusions of the thesis.

7.1 Summary of Main Research Questions and Findings

A) What are male victims' experiences of help-seeking generally?

The first study of this thesis, found in chapter four, addressed the question about male victims' experiences of help-seeking generally. From the results, several conclusions have been drawn. Firstly, it is clear that there is some distrust from male victims towards formal services. This is demonstrated in the results which suggest that male victims told informal individuals about their abusive experiences over formal services, such as domestic abuse services and the police. Whilst 33% of the sample did report their experiences to the police, 33% also reported telling a work colleague about their experiences. Indeed, many employees and their colleagues develop friendships in the workplace, however, it may be argued that in a lot of instances, these friendships differ from friendships outside of the workplace. For instance, people may be less likely to share such intimate and personal details about themselves with their colleagues; especially if they are unsure of the response that they will receive about an already taboo subject. Naturally, it would be expected that the degree to which male victims reported their experiences to the police or a partner abuse organisation would be higher than to informal sources, especially work colleagues, as that is the purpose of these services, but previous research that has also explored male victims help-seeking behaviours and the sources that they do share their experiences with have found identical results (Douglas & Hines, 2011; Machado et al., 2016). This raises the question then why are men more comfortable discussing their abusive experiences with informal sources rather than formal sources? The second conclusion drawn from Study 1s results suggests that certain barriers prevent men from reaching out to formal sources. Collectively, the quantitative and qualitative data from this study highlight two different time points where barriers exist and prevent men from help-seeking: prior to any help-seeking, such as, stereotypes about men, masculinity, and partner violence; not knowing what support is available to them; and not recognising that they have experienced abuse. The second time point is when they have attempted to help-seek but have been met with barriers which prevent them from further help-seeking, such as, services disbelieving their victim status or encountering discrimination. Therefore, the third conclusion drawn from study 1's results, is

that the process of help-seeking may actually be itself a barrier preventing male victims from help-seeking. This is illustrated in Figure 2, where all the individual barriers are linked to negative aftereffects of abuse, and in the qualitative data, where it is discussed that men felt formal services discredited their experiences leaving them feeling like they could not pursue their help-seeking further.

Overall, the findings from Study 1 complement the existing literature on male victims and help-seeking (Bates, 2019; Douglas & Hines, 2011; Hine et al., 2020; Hine et al., 2022a; Machado et al., 2016; Tsui et al., 2010; Tsui, 2014; Taylor et al., 2022), the results also reaffirm the concept that help-seeking itself is a potential barrier for male victims. Thereby placing male victims into a dangerous paradox whereby if male victims do not help-seek they have to manage their victimization themselves (including negative stereotypes, and stigmatization), but if they do try and help-seek, they are met with discrimination and experience secondary victimisation.

B) What are male victims' experiences of help-seeking during the Coronavirus pandemic and how do they compare to male victims' experiences of help-seeking generally?

This question was discussed in this thesis's second study, part A, found in chapter five. This study explored both the pre-pandemic help-seeking experiences of male victims, like the first study, and the pandemic-related help-seeking experiences of male victims. Beginning with the pandemic-related help-seeking experiences, what became apparent from the findings is that whilst for some men the pandemic and the lockdown restrictions impacted whether they reported their experiences to a formal service, for many, the addition of the lockdown did not impact whether they reported their abusive experiences. Even though some men from the sample reported that their situation progressively got worse resulting in an increase in abusive behaviours. Whilst several men stated that they did not feel safe reporting their experiences to a formal service because the lockdown restrictions presented the perfect opportunity for perpetrators to monitor their partner's movements and overhear any 'private' conversations, an overwhelming number described preventative reasons that existed pre-pandemic. For instance, gender stereotypes, which inform men that they are atypical or non-conforming to the expected victim of partner violence, or that they believed they were limited services that exist for male victims and receiving help would be challenging. Finally, some men also mentioned that they were concerned that they would be met with discrimination and/ or that their situation may deteriorate and develop in a negative consequence, for example, parental alienation, if they did

help seek. Collectively, this all suggests that for many men, the coronavirus pandemic and the national lockdowns did not make a difference to their help-seeking opportunities or experiences. In other words, the support pre-pandemic was already so deficient, or even non-existent, that even with the addition of a national lockdown, men's opportunities for help-seeking were lacking and their experiences of help-seeking were unaltered. If men did not recognise that there were experiencing abuse and that they were a victim of abuse prior to the pandemic, then during the pandemic, how would they suddenly recognise that they were a victim of abuse? Similarly, if men did not already feel they were taken seriously as victims of partner violence prior to the pandemic, then during the pandemic, why would they think they would be taken seriously? Once the pandemic began to extend and the lockdown restrictions were introduced, organisations and researchers coined the term the 'shadow pandemic' in response to violence against women increasing during the pandemic. Billboards were erected in cities, urging women to recognise the signs and reach out to organisations to gain advice, the media increased their coverage of the increasing trend, and even within academia, there was an increase in research exploring the dangers of female victims expected to stay at home with their abusive partners. All measures that were necessary, but by disproportionally representing female victims, male victims were practically ignored which may have made men believe that their experiences were not serious enough to be recognised or publicised within society and therefore not serious enough to seek help.

On the whole, these findings contribute to a novel research area; novel not only because the pandemic happened relatively recently, but also, because there is a paucity of research that has explored men's help-seeking experiences during the coronavirus pandemic.

C) What are practitioners' experiences of supporting male victims during the Coronavirus pandemic?

Study 2, part B, of this thesis, explored the experiences of practitioners supporting male victims who were help-seeking during the coronavirus pandemic. Practitioners first discussed how the lockdown restrictions affected their services by describing if their organisations had to introduce any adaptions to their day-to-day operations. Examples from the text suggest that there were both disadvantageous and advantageous changes to support services. Disadvantageous changes included all face-to-face support sessions having to be replaced by video or telephone support sessions, whilst advantageous changes included an increase in the promotion of partner abuse services, recruiting additional staff, extending opening hours and

providing additional training. Practitioners also expressed the challenges and opportunities that presented themselves within their respective organisations whilst supporting male victims. Findings suggest that there was an increase in the demand for support from male victims and also an increase in calls from third-party sources concerned for the welfare of a man that they knew. This increase in the frequency of callers presented as challenging for services as they were experiencing supporting victims with additional, more complex, needs and under novel circumstances, and due to the nature of the pandemic and the restrictions, men were more desperate for support. However, the support that could be offered was limited. Refuges or safe houses, which were already largely unavailable prior to the pandemic with only a few existing that accepted male victims, had to restructure their facilities to adhere to social distancing legislation. This meant trying to accommodate incoming victims in conjunction with accommodating victims who were already in the refuge to adhere to the social distancing rules, whilst additionally managing any victims who tested positive for COVID-19. For organisations that offered face-to-face support or counselling sessions, and support groups for the most part, this had to be all be transitioned to and communicated over the phone or online. However, whilst initially challenging, the introduction of online support was also identified to be an opportunity and a change that organisations stated would be implemented in the future. It was highlighted that phone/online support meant that practitioners could support multiple victims at once and provide an increased timeslot availability as they could work from home and therefore work later in the evening. Similarly, practitioners stated that online support was preferable for male victims too as it meant that they could keep some anonymity and online support worked well around their schedules, i.e., if they had children or worked full time.

This research, alongside part A, provides a comparative understanding of two important target groups for help-seeking research: victim and practitioner. By exploring the experiences of male victims help-seeking and the experiences of practitioners supporting, in one study, this piece is unique within itself, however, this study is also the first, to explore both groups of interest during the COVID-19 pandemic.

D) How will 'bystanders' help-seeking/ intervention to a simulated audio recording be affected by biological (their sex) and social (sex of the perpetrator and victim) characteristics?

The final (third) study of this thesis, found in chapter six, addressed the question of whether bystanders help-seeking or intervention to a simulated audio recording would be impacted by

their sex and the sex of the victim and the perpetrator. This study also explored participants' knowledge of the available help-seeking options that exist for both female and male victims. As seen in chapter six, the findings suggest that there are several reasons that prevent bystanders from intervening or help-seeking in abusive incidents between romantic partners. Mirroring the findings from question 1 and question 2, it seems that stereotypes about gender and intimate partner violence affect bystanders' perceptions and judgements of partner violence in the same way as they affect male victims. For instance, bystanders perceived the incident with the male perpetrator and the female victim as more serious than the incident with the female perpetrator and the male victim. This suggests that the same stereotypes - about men, masculinity, and intimate partner violence - that inform male victims of the typical characteristics of partner violence incidents, perpetrators, and victims, also inform societal perceptions of partner violence. This may explain why bystanders perceived the scenario with the male perpetrator as more serious than with the female perpetrator. The results further suggest that these stereotypes not only inform societal perceptions of partner violence but also impact or distort their perceptions, affecting their decision-making for intervention. This is represented in the findings with bystanders suggesting that if they had witnessed the scenario alone or with another bystander present they were more likely to intervene in the male perpetrator/ female victim scenario than the reverse. Likely because they believe that female victims are more likely to need assistance. Upon inspection of the responses as to why bystanders would not intervene, the selections that bystanders made were also related to stereotypes. The most selected answer for females was through fear of infliction of violence upon themselves, which may be linked to stereotypes about men possessing more aggressive traits than women and also stereotypes suggesting that men are the dominant gender and women the submissive. For males, the most selected answer was due to believing that the incident had nothing to do with them, which may be linked to stereotypes about partner abuse incidents being a matter for the couple involved and the home and not a matter for the public. Supporting the above quantitative findings are the subsequent qualitative findings which reflect the impact that stereotypes have on bystanders' perceptions of partner violence and their help-seeking knowledge. Participants were prompt in recognising and describing the male perpetrator and female victim scenario as an incident of partner violence and the man as a perpetrator, however, there was hesitation to describe the female perpetrator and male victim scenario as an incident of partner violence and the female as a perpetrator. This is demonstrated by the participants making excuses for the female's abusive behaviour which was not evident in the responses about the male perpetrator. In terms of their knowledge about available

services for male and female victims of partner violence, when asked if they knew where they could refer a female victim of partner violence to, bystanders were much more aware of services that they could send them to than when asked if they knew where they could refer a male victim to. It is possible that the combination of IPV theories, like the feminist perspective, suggesting that females are predominately victims, with more organisations existing targeted at helping female victims, misrepresents the substantial number of male victims who also experience abuse. Indeed, up-to-date statistics signify that there is a greater number of female victims than male victims. Therefore, introducing strategies to end partner violence against women and creating organisations to support female victims should be at the forefront of government and organisational agendas. However, the same response should exist for men. For if the response from the government and organisations is to disproportionately strategise and support female victims whilst not providing the same for male victims, this may mislead society to believe that incidents with a female perpetrator are different to that with a male perpetrator, thereby impacting how society will respond to acts of partner violence that involve a female perpetrator. Thus, the support for both male and female victims needs to be inclusive and proportionate.

Whilst some of the findings from this study contribute to previous research that has explored bystander intervention to partner violence incidents (Shotland & Straw, 1976; Otañez, 2018). There are also differences between the findings in the studies mentioned above and other partner violence and intervention research (Cinquegrana et al.. 2017). Largely due to either the age of the research, the methodology selection, or their focus on violence against women specifically. Therefore with this study being a current, experimental, and inclusive piece, it explores all the aspects of the previous intervention research and builds upon what has already been identified.

7.2 Theoretical Implications and New Research Directions

Considering all of the main findings of this thesis, detailed above, it is evident that stereotypes about partner violence and gender play an integral part in men's experiences of abuse, namely, how they perceive themselves, how society perceives them, recognition of their abuse and their help-seeking experiences. Together, these experiences contribute to the invisibility of male victims, hence being considered a hidden victim population. Therefore, in order to progress and ensure that men receive the same experiences as female victims, several

considerations need to be addressed. The below figure (Figure 8.) demonstrates a path starting with the creation of theories of intimate partner violence through to men's experiences of help-seeking whilst being considered a hidden population and the barriers that develop from this. These are the key areas that the researcher believes need attention and that will be discussed in this section of the thesis.

Figure 8.

Flowchart depicting the identified implications of this research.[4]

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                    ┌─────────────────────────┐
                    │ Theories of intimate     │
                    │ partner violence         │
                    └─────────────────────────┘
                              │
                              ▼
                    ┌─────────────────────────┐
                    │ Stereotypes about        │
                    │ intimate partner violence│
                    └─────────────────────────┘
                              │
                              ▼
                    ┌─────────────────────────┐
                    │ Government strategies    │
                    │ established to tackle    │
                    │ intimate partner violence│
                    │ (VAWG)                   │
                    └─────────────────────────┘
                              │
                              ▼
                    ┌─────────────────────────┐
                    │ Increased introduction of│
                    │ support services for     │
                    │ women                    │
                    └─────────────────────────┘
                              │
                              ▼
                    ┌─────────────────────────┐
                    │ Societies' perception of │
                    │ partner violence and     │
                    │ victims                  │
                    └─────────────────────────┘
                              │
                              ▼
                    ┌─────────────────────────┐
                    │ Male victims = hidden    │
                    │ group                    │
                    └─────────────────────────┘
                              │
                              ▼
                    ┌─────────────────────────┐
                    │ Barriers to help-seeking │
                    │ for male victims         │
                    └─────────────────────────┘
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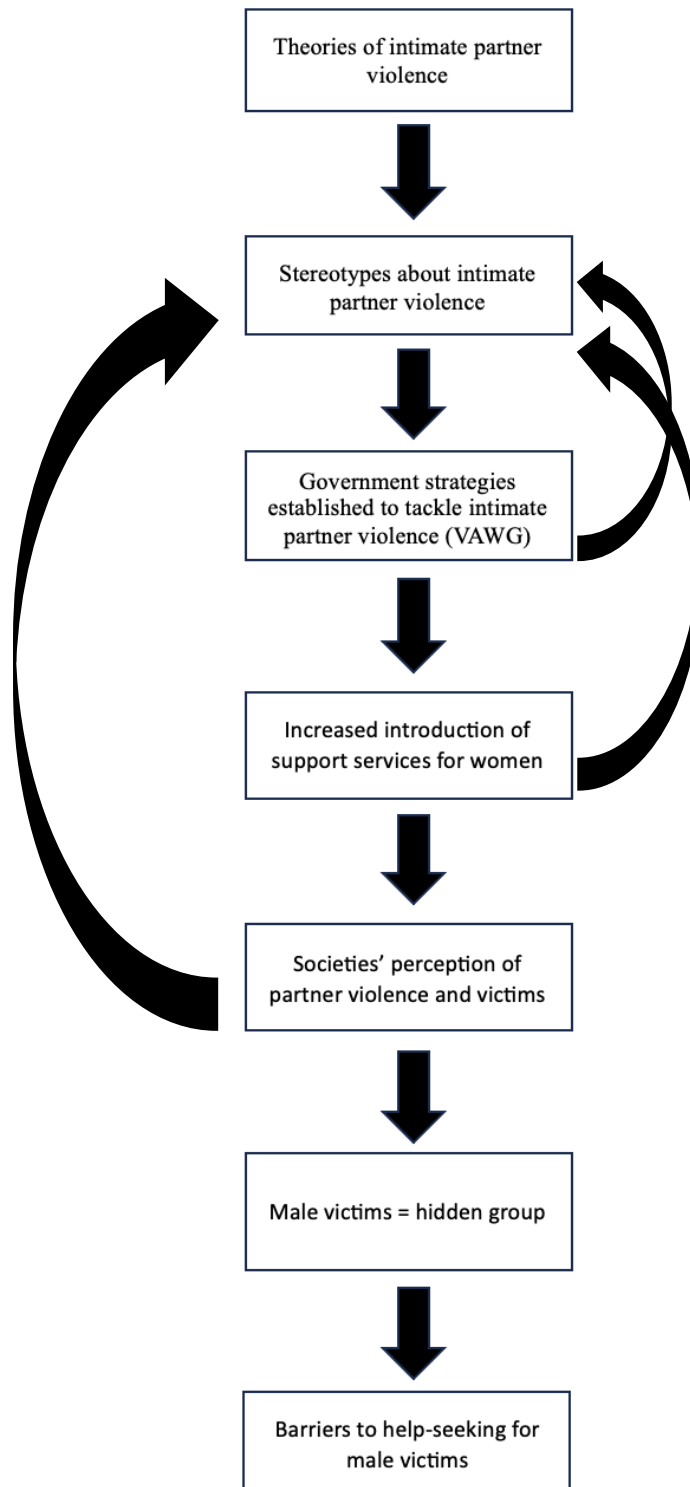
[4] Note: Whilst this section of this chapter will discuss the above model of implications, the researcher acknowledges that additional variables contribute to men's experiences of help-seeking that are not included in this model.

Introduce a new framework that explores intimate partner violence from a gender-inclusive approach.

Much of this thesis's findings, along with previous research, have identified that certain theories of partner violence generate harmful pervasive stereotypes about masculinity and IPV, and this plays an important role in understanding men's experiences of abuse and help-seeking (Bates, 2019; Brooks et al., 2017; Cheung et al., 2009; Corbally, 2015; Drijber et al., 2013; Entilli, & Cipolletta, 2017; Hine et al., 2020; Hine et al., 2022a; Hine et al., 2022b; Tsui et al., 2010). The feminist perspective, particularly, seems to have outlined early foundations of partner violence, which set a precedent for future research, policies, and prevention strategies, and although since the introduction of the feminist perspective, other theories of partner violence have been proposed, the feminist perspective continues to be influential in academic circles and impacting political and societal perceptions of partner violence today (Winstock, 2011). What is found in other works that provide recommendations to improve men's experiences of help-seeking are suggestions for increased public awareness about men's experiences of abuse, which this thesis supports and discusses later in this section (Douglas & Hines, 2011; Moore, 2021; Tsui et al., 2010). However, the recommendation here, following the arguments of Machado et al. (2017) and McCarrick et al. (2015), is that we need to take one step further and encourage increased gender-inclusive research and develop a gender-informed perspective of partner violence. Considering theoretical perspectives, like the feminist perspective, seem to be incredibly influential at the academic and political level, increasing awareness only at the public level, may not be as effective in regard to introducing new policy and prevention strategies. Therefore tackling awareness at the academic level by increasing research that explores both men's and women's victimization and developing a gendered-informed approach may mirror the impact that the feminist perspective has already had, i.e. introducing new policies and practices, targeted at helping male victims as much as female victims.

Overall, several theories of intimate partner violence have been proposed by multiple academic disciplines. However, to date, neither a conceptual theoretical framework exists that comprehends all elements of partner violence, nor a definition of partner violence exists that is universally agreed upon (Bell & Naugle, 2008; Burlemova et al., 2018). Theoretical frameworks, however, are especially important as they aim to provide an explanation of certain

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Note: The curved arrows in this model represent the feedback dynamics between variables, e.g., where perception reinforces stereotypes about IPV.

phenomena, and guide professionals in the reduction or prevention of undesired behaviour (Dixon & Graham-Kevan, 2011). Indeed, existing theories and research on violence between intimate partners demonstrate the complex nature of understanding IPV, therefore when addressing this issue, a number of factors need to be considered (Burlemova et al., 2018). For instance, it has been suggested that when investigating partner violence, the psychological discipline and the methodology used can impact how partner violence is understood (Dixon & Graham-Kevan, 2011). This is probably unsurprising as each psychological discipline offers its independent perspective for the aetiology of partner violence; however, this comes with limitations. Firstly, due to existing theories emerging from specific psychological schools of thought, their resulting theories explain potential causes of partner violence only from their domain whilst failing to convey the complexity of partner violence (Bell & Naugle, 2008). Biological theories emphasise innate characteristics, personality theories emphasise personality traits, the feminist perspective emphasises patriarchy etc., but there lacks to be a multidisciplinary explanation of partner violence that fully explores all variables causally related to IPV. A limitation that has also been highlighted by Dixon and Graham-Kevan, (2011) who suggests that a narrow theoretical approach to partner violence is limited in its ability to explain the heterogeneity of partner violence, excludes other important exploratory factors that explain partner violence and limits our understanding. Another limitation of the competing theoretical approaches is that they have led to divisiveness or a debate among researchers about how partner violence should be studied and under what context it should be theorized, especially when concerning gender (Bell & Naugle, 2008). This additionally and rather undesirably has resulted in opposing views about how policies of partner violence should be framed and how prevention and intervention programmes should be operated (Dixon & Graham-Kevan, 2011).

Although men's exposure to intimate partner violence has begun to be explored, the notion that men are victims of partner violence, as well as women, remains controversial, despite empirical evidence documenting men's victimization (Archer, 2000; Arias et al., 1987; Dutton, 2005; Fiebert, 1997; Lane & Gwartney-Gibbs, 1985; Magdol et al., 1997; Riggs et al., 1990; Robertson & Murachver, 2007; Schumacher, & Leonard, 2005; Straus, 1979; Straus, 2004; Sugarman & Hotaling, 1989). Early attempts to highlight violence between intimate partners focused specifically on violence against women, identifying it as a major health problem, however, the same attention was not paid to violence against men. Much of the early research that explored IPV detailed the severity, prevalence, and consequences of violence against women, whilst men's experiences of abuse primarily were only explored in comparison

to women's experiences of abuse. An approach to research that has been criticised by scholars who suggest that comparing men's and women's abusive experiences may trivialise men's experiences by suggesting that men's victimization is less severe, less prevalent, and less consequential than women's victimization (Hines & Douglas, 2009; Scott-Storey et al., 2023). Certainly, research exists that asserts sex symmetry in prevalence, severity, and consequence (Hines & Douglas, 2010a; 2010b); but there is also research that exists that proclaims sex asymmetry (Fanslow et al., 2023). Finally, there are scholars who argue that both men and women perpetrate violence, but that there are more important factors to understanding intimate partner violence than solely just disputing who perpetrates more between the two sexes, such as the impact of IPV and individual experiences:

> Despite the controversy and divergent results related to prevalence, it is clear that IPV affects all people regardless of their sex, gender, or sexual orientation. As such "partner violence must be addressed from a pragmatic and humanistic platform, upon which all suffering is a matter of concern and targeted with resolution". Importantly, the focus needs to shift away from the contentious gender/sex symmetry debate to dialogue about experiences and impacts of specific subtypes and patterns of IPV among men, women, and people of all genders. (Espinoza & Warner, 2016, as cited in Scott-Storey et al.,, 2023, p8).

Clearly, prevalence rates are important, as they guide professionals to understand the rate of an important issue and plan to monitor and reduce a serious social problem; but, within partner abuse research, prevalence rates have been used by researchers to create a sex battle stipulating which sex experiences partner violence more frequently, and this has had consequences for men. Research has highlighted the role that sex and gender have on intimate partner violence, as research claims that men and women experience partner violence differently. i.e., the meaning (how they perceive the abuse), severity, type, patterns, and impact of abuse for women and men and their willingness to disclose their abuse (Kimmel, 2002: Swan et al., 2008):

> Although it appears that men experience similar "types" of IPV, there are differences in how these acts of violence are interpreted. As such, measuring IPV in the absence of context (e.g., meaning, severity, patterns, intention, gender, and sex of perpetrator) perpetuates the problem of false gender symmetry, obstructs accurate interpretation of

results, and impedes comparisons across research studies. (Scott-Storey et al., 2023, p8/9).

However, partner abuse is a serious issue regardless of sex or gender and the response to both male and female victims should be symmetrical regardless of prevalence rates and regardless of their gender. Thus, this thesis suggests that the development of a more accurate model of partner violence, that studies men's and women's IPV in a gender-inclusive manner is necessary, i.e.,

> a movement away from the traditional feminist perspective of domestic violence, and towards a societal view which addresses the potential for both men and women to be victims and perpetrators of domestic violence, with both having the potential to inflict abuse and coercive control within intimate relationships. A gender-informed perspective can thus allow for the experiences and needs of both men and women to be acknowledged and met. (McCarrick et al., 2015 p. 3)

Research needs to move beyond solely exploring which gender perpetrates partner violence at a more frequent rate or the differences in consequence severity. Especially given the extensive research highlighting the physical, and or emotional/psychological consequences that both male and female victims of partner violence experience (Douglas and Hines 2011; Drijber et al., 2013; Du Plat-Jones, 2006; Hines, 2007; Hines, 2015; Hines & Douglas, 2010; Hines et al., 2007; Houry et al., 2008; Kaura & Lohman, 2007; McNeely et al., 2001; Nybergh et al., 2016; Randle & Graham, 2011). It should be possible that if prevalence rates depict women's victimization as higher than men's, men still receive the attention they deserve, instead of being overlooked due to comparative research. Prevalence and intervention/ prevention should not be mutually exclusive.

Challenge stereotypes about gender and intimate partner violence

Along with theories of intimate partner violence, gendered stereotypes also impact men's help-seeking experiences. This is documented in the findings of this research where despite numerous barriers to help-seeking being reported by male victims, most of the barriers can be attributed to gender and masculinity (i.e., feelings of shame, not recognising abuse). Therefore, attention needs to be paid to the way in which gender stereotyping can be addressed

among the wider society in order to ensure that society understands that men can be victims of partner violence as well as women. Specifically, two avenues of early intervention should be explored and actioned, a) education about the genders and stereotypes that have been developed around them, and b) attempts to challenge these stereotypes. In terms of education, this should begin at an early level and include guidance from individuals who exist in the microsystem (parents and school). Obviously, early role models should educate young people about the importance of self-representation and develop their understanding of gender, but it is also important that role models educate young people about possible harmful stereotypes that can develop from a person's gender. Especially as research has highlighted that gender stereotypes can impact multiple areas of an individual's life, including influencing the subjects that children pursue in education, and their career choices later in life (Culhane & Bazeley, 2019). Aside from education and career choices, they can also be damaging to a person's mental health and result in negative consequences, such as influencing issues with body image, self-harm and even suicide (Culhane & Bazeley, 2019). Therefore, educating, and challenging rigid ideals of masculinity and femininity in children is fundamental to improving *educational* and life outcomes for all genders:

> Breaking down gender stereotypes from a young age helps to stop the negative consequences of inequality and discrimination as it can support children grow into adults who aren't limited by expectations based on their sex. By providing children with environments that encourage non- gendered norms and expectations, children can feel more accepted and celebrated for their individuality. They can broaden their aspirations and be more open to a wide range of opportunities. (Care inspectorate, n.d., p. 5)

To challenge gender stereotypes there are a number of recommendations for parents and schools that can help to reduce gendered behaviour and communicate and demonstrate gender equality. For parents, this includes modelling gender equity at home and introducing language that is inclusive. For instance, modelling gender equity at home may be making sure that both parents share parental and domestic responsibilities. In terms of language, this includes utilizing gender-neutral language (children instead of boys and girls), or on a less extreme level challenging bias in language, such as "boys shouldn't cry", and refraining from using harmful language, such as "man up". How these examples translate to a child and then an adult later in life is "boys/men should not open up about their emotions" which is why men then abstain

from help-seeking. For schools, challenging stereotypes could include, revising the curriculum to introduce content on the importance of gender equality, revising literature that students are given to ensure diversity from social/ gender norms, encouraging mixed-gender group activities, introducing skills, such as cooking and craft classes to all genders, implementing programmes to encourage all genders into jobs that are typically gender-typed (e.g., girls into the sciences, engineering, plumbing).

Importantly, in both the home and in school, children need to be educated to understand that both men and women can be victims of violence: physically, emotionally, financially etc., and in settings that include, intimate relationships, in the workplace or just generally.

Introduce an equivalent partner violence strategy for men and boys

The UK government, in 2021, introduced an initiative to end all forms of violence against women and girls named 'Tackling Violence Against Women and Girls Strategy' (VAWG). A second strategy was introduced in 2022 to end violence against men and boys, however, it was positioned under the VAWG strategy. On page 1 of this position statement, it is stated: "The Tackling Violence Against Women and Girls Strategy, and the Domestic Abuse Plan, are both clear that while we use the term 'violence against women and girls' in both documents, this refers to all victims of any of these offences." (GOV.UK, 2022c). This is remarkably unhelpful. Not only does this read as if men and boys were overlooked, or considered an afterthought, but it also suggests that violence against men and boys should be classed as violence against women and girls. The problem with framing men's victimization under the overarching, cross-government policy, VAWG, apart from the obvious- that men and boys are not women and girls- is that it will affect the perceptions of service providers, the general public, and male victims themselves. This strategy exacerbates existing stereotypes about partner violence by implying that partner violence is gendered in nature. Therefore promoting the belief that partner violence is a problem of men's violence and women's violence is not important. This then may leave male victims misbelieving that they can be a victim of partner violence, or that their victimisation is important due to this strategy's focus on violence against women. A misbelief that scholars and certain organisations have been working to resolve for numerous years. Framing partner violence in this way also has consequences for services supporting male victims. For instance, services that support male victims will receive less funding than services supporting female victims due to the disproportionate number of male/female victims that this strategy emphasises. This lack of

services for male victims may then suggest to service providers that supporting male victims is secondary to supporting female victims. It may also say to male victims that they do not require intervention or support.

Therefore, following the recommendations of other researchers (Bates, 2019; Hine, 2021), this thesis suggests that there is a need for men and boys to have their own IPV strategy. Statistics show that an estimated 699,000 men experienced domestic abuse and 275,000 men experienced sexual assault in the year 2022 (ONS, 2022c; 2022d). These numbers demonstrate a substantial number of male victims who deserve proportionate recognition and support to female victims. Men and boys do not identify with the labelling of women and girls, nor should they have to. Thus, men and boys should be extricated from the current strategy and a new parallel strategy for violence against men and boys should be introduced, alongside the VAWG strategy, that would acknowledge men's unique experiences of violence.

Additionally, this thesis also suggests a secondary policy: A gender-inclusive policy or plan that involves interdisciplinary collaboration to outline service procedures in case of a future phenomenon, such as the Coronavirus pandemic. This plan should detail how all partner abuse support services (support organisations, healthcare providers and the police) should manage situations of partner violence, whether that is intervening (the police) or supporting (support organisations) during a pandemic. This policy would ensure that all services are consistent in any changes that they have to implement and that victims of partner violence would all receive the same response.

Increase support services for male victims, improve current support and provide training for service providers

Several recommendations are made for organisations to improve their services and provide proportionate support for male victims. Firstly, an increase in the promotion of partner violence organisations that support male victims is necessary, especially since there are a reduced number of services for male victims than for female victims (Douglas & Hines, 2011; Tsui et al., 2010; Walker et al., 2020). Results from this thesis suggest that a lot of male victims did not know that support was available to them, however, if men are unsure that available support exists, this means that for a lot of men, they are unlikely to be receiving any support. Increased promotion generally is also particularly important in the reoccurrence of another phenomenon, like the Coronavirus pandemic. Practitioners reported in the second study that their services had increased promotion during the pandemic, however, men were still unsure

of where to go. Clearly, this makes sense, if men were unsure of services that existed for them prior to the pandemic, then it is likely they would be just as unsure during the pandemic, even with increased promotion. Furthermore, if promotion was lacking prior to the pandemic and not informing men of available services, men are unlikely to be researching available services during the pandemic as they believe they just do not exist in the first place. The promotion of services needs to happen on a general scale and not only in the case of an emergency. Importantly, the promotion of abuse services needs to represent male victims and be inclusive.

A second recommendation for services is to provide training to all service providers who support male victims (including the police, support organisations, and health providers) to increase their understanding and knowledge of issues related to male victims of partner abuse and their specific needs. This training should include historical and sociocultural content specific to the male victim, i.e. perspectives of partner violence and gendered stereotypes so that service providers are aware of the possible internal struggles that male victims are facing when help-seeking. It should also include diversity awareness to inform service providers that anyone, regardless of race, gender, sexual orientation etc., can be a victim or perpetrator of partner violence. Furthermore, the training should include information about other potential concerns that a male victim may be experiencing, e.g., poor mental health, parental alienation, and substance abuse so that service users can advise or signpost to other suitable support. Then finally, sensitivity training could provide service users with knowledge of appropriate and unbiased responses to male victims reporting IPV. Together, these are essential to improve men's help-seeking experiences, as what became apparent in this thesis was that male victims who did seek support experienced secondary victimisation from service providers, with examples stating that men experienced discrimination and disbelief from service providers who were supposed to support them with their victimisation. Secondary to this training, a training programme that is aligned with the policy outlined above concerning support of victims during a pandemic, is also recommended. The purpose of this would be to outline what changes need to be implemented to all services so that every service is consistent in its changes. As well as ensuring that service providers are trained to support victims under the extenuating circumstances of a pandemic and that every victim of partner violence experiences the same response from service providers.

The final recommendation is for the government to ensure that policy (explained above) and funding are equal for female victim services and male victim services. Due to the UK government's focus on ending violence against women and girls, and men being considered just a small part of this, it is no surprise that the majority of funding for IPV support services

goes to supporting female victims whilst leaving men's support services in short supply. Refuges for example supply limited bed spaces to male victims in comparison to female victims. The Office of National Statistics reported that there were 268 refuge services in 2022 equating to 4,332 available bed spaces (ONS, 2022e). Of these 268 refuge services, only 43 were offering bed spaces to male victims, which totalled 275-bed spaces (92 only for men, 183 for either men or women) (Mankind Initiative, 2023). As these statistics currently stand, available bed spaces for men are equal to 6% of available bed spaces for women. Surely, if the UK Government recognise that partner violence affects all genders, and the message that the previous home secretary, the RT Hon Priti Patel, wanted to send is that "The safety of everyone in our country, wherever they are, is my priority" then this should be reflected in the actions of the government by providing men with adequate support options (GOV.UK, 2021b).

Increase public awareness

The final implication of this thesis recommends increasing public awareness on the topic of intimate partner violence affecting all genders. One way that this could be achieved, also identified by other researchers, is to set up a public awareness campaign (Bates 2019; Lysova et al. 2020a; Moore, 2021; McCarrick et al. 2016; Tsui et al. 2010). The purpose of this campaign would be to educate community members that men can be victims of IPV too, educate community members on the prevalence of abuse, encourage people to take action to promote social change, and alert victims to the options and resources that are available to them. A campaign can utilise a number of methods to spread its message to the public. For instance, holding public meetings, protests, demonstrations, and marches. Introducing television or radio advertisements promoting the campaign topic. Campaigners may also ask their followers to sign a petition or follow a certain trend or challenge to promote the topic on social media. For example, a few years ago, the ALS ice bucket challenge was introduced to promote awareness of the disease amyotrophic lateral sclerosis.

Other forms of promotion could include the increase of leaflets detailing the prevalence of intimate partner violence for both men and women in health settings, such as hospitals, GPs, and more general settings, such as libraries, schools, and the workplace. Furthermore, in settings such as school or the workplace, compulsory seminars could be introduced to discuss partner violence, workplace violence, bullying, sexual harassment etc.

Finally, within research, it is well established that the media is influential, as it has such an extreme reach (Viswanath et al., 2007). Therefore, in future, it is highly important that films,

tv dramas, soaps, and reality tv are representative of serious issues and document that incidents of partner abuse (or abuse in general) are not acceptable. Films like The Notebook, for instance, where there are multiple scenes depicting Allie (the female lead) slapping, hitting, and pushing her partner Noah (the male lead) when they are having an argument, suggest that slapping your partner "if they do something wrong" or during an argument is ok. But only if it is a female perpetrating violence against a male. Other examples of reality TV are the popular shows Love Island and Married at First Sight. They have shown serious cases of gaslighting, however, season after season is still broadcast. Allowing this to happen desensitises the seriousness of this behaviour. Female-perpetrated violence, both in depictions and within real life, is even sometimes found humorous. "Take, for instance, the quintessential example of an open-handed strike to a male's face. Such an action may be laughed at, or alternatively, assumptions may be made about the male's behaviour. "He must be a 'pig'." He must have done something to provoke her." (Espinoza & Warner, 2016, p. 961). These approaches are just some examples of methods that should be used to promote public awareness of partner violence against men, however, it is important to note that these methods should not be used in such a way that minimizes the experiences of violence against women.

7.3 Limitations of the Current Research

The researcher recognises that there are several limitations to the research presented in this thesis. The first limitation of this research concerns the methodology used in this thesis. Firstly, the researcher recognises that validity and reliability are very important concepts of research for ensuring that psychological studies and results are reliable and generalisable to the wider public. However, there were limitations to the validity and reliability of this research. For validity, beginning with ecological validity, initially, this thesis was planned differently, using other approaches to studying men's help-seeking behaviour and the barriers to help-seeking. Unfortunately, the Coronavirus pandemic meant that these studies could no longer be explored in the same way and research needed to be created which would meet the criteria for the rules and regulations set out in the national lockdowns. The research that is present in this thesis now, whilst meeting the guidelines, meant that face-to-face contact could no longer be an option. Therefore, the possibility of a simulation experiment could not take place. Instead, participants were asked to respond to an audio recording with a questionnaire inviting either quantitative or qualitative responses. Whilst this method of choice still holds more ecological

validity than previously used vignettes (because it is more realistic to a situation which could happen in real life) a simulation would have increased the ecological validity further and is also a very infrequent material used in partner violence research (Kihlstrom, 2021; Schmuckler, 2001; Sheringham et al., 2021). For construct and content validity, whilst a pilot test was conducted to assure that the audio recording and questionnaire accurately measured intimate partner violence, other alternative methods could have been used to measure the validity of the instruments (Van Teijlingen & Hundley, 2002). For construct validity, this could have been through convergence, which is comparing measures to another study which has used a similar measure to explore the same topic (Heale & Twycross, 2015). For content validity, this could have been achieved by calculating the content validity index (by asking experts to evaluate the data, finding the content validity ratio, and calculating the content validity index) however this only works for questionnaires (Almanasreh et al., 2019). Finally, for reliability, a test-retest could have been utilised, which measures the consistency of an instrument when you repeat the same test twice on the same sample over a period of time (Heale & Twycross, 2015). In relation to the qualitative research, initially, the second study was going to utilise both a survey and interview design because interviews allow researchers to delve deeper into particular topics of interest, and while a survey is generally static, interviewers can ask follow-up questions or clarify statements. However as already outlined, the restrictions meant that face-to-face interviews could not take place, and whilst interviews could be administered online, over video conferring tools, such as Zoom or Microsoft Teams, the researcher thought that this would not be suitable. Largely, because of how sensitive the topic of this thesis is, the researcher believed that building a face-to-face rapport with the participants would be important so that participants felt comfortable opening up about their experiences. A second limitation of the research presented in this thesis, also due to the pandemic and personal reasons that are discussed in the reflexivity section of this chapter, was the unforeseen time constraints. With the entirety of the population during the pandemic almost existing on pause, it was difficult to meet certain timeframes, especially as during the strictest restrictions, even stepping outside was reduced to a limited amount of time. Therefore, during this time, it was difficult to obtain participants for the studies, acquire resources for writing the chapters, hold meaningful face-to-face meetings with the PhD supervisors, and even find a change of scenery to work in to help increase productivity. Nevertheless, aside from these overall limitations and the individual limitations for each study found in their specific chapters, this thesis has contributed further to understanding men's help-seeking experiences and extended upon this by exploring their experiences during extenuating circumstances.

7.4 Reflexivity

> Reflexivity refers to interrogating one's own position, values, and practices during the research process and how these may have had an impact on the research. The goal of reflexivity is to enhance trustworthiness and the value of qualitative research. (Sirris, 2022 p. 209)

I, as the researcher of this thesis, understand that reflexivity is a process whereby I must consider how my identity and position impact this research. Before, receiving my place in this PhD programme, I had completed a master's whereby I wrote a dissertation exploring another area of intimate partner violence. After I completed my master's and was accepted onto the PhD, I realised that I should probably disclose to my supervisors my own experiences being in an abusive relationship. I did this as I knew this was the reason I was interested in exploring this topic further and also believed that I owed it to my participants who would be opening up themselves about their own experiences. I wanted to start this thesis with a blank slate, and I knew my supervisors would be the understanding, considerate individuals that they are. It was challenging. Upon telling them about my past experiences, a plan was set to contact a counsellor to try and help make sense of my own experiences which would then help me to identify with and understand my participant's experiences. I followed this advice and had a fantastic counsellor throughout my PhD experience, who also helped me throughout my other personal challenges. In March 2020, 6 months into my PhD, I received a phone call from my father to say that my sister had committed suicide in the early hours of that morning. The following week, the whole of the United Kingdom was put into its first national lockdown. My sister could not have a proper funeral, only 20 people were allowed to attend, we could not hold a celebration of her life afterwards, and the attendees of the funeral could not even hug! My parents were inconsolable the weeks after her death, leaving me to plan her funeral, empty her flat of her belongings and communicate with the police and the coroner. Thereafter on and off for the next year my PhD experience was through the national lockdowns. The coronavirus pandemic, whilst understandably difficult for everybody, was particularly challenging for me and my PhD, not only do I associate it with the experience of losing my sister, and feeling isolated, but it also interrupted my PhD process, and the initial plan of my PhD had to be adapted and new studies constructed. Whilst my supervisors were honestly fantastic and I could

not have asked for better support, I knew that these experiences could impact my research and so I had to find ways to manage this. Throughout this research, there were a number of triggers, not only for the abuse I experienced but in the participant's accounts there is also mention of suicide and a detailed narrative of the national lockdowns. Therefore, to ensure that any potential personal bias was "bracketed" I started a reflexive journal following the advice of Janesick, (1998) and Lincoln and Guba, (1982). This incorporated thoughts and feelings about my personal experiences, beliefs, and values on partner violence and details of what I did, thought, and felt while analysing the data. The purpose of this process was to allow me to reflect on my journey and evaluate my experiences, which by writing down, meant that I could refer back to and ensure that I was writing objectively.

An example of an extract from my reflexive journal:

Entry- 6th March 2022.

A participant's response to a question regarding the impact that their abusive experience has had on them stated that they had considered committing suicide. This makes me think of my sister and what she may have been feeling prior to ending her own life. It makes me angry and sad to see that someone else may have been in that same place my sister was. I need to make sure I code these men's accounts and experiences honourably and ensure that they have their collective voice heard.

Overall, I have had a challenging and enlightening experience during this PhD. Now that I have come to the end of this journey I have reflected and noted several self-criticisms and praises. I recognise that I have concerns with imposter syndrome, and that will probably continue into my career. I also recognise that I overthink and am an extreme perfectionist (I have rewritten parts of this thesis, probably over a hundred times to come back to the first version that I wrote). However, I also acknowledge that I have grown throughout this journey. My knowledge of intimate partner violence has increased. I have also gained invaluable teaching experience during this process and I now hope to find a position in a university so that I can follow in my supervisors footsteps and teach upcoming students.

7.5 General conclusions

Research that explores sex symmetry in partner violence continually makes reference to a "growing body of research" that is providing evidence of men's victimization (Bates, 2019; Burke et al., 2023; Cho & Wilke, 2010; Hine et al., 2022; Hines et al., 2007; Lysova et al., 2020). Whilst this is certainly true, from this thesis's findings, it seems that there is still a long way to go for male victimization to be recognised in its own right and to be receiving the same attention as female victimization. Present in this thesis, are examples of men's misrecognition of their own victimisation, society's failure to recognise men as victims, and service providers' ignorance of believing male victimisation. All matters that are associated with men not help-seeking. Thus suggestions have been made to address these issues at the political, organisational, and societal levels. Although these changes will not occur overnight, it is important that efforts are continued to push awareness of male victimization in the right direction. Even for women, it took many years for society to address the victimization that they were experiencing, and even after the initial women's movement, many years to introduce the prevention and intervention methods that exist for women today. Therefore, what is currently emerging about male victimization is encouraging, but it is now important that the same attention that was fervidly paid to female victimization is also paid to men's victimization.

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Appendices A: Men and boys' experiences of abuse questionnaire

Men and boys' experiences of abuse

Thank you for taking the time to complete this survey. SafeLives are looking to gather the experiences and reflections of men aged 16 or over who are victims/survivors of domestic abuse. This could be from a partner, ex-partner or other family member. The results of this survey will form part of a project run by SafeLives looking at the wide range of issues faced by men who are victims/survivors of domestic abuse.

The survey should take approximately 10-15 minutes to complete. Your responses are anonymous. No one will be able to tell who you are at any point unless you specifically leave your name or contact details within a comments box.

Please note the survey will ask if you have experienced certain types of abuse. If any questions cause you distress, you can either choose not to continue, or move past the question by selecting 'Prefer not say'. If you would like to talk to somebody, you can contact either of the following:

Men's Advice Line offers advice and support for men experiencing domestic violence and abuse. Free and confidential helpline available to people living in England, Wales and Scotland. Monday–Friday 9am-5pm on freephone 0808 801 0327 or visit www.mensadviceline.org.uk for more information.

Men's Advisory Project offers confidential support and information for men in Northern Ireland experiencing domestic violence and abuse. Call Belfast 028 9024 1929 or Foyle 028 7116 0001 (Monday–Friday 9am-5pm)

The Rainbow Project run an Advocacy Service in Northern Ireland providing support and information for those experiencing abuse from a partner or family member. They can also help if you have been a victim or witness to hate crime, subject to discrimination or been the victim of sexual violence. Call 02890 319030 to speak to an advocacy officer or email advocacy@rainbow-project.org

Shout is a free 24/7 text service for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help. Text Shout to 85258 to connect with a trained volunteer. Visit www.giveusashout.org/get-help/ for more information.

National LGBT+ domestic abuse helpline offers emotional and practical support for LGBT+ people experiencing domestic abuse. Call 0800 999 5428 or email help@galop.org.uk. For more information visit www.galop.org.uk/domesticabuse/

Childline offers free, confidential advice and support for those 18 or under. Whatever your worry, whenever you need help. Call 0800 1111 to talk to a trained counsellor any time of day or night.

Q1 **We may wish to share your anonymised information with other third party researchers purely for the purposes of research in this area. Are you happy for us to do this?**

◯ Yes ◯ No

About you

We would like to collect some information about you that will allow us to consider if different people have had different experiences. The information you provide will be kept entirely confidential and will never be traced back to you as an individual.

Q2 **Where do you currently live?**

◯ England
◯ Northern Ireland **(skip to Q5)**
◯ Scotland **(skip to Q5)**
◯ Wales **(skip to Q5)**
◯ Outside the UK (**(skip to Q5)**
◯ Prefer not to say

Q3 **If England, which region?**

◯ East Midlands
◯ Eastern
◯ London
◯ North East
◯ North West
◯ South East
◯ South West
◯ West Midlands
◯ Yorkshire And The Humber
◯ Prefer not to say

Q5 **How old are you?**

◯ 16 to 19
◯ 20 to 24
◯ 25 to 29
◯ 30 to 34
◯ 35 to 39
◯ 40 to 44
◯ 45 to 49
◯ 50 to 54
◯ 55 to 59
◯ 60 or older
◯ Prefer not to say

Q6 **What is your ethnicity? (Tick one)**

◯ White - British
◯ White - Irish
◯ White - Other
◯ Gypsy or Traveller
◯ Arab
◯ Asian/Asian British - Bangladeshi
◯ Asian/Asian British - Indian
◯ Asian/Asian British - Pakistani
◯ Asian/Asian British - Other
◯ Black/Black British - African
◯ Black/Black British - Caribbean
◯ Black/Black British - Other
◯ Chinese/Other Ethnic - Chinese
◯ Chinese/Other Ethnic - Other
◯ Mixed - White and Asian
◯ Mixed - White and Black African
◯ Mixed - White and Black Caribbean
◯ Mixed - Other mixed heritage
◯ Other
◯ Prefer not to say

Q7 **What was your sex assigned at birth? (Tick one)**

◯ Male
◯ Female
◯ Intersex
◯ Prefer not to say

Q8 **Which of the following describes how you would think of yourself? (Tick one)**

◯ Male
◯ Female
◯ Non-binary
◯ In another way
◯ Prefer not to say

Q9 **Which of the following would you consider yourself? (Tick one)**

◯ Heterosexual or straight
◯ Gay
◯ Lesbian
◯ Bisexual
◯ Any other sexual orientation
◯ Prefer not to say

Q10 What is the highest level of education you have successfully completed? (Tick one)

- ◯ Entry level certificate or equivalent
- ◯ GCSE or equivalent
- ◯ A level or equivalent
- ◯ Foundation degree or equivalent
- ◯ Bachelor's degree or equivalent
- ◯ Postgraduate degree or equivalent
- ◯ Other
- ◯ None of the above
- ◯ Prefer not to say

Q11 What is your current employment situation? (Tick all that apply)

- ☐ Unemployed
- ☐ Retired
- ☐ Part-time employment
- ☐ In education or training
- ☐ Full time employment
- ☐ Self-employed
- ☐ Volunteering
- ☐ Other
- ☐ Prefer not to say

Q12 What is your religion? (Tick one)

- ◯ No religion
- ◯ Christian
- ◯ Buddhist
- ◯ Hindu
- ◯ Jewish
- ◯ Muslim
- ◯ Sikh
- ◯ Any other religion
- ◯ Prefer not to say

Q13 Would you describe yourself as having a relationship that could be characterised as abusive? This could be with a partner, an ex-partner or family member. (Tick one)

- ◯ Yes - once
- ◯ Yes - more than once
- ◯ No **(skip to Q90)**
- ◯ Unsure **(skip to Q21)**
- ◯ Prefer not to say **(skip to Q21)**

Q14 Have you ever had a relationship that could be characterised as abusive in the last 12 months? (Tick one)

- ◯ Yes - once
- ◯ Yes - more than once
- ◯ No **(skip to Q21)**
- ◯ Unsure
- ◯ Prefer not to say **(skip to Q21)**

The following questions refer to your experiences within the relationship you had in **the last 12 months**. If you have experienced more than one abusive relationship in that time then please answer based on the relationship you feel most comfortable talking about. If you are happy to talk about more than one relationship then there will be an opportunity to do this later in the survey.

Q15 Who was the perpetrator? (Tick one)

- ○ Partner - male
- ○ Partner - female
- ○ Ex-partner - male
- ○ Ex-partner - female
- ○ Mother
- ○ Step-mother
- ○ Father

- ○ Step-father
- ○ Grandmother
- ○ Grandfather
- ○ Child (under 18) biological
- ○ Child (under 18) step-child
- ○ Child (18 or over) biological
- ○ Child (18 or over) step-child

- ○ Brother
- ○ Step-brother
- ○ Sister
- ○ Step-sister
- ○ Other family member
- ○ Prefer not to say

Q16 How long did the abuse last?

Years

Months

Q17 Were there any children in the household at the time of the abuse? (By household we mean those that live permanently in the home or who visit on a regular basis)

- ○ Yes
- ○ No

- ○ Unsure
- ○ Prefer not to say

Q18 Thinking about the last 12 months: how often, if ever, did your partner, ex-partner or other family member do any of the following (Only answer this section if you answered partner or ex-partner to Q15. If not, skip to Q19):

	Every day or nearly every day	Once or twice a week	Once or twice a month	Less than once a month	Never	Prefer not to say
Put you down or intentionally make you feel small (e.g. belittle, criticise or humiliate)	○	○	○	○	○	○
Put you down or intentionally make you feel small (e.g. belittle, criticise or humiliate) and then tell you it was just a joke	○	○	○	○	○	○
Blame you for something that was not your fault	○	○	○	○	○	○
Become abusive at you for speaking to another man/woman	○	○	○	○	○	○
Pressure you to change the way you look or dress	○	○	○	○	○	○
Blame or accuse you of doing something that they had done	○	○	○	○	○	○
Question your memory or tell you that you're imagining things you know to be true	○	○	○	○	○	○
Suggest to you, or others, that you are mentally or emotionally unstable	○	○	○	○	○	○
Prevent you from working, training or studying	○	○	○	○	○	○
Restrict access to your own finances	○	○	○	○	○	○
Demand you buy things that you could not afford, or running up debt in your name	○	○	○	○	○	○

Q19 Thinking about the last 12 months: how often, if ever, did your partner, ex-partner or other family member do any of the following:

	Every day or nearly every day	Once or twice a week	Once or twice a month	Less than once a month	Never	Prefer not to say
Restrict access to food, clothing, transport, telephones, the internet or medication	○	○	○	○	○	○
Use the environment to instil fear in you (e.g. slammed doors, banged a table or hit a wall)	○	○	○	○	○	○
Use physical intimidation to instil fear in you (e.g pushed, shaken or threatened with a fist)	○	○	○	○	○	○
Use physical violence to instil fear in you (e.g. hit, kicked or strangled)	○	○	○	○	○	○
Use a weapon against you? (e.g. knife, screwdriver, remote control)	○	○	○	○	○	○
Intentionally damage or destroy your property	○	○	○	○	○	○
Force you to engage in sex or other sexual acts against your will	○	○	○	○	○	○
Threaten you with revenge porn	○	○	○	○	○	○
Force you to commit crime	○	○	○	○	○	○
Deny you sleep	○	○	○	○	○	○
Cyber stalking (e.g. use of the internet or other electronic device to stalk or harass)	○	○	○	○	○	○

Q20 Over the last 12 months: did your partner, ex-partner or other family member do any of the following?

	Yes	No	Don't know/remember	Prefer not to say
Use surveillance against you (e.g. monitored your letters, phone calls, emails, texts or social media)	○	○	○	○
Constantly check on where you are, or become aggressive when you're late	○	○	○	○
Threaten to harm others to instil fear (e.g. children, grandchildren, parents)	○	○	○	○
Threaten to harm pets to instil fear	○	○	○	○
Stopped you or threatened to stop you from seeing people you care about (e.g. children, grandchildren, parents)	○	○	○	○
Threaten to 'out' your sexuality	○	○	○	○
Threaten to disclose your HIV status	○	○	○	○
Refuse to use your preferred pronouns	○	○	○	○
Police your sexuality or gender presentation	○	○	○	○
Threaten to report you to a member of your community or an official service with false allegations	○	○	○	○
Report you to a member of your community or an official service with false allegations	○	○	○	○

Skip to Q28

The following questions refer to your experiences within the abusive relationship. If you have experienced more than one abusive relationship then please answer based on the relationship you feel most comfortable talking about. If you are happy to talk about more than one relationship then there will be an opportunity to do this later in the survey.

Q21 Who was the relationship with? (Tick one)

- ◯ Partner - male
- ◯ Partner - female
- ◯ Ex-partner - male
- ◯ Ex-partner - female
- ◯ Mother
- ◯ Step-mother
- ◯ Father

- ◯ Step-father
- ◯ Grandmother
- ◯ Grandfather
- ◯ Child (under 18) biological
- ◯ Child (under 18) step-child
- ◯ Child (18 or over) biological
- ◯ Child (18 or over) step-child

- ◯ Brother
- ◯ Step-brother
- ◯ Sister
- ◯ Step-sister
- ◯ Other family member
- ◯ Prefer not to say

Q22 How old were you when the abuse started?

- ◯ 16 to 19
- ◯ 20 to 24
- ◯ 25 to 29
- ◯ 30 to 34
- ◯ 35 to 39
- ◯ 40 to 44
- ◯ 45 to 49
- ◯ 50 to 54
- ◯ 55 to 59
- ◯ 60 or older
- ◯ Prefer not to say

Q23 How long did the abuse last?

Years [ ]

Months [ ]

Q24 Were there any children in the household at the time of the abuse? (By household we mean those that live permanently in the home or who visit on a regular basis)

◯ Yes ◯ No ◯ Unsure ◯ Prefer not to say

Q25 Did your partner, ex-partner or other family member do any of the following (Only answer this section if you answered partner or ex-partner to Q21. If not, skip to Q26):

	Yes	No	Don't know/remember	Prefer not to say
Put you down or intentionally make you feel small (e.g. belittle, criticise or humiliate)	◯	◯	◯	◯
Put you down or intentionally make you feel small (e.g. belittle, criticise or humiliate) and then tell you it was just a joke	◯	◯	◯	◯
Blame you for something that was not your fault	◯	◯	◯	◯
Become abusive at you for speaking to another man/woman	◯	◯	◯	◯
Pressure you to change the way you look or dress	◯	◯	◯	◯
Blame or accuse you of doing something that they had done	◯	◯	◯	◯
Question your memory or tell you that you're imagining things you know to be true	◯	◯	◯	◯
Suggest to you, or others, that you are mentally or emotionally unstable	◯	◯	◯	◯
Prevent you from working, training or studying	◯	◯	◯	◯
Restrict access to your own finances	◯	◯	◯	◯
Demand you buy things that you could not afford, or running up debt in your name	◯	◯	◯	◯

Q26 Did your partner, ex-partner or other family member do any of the following:

	Yes	No	Don't know/remember	Prefer not to say
Restrict access to food, clothing, transport, telephones, the internet or medication	○	○	○	○
Use the environment to instil fear in you (e.g. slammed doors, banged a table or hit a wall)	○	○	○	○
Use physical intimidation to instil fear in you (e.g pushed, shaken or threatened with a fist)	○	○	○	○
Use physical violence to instil fear in you (e.g. hit, kicked or strangled)	○	○	○	○
Use a weapon against you? (e.g. knife, screwdriver, remote control)	○	○	○	○
Intentionally damage or destroy your property	○	○	○	○
Use surveillance against you (e.g. monitored your letters, phone calls, emails, texts or social media)	○	○	○	○
Constantly check on where you are, or become aggressive when your late	○	○	○	○
Force you to engage in sex or other sexual acts against your will	○	○	○	○
Threaten you with revenge porn	○	○	○	○
Force you to commit crime	○	○	○	○
Deny you sleep	○	○	○	○
Cyber stalking (e.g. use of the internet or other electronic device to stalk or harass)	○	○	○	○

Q27 Did your partner, ex-partner or other family member do any of the following:

	Yes	No	Don't know/remember	Prefer not to say
Threaten to harm others to instil fear (e.g. children, grandchildren, parents)	○	○	○	○
Threaten to harm pets to instil fear	○	○	○	○
Stopped you or threatened to stop you from seeing people you care about (e.g. children, grandchildren, parents)	○	○	○	○
Threaten to 'out' your sexuality	○	○	○	○
Threaten to disclose your HIV status	○	○	○	○
Refuse to use your preferred pronouns	○	○	○	○
Police your sexuality or gender presentation	○	○	○	○
Threaten to make false allegations against you (e.g to an official service, professional or member of your community)	○	○	○	○
Make false allegations against you (e.g to an official service, professional or member of your community)	○	○	○	○

Q28 Did you suffer any of the following as a result of the behaviours you experienced?

	Yes	No	Don't know/remember	Prefer not to say
Loneliness and/or isolation	○	○	○	○
Suicidal/ having suicidal thoughts	○	○	○	○

If you would like to talk to anyone, the Samaritans are available 24 hours a day. Call free on 116 123, or visit www.samaritans.org/ for more information

	Yes	No	Don't know/remember	Prefer not to say
A need to use alcohol or substances to cope	○	○	○	○
Anger	○	○	○	○
Embarrassment or shame	○	○	○	○
Fear for your own safety	○	○	○	○
Fear for your life	○	○	○	○
Fear of the safety of your child(ren)	○	○	○	○
Fear for the life of your child(ren)	○	○	○	○
Fear for the safety of the abuser	○	○	○	○
Fear for the life of the abuser	○	○	○	○
Feeling unable to leave the relationship/household due to fear of coming to harm	○	○	○	○
Loss of confidence	○	○	○	○
Anxiety, or continuously on edge or alert	○	○	○	○

Q29 Did you suffer any of the following as a result of the behaviours you experienced?

	Yes	No	Don't know/remember	Prefer not to say
Work or studies suffering	○	○	○	○
Forced to give up work, education, or volunteering due to fear of coming to harm	○	○	○	○
Constantly living in fear which affected your day-to-day activities	○	○	○	○
Weight loss or weight gain	○	○	○	○
Eating disorder	○	○	○	○
Low self-esteem or worthlessness	○	○	○	○
Guilt	○	○	○	○
Self-harm (e.g. cutting, burning, head banging)	○	○	○	○
Depression	○	○	○	○
Significant change to:				
Routine	○	○	○	○
Behaviour	○	○	○	○
Appearance	○	○	○	○
Loss of trust in people/ difficulty with other relationships	○	○	○	○

	Yes	No	Don't know/remember	Prefer not to say
Breakdown in relationships with people you care about (e.g. children, grandchildren, parents)	○	○	○	○
Fear that you would lose contact with your children	○	○	○	○
Loss of contact with child through contact being withheld or manipulated	○	○	○	○
Financial difficulties or debt	○	○	○	○
Physically hurt	○	○	○	○

Q30 In what way were you physically hurt (tick all that apply):

☐ Minor bruises or black eyes   ☐ Scarring   ☐ Poisoning

☐ Minor cuts or scratches   ☐ Broken bones   ☐ Other

☐ Severe bruising or bleeding from cuts   ☐ Burns   ☐ Prefer not to say

If other , please describe below, or feel free to move on to the next question:

[   ]

	Yes	No	Don't know/remember	Prefer not to say
Q31 Did you require help from a doctor or hospital?	○	○	○	○

Q32 Any other impact not listed?   ○ Yes

Q33 If you are willing to, please state other impact (please write a single impact in the box below) :

[   ]

Q34 Any further impacts? (please write a single impact in the box below)

[   ]

Q35 Any further impacts? (please write a single impact in the box below)

[   ]

Q36 Any further impacts? (please write a single impact in the box below)

[   ]

Q42 Would you say that the behaviours you experienced affected your mental health a little, a lot or not at all? (Tick one)

○ A lot   ○ No effect **(skip to Q44)**   ○ Prefer not to say **(skip to Q44)**

○ A little   ○ Don't know/remember **(skip to Q44)**

Q43 If a lot or a little, how long has your mental health been affected? (Tick one)

○ Short term   ○ Long term   ○ Prefer not to say

○ Medium term   ○ Too early to say

Q44 **What was the impact on your family? You can be as brief or as detailed as you like. If you would prefer not answer, then you can move on to the next question. Please do not answer this question if you find it upsetting in any way.**

Q45 **Please indicate if you are happy for SafeLives to use anonymous quotes from your comments above on the SafeLives website or on social media (e.g. SafeLives Twitter feed or Facebook page):**

◯ Yes ◯ No

Q46 **Did you tell anyone about the behaviours you experienced and/or the impact on you?**

◯ Yes **(skip to Q48)** ◯ Don't know/remember

◯ No ◯ Prefer not to say

Q47 **If no, what prevented you from telling anyone? (tick all that apply, then skip to Q49)**

☐ Fear of my own safety ☐ Didn't think anyone could do anything to help

☐ Shame or embarrassment ☐ Private/ family matter

☐ Did not know who to go to ☐ It was my fault they acted that way

☐ No support available ☐ Too trivial/ not worth mentioning

☐ Fear of losing child contact ☐ Other

☐ Didn't think they would believe me ☐ Prefer not to say

If other, please describe below, or feel free to move on to the next question:

325

Q48 If yes, who did you tell? (tick all that apply)

- ☐ Family or relative
- ☐ Friend or neighbour
- ☐ Work colleague
- ☐ Specialist domestic abuse service
- ☐ Police
- ☐ Lawyer. Solicitor or other legal professional
- ☐ GP
- ☐ Hospital based health professional
- ☐ Counsellor, therapist
- ☐ Adult social services
- ☐ Child social services
- ☐ Samaritans
- ☐ Priest (or other religious or community leader)
- ☐ Other
- ☐ Prefer not to say

If other, please describe below, or feel free to move on to the next question:

[ ]

Q49 Did you find support & information online? (Tick one)

- ○ Yes, it was very good
- ○ Yes, it was good but could have been improved
- ○ Yes, but none of it really seemed relevant to me
- ○ I couldn't find anything online
- ○ I didn't go online to get support
- ○ Prefer not to say

Q50 Did you receive any help or support for the behaviours you experienced and/or the impact on you? (Tick one)

- ○ Yes
- ○ No **(skip to Q83)**
- ○ Don't know/remember
- ○ Prefer not to say

Q51 If yes, who from? (tick all that apply)

Idva ☐

Q52 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q53 Outreach or other domestic abuse specialist support worker ☐

Q54 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q55 A helpline ☐

Q56 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q57 Family or relative ☐

Q58 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q59 Friend or neighbour ☐

Q60 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q61 Work colleague ☐

Q62 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q63 Police ☐

Q64 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q65 Lawyer, solicitor or other legal professional ☐

Q66 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q67 GP ☐

Q68 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q69 Hospital based health professional ☐

Q70 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q71 Counsellor, therapist ☐

Q72 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q73 Adult social services ☐

Q74 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q75 Child social services ☐

Q76 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q77 Samaritans ☐

Q78 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q79 Priest (or other religious or community leader) ☐

Q80 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q81 Other ☐

Please describe here, or feel free to move on to the next question:

Q82 If ticked:

	Improved greatly	Improved slightly	No change	Decreased slightly	Decreased greatly	Don't know	Prefer not to say
What impact did that have on your safety?	○	○	○	○	○	○	○
What impact did it have on your well-being?	○	○	○	○	○	○	○

Q83 If you did not receive support, what prevented you from receiving support? (skip if you did receive support)

- ☐ Support was not available for male victims
- ☐ Shame or embarrassment
- ☐ Fear of losing child contact
- ☐ They didn't believe me
- ☐ They didn't know how to help
- ☐ I didn't want to access support
- ☐ I couldn't afford it
- ☐ Other
- ☐ Prefer not to say
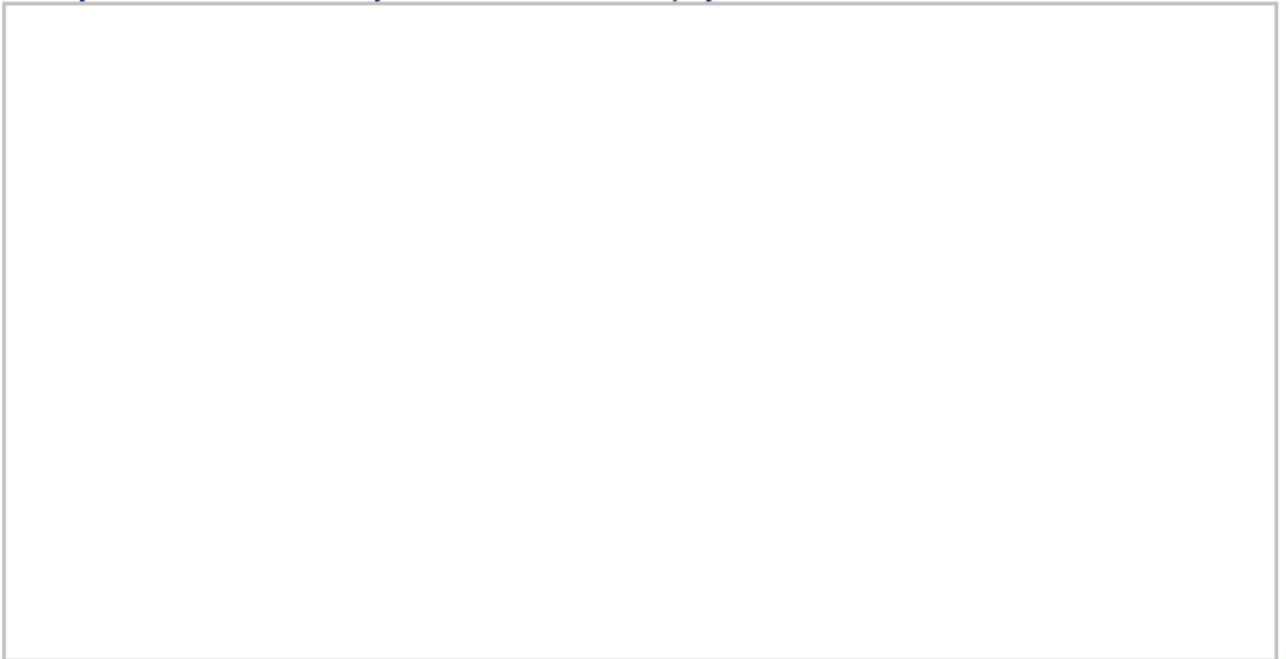
If other, please describe below, or feel free to move on to the next question:

_____

Q84 Is there anything else you would like to tell us in relation to abuse in the relationship or its impact on you?

_____

Q85 Please indicate if you are happy for SafeLives to use anonymous quotes from your comments above on the SafeLives website or on social media (e.g. SafeLives Twitter feed or Facebook page):

○ Yes   ○ No

Q86 Would you like to tell us about any other abusive relationships you have been in?

Q87 Please indicate if you are happy for SafeLives to use anonymous quotes from your comments above on the SafeLives website or on social media (e.g. SafeLives Twitter feed or Facebook page):

○ Yes   ○ No

Q88 What one thing would have made a difference to your situation?

Q89 Please indicate if you are happy for SafeLives to use anonymous quotes from your comments above on the SafeLives website or on social media (e.g. SafeLives Twitter feed or Facebook page):

○ Yes   ○ No

Q90 Is there anything else you would like to tell us about services or support available for male victims/survivors of abuse?

Q91 Please indicate if you are happy for SafeLives to use anonymous quotes from your comments above on the SafeLives website or on social media (e.g. SafeLives Twitter feed or Facebook page):

◯ Yes   ◯ No

Q92 Do you have any words of support or hope you would like to share with anyone currently or previously in an abusive relationship?

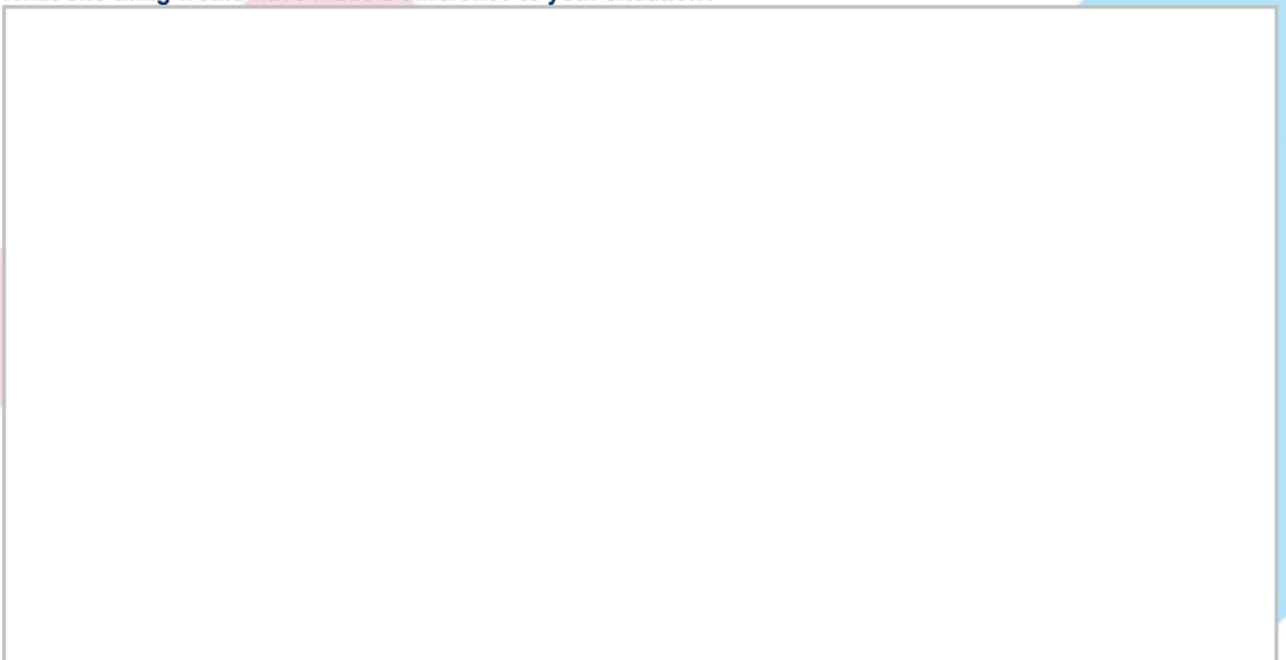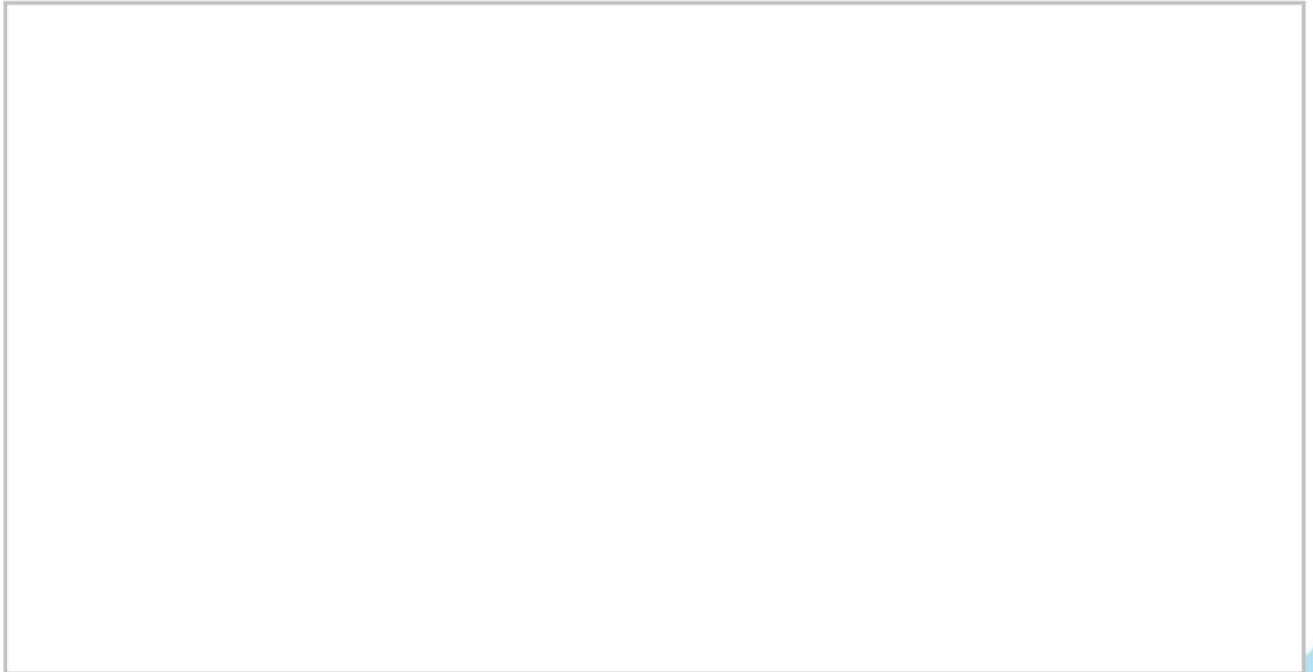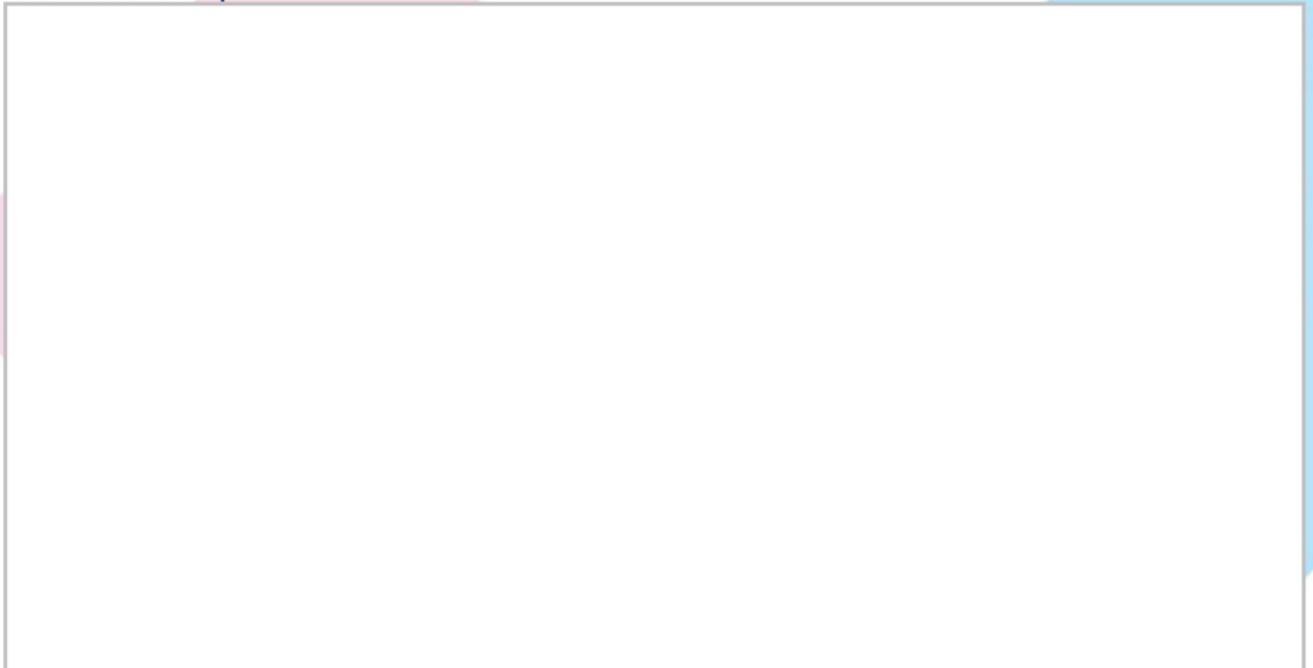**Q93 Please indicate if you are happy for SafeLives to use anonymous quotes from your comments above on the SafeLives website or on social media (e.g. SafeLives Twitter feed or Facebook page):**

◯ Yes   ◯ No

Appendix B: Example of coding: SafeLives Qual Data

(FurtherImpact1)- If you're willing to, please state other impact?
- "I was arrested for defending myself"
- "Was too scared and ashamed to tell authorities as I'm meant to be a "Man""
- "Ruined my life completely simple as that"
- "Severe agoraphobia with panic disorder, OCD, GAD, CPTSD. All diagnosed by doctors and specialists."
- "Been arrested based on false allegations; personal & professional equipment seized"
- "I need to be on my own I don't feel safe with other people"
- "Nightmares directly relating to experiences/being back in the relationship"
- "Resulted in severe psychological injury: Post-Traumatic Stress Disorder"
- "Spend nights on the street, had to leave house to avoid accusation or violence"
- "fear of physical contact"
- "Became so alone"
- "She turned all agencies against me. She started off as the victim but then now I'm being victimised"

(FurtherImpact2)
- "I struggle everyday to put a face on. I don't know how much longer the "face" will last."
- "Living everyday is victory for me"
- "False allegations by other abuser led to criminal charges, despite me being the victim."
- "Legal violence: extra burden, worries, expenses, need for medical support"
- "I wish life would come to the end"
- "Total loss of 'Self'. I worked hard to create a future from nothing. She took it all from me."
- "Feeling of helplessness"

(FurtherImpact4)
- "She created an abusive environment in which to raise our children, so I couldn't leave them."

(FurtherImpact5)
- "Brainwashing and coaching children."
- "Forced to change job, and sacrifice career"
- "sleeping disorder"

Appendices C: Male victim's experiences of help-seeking during the pandemic questionnaire

Part 1. Demographic questions

1. How old are you?

2. What is your ethnicity?
   - White
   - Asian or Asian British
   - Black or Black British
   - Mixed
   - Other ethnic group

3. If you specified White
   - White – British
   - White – Irish
   - Other White background

4. If you specified Asian or Asian British
   - Bangladeshi
   - Chinese
   - Indian
   - Pakistani
   - Other Asian background

5. If you specified Black or Black British
   - African
   - Caribbean
   - Other Black background

6. If you specified Mixed
   - White and Asian
   - White and Black African
   - White and Black Caribbean
   - Other Mixed background

7. If you specified Other ethnic group
   - Arab
   - Other ethnic group

8. Do you have a current partner?
   - Yes
   - No (Skip to Q14)
   - Rather not say

9. If yes, what is the gender of your current partner?

10. Is this individual the person you are thinking of when answering this survey and questions about abusive behaviour?
- Yes
- No, an ex-partner (Skip to Q13)
- Rather not say

11. How long have you been in your relationship with your current partner?
- Years?
- Months?

12. Do you live with your partner?
- Yes
- No
- Rather not say

13. What is the gender of your ex-partner?

14. If answered no to a current partner, what is the gender of your ex-partner

15. Is this individual the person you are thinking of when answering this survey and questions about abusive behaviour?
- Yes
- No (Skip to Q17)
- Rather not say

16. How long did your relationship with your ex-partner last? _____ years _____ months

(please state years and/or months in answer - e.g., 5 years and 7 months).

17. If no, who are you thinking about when answering this survey?

18. And what is that person's gender?

19. Do you have children?
- Yes
- No (Skip to Q24)
- Rather not say

20. If yes, please can you tell us how many?
- One
- Two
- Three or more

21. What are their ages? (You can select multiple answers)
- 0-6
- 6-10
- 10-15
- 15+

22. Do one or more of these children currently live with you?
- Yes
- No
- Rather not say

23. Is the individual that you share your children with also the person you are thinking about when completing this survey?
- Yes
- No
- Rather not say

Part 2. Male victims' experiences of their relationship generally

24. Before we start, can you describe how your relationship with your partner (or ex-partner) is (or was) generally? And how did it change over the course of the time you were together, if at all?

Part 3. Male victims' experiences of their relationship Prior to COVID-19

25. Can you describe what happened when there was conflict in your relationship?

26. Can you describe any instances of aggression or abuse within your relationship. For, example verbal aggression, physical aggression or sexual aggression? And can you explain what happened during these events?

27. Sometimes in relationships, people try and influence, or manipulate each other's behaviour. Thinking about this, can you describe any examples of your partner's behaviour, (for example around money, your personal freedom, your relationships with your friends and family, or with children).

28. What is/was your overall opinion of the available support for male victims of domestic violence prior to the Covid-19 pandemic? (this can be from personal experiences, through knowing about someones else's experiences, or just general knowledge of the available support for male victims).

Part 4. Male victims' experiences of their relationship during COVID-19

29. Can you describe how the nature of the UK lockdown affected your arrangements at home? (For example, were you or your partner furloughed, were you a key worker and still going out to work, did you have children who were no longer attending school?)

30. Can you describe the ways in which the UK lockdown and "Stay at home" messages impacted on the experiences you've described in the first part of the questionnaire? For example, did any aggression and/or controlling behaviour begin or change?

31. If you are answering this survey thinking about a previous relationship, did this relationship end during the lockdown period and can you describe how the relationship ended? (if you are answering about a current relationship, move to the question "can you describe how the experiences you have explained above have impacted on you?")

32. Have any of the experiences described above continued or changed post-separation?

33. Can you describe how the experiences you have explained above have impacted on you?

34. And impacted your family?

35. If you are now in a relationship with someone other than the person you are answering this survey about, can you describe the challenges (if any) that you faced entering this relationship? And, if applicable, whether any of these challenges are still present?

Part 5. Male victim's experiences of help-seeking prior to and during the COVID pandemic

36. Can you explain if you ever told anyone about your experience prior to the COVID-19 pandemic/national lockdowns? (e.g. friends or family, police, services)

37. Did you tell anyone about your experiences during or after lockdown?

38. Did you reach out to a specialist service of any kind?
    - Yes
    - No
    - Would rather not say

39. (If answered yes to question 15.) You are under no obligation to do so, but can you disclose which service you approached?

40. (If answered yes to question 15.) Was there any reason in particular that you chose to disclose your experiences to this charity?

41. (If answered yes to question 15.) Can you describe what happened when you approached your chosen service? How did you find the experience of talking about your experiences? And can you describe any positive or negative experiences from this process?

42. (If answered no to question 15.) If you are comfortable doing so, can you describe the reasons why you did not approach a service? For example, were there any barriers to reaching out and discussing your experiences?

43. Can you describe the ways in which lockdown and the stay at home message impacted on your decisions to disclose/not disclose?

Appendix D: Example of coding: male victim survey

Can you describe the ways in which the UK lockdown and "Stay at home" messages impacted on the experiences you've described in the first part of the questionnaire? For example, did any aggression and/or controlling behaviour begin or change?

- "I tried to encourage my ex to keep herself and our child safe by staying at home during COVID, however she has now twisted this as me controlling her movements"
- "My partner began to get more aggressive and violent outbursts became more frequent as no one was checking in on her or us. Before lockdown social services were checking her, visiting her, ensuring she had taken her meds, looking at her physical appearance (she has anorexia too) and ensuring she was meeting their criteria. Also she was going to see a psychiatrist (ordered by the courts) but this stopped. She stopped taking her meds, no one kept an eye in her, no social services visits and no psychiatric help, just the odd phone call or a "call us if you need is" which she hardly ever does, she believes nothing is wrong with her most of the time and if she becomes aggressive you cannot convince her to seek help, you become the sole object of her outbursts, if you call for help, (which a neighbour must have done on a few occasions) she wants to seek revenge in them."
- "She was more desperate for attention, being isolated. She didn't follow the stay at home requirements, putting added risk on the situation.   She, from what I can tell, took it out on the kids, because I was not there."
- "Yes, it got worse: she felt she could get away with anything."
- "During the initial phase of the lockdown I felt the relationship got further strained, especially because of the nature of my work. I'd feel as though my ex was constantly suggesting I was a problem, despite constant attempts to reassure her about how cautious I was when it came to work, even before the pandemic. Eventually I learned this was to keep me away so she could cheat on me. She actually had no issue with leaving the house during the pandemic, she just wanted me to feel like I couldn't be there and that she was."
- "Nothing changed really. I still wasn't seeing my daughter through this period."
- "Just made everything worse and magnified the feeling of helplessness and the absolute lack of services and how useless most, if not all public services are!"
- "At the time facetime with our daughter was good, twice a week, 1 hour in the phone. I think the mother needed a break from our daughter and was happy she was entertained by myself. After end of lockdown, no more FaceTime with me."
- "My wife was frightened of me going to work, but l continue with all precautions and so far no one in our family has caught it. I never told my wife of the option of working from home."

Appendices E: Practitioner's experiences of helping male victim's during the pandemic questionnaire

Part 1. Practitioner demographic questions

1. How long have you worked at your current organisation?
2. How many years of experience do you have working with male victims of domestic violence?
3. How many years of experience do you have working within the domestic violence sector overall?
4. Can you detail any particular qualifications that you hold or training you have received that demonstrate

Part 2. Practitioner general experiences

5. Can you tell me about your general experiences working in this sector?

Part 3. Practitioner experiences of helping male victims prior to COVID-19

6. Can you describe your experiences of supporting male victims of domestic violence prior to the COVID 19 pandemic?
7. Can you describe the "typical" needs of the men you support before the pandemic?
8. What is/was your overall opinion of the available support for male victims of domestic violence prior to the Covid-19 pandemic (prior to March 2020)?

Practitioner experiences of helping male victims during COVID-19

9. Can you describe changes, if any, that you had to implement to your service due to the restrictions of lockdown?
10. Can you describe additional training, if any, that was introduced to your organisation when the lockdown restrictions started?
11. Can you describe changes, if any, in the frequency of calls, or the nature of the calls received since the beginning of lockdown?

12. Can you describe changes, if any, in support provided to male victims during this time or describe the support you were able to offer men? (e.g., signposting, emotional/practical support)

13. During/after the lockdown restrictions began to ease (for any of the three lockdown periods), can you describe if the frequency of callers differed from the lockdown period?

14. During/after the lockdown restrictions began to ease (for any of the three lockdown periods), can you describe if there were any changes to the nature of the calls received compared to during the lockdown period?

15. Can you describe changes, if any, to services/support that your organisation will implement in the future, from any experiences during the pandemic (e.g., changes made to service during the pandemic that may be permanent?)

16. If you are comfortable sharing, and within your own organisational guidelines on anonymity and confidentiality, are there any specific examples that you can share of how your organisation has supported male victims of IPV during the pandemic? Can you also share how, if at all, this was different to before the pandemic began?

17. Is there anything you believe yourself or your organisation could have done differently to provide better support to male victims throughout the lockdown periods?

18. Is there anything else you would like to add about your experience that we have not asked you about?

Appendix F: Example of coding: Practitioners survey

Can you describe changes, if any, in the frequency of calls, or the nature of the calls received since the beginning of lockdown?

- "Not through direct experience but from a male support organisation, I know that the calls regarding male victims, including those from female friends and family member concerned for men's welfare, has increased phenomenally"
- "Huge increase in demand"
- "One difference early in was a number of clients who had previously been in very controlling relationships found the initial lockdown restrictions very triggering, as being told what to wear, where you could go, who you could see etc was very much like the abuse. There was some escalation of violence & abuse due to people being trapped with abusers, but our service mainly works with people after they have left (to help with the psychological impact & trauma) so we weren't very affected by that."
- "There was an increase in volume of calls to the helpline and the nature of those calls since the start of lockdown was more mental health issues as people were unable to access their regular support networks so were calling any helpline that would answer. As time has progressed over the past 18 months, there continues to be mental health issues but these are more related to being trapped inside with an abusive party. Also men who were stopped from seeing their children in many cases citing covid as an excuse."
- "Seems to be an increase in all calls but noticeably more men coming into support."

Can you describe changes, if any, in support provided to male victims during this time or describe the support you were able to offer men? (e.g., signposting, emotional/practical support)

- "No changes as the focus has been on VAWG"
- "Same support but help seeking became more complex and desperate."
- "We provide the same support in terms of information and signposting however during covid have signposted more to mental health services."
- "Signpost to mankind was beneficial for online support where the persons felt more at ease online than face to face."

Appendices G: Actors Script:

The audio simulation will involve a script (which will be the same for every time the study is repeated regardless of gender pairing).

Coercive control (approx. 40 seconds)

'Perpetrator': "I don't understand why you said you can see your friends tonight. You didn't tell me about it first and I thought we would spend the night together."

'Victim': "I'm sorry it was a last minute thing and everyone…." *(Perpetrator cuts victim off)*

'Perpetrator': "how much is this going to cost?"

'Victim': "It's just dinner and a few drinks."

'Perpetrator': "so money that you don't have and that I am going to have to give you?"

'Perpetrator': "… you know I don't like your friends, you act different when you are around them."

'Perpetrator': "Interfering with our relationship. Saying bad things about me."

'Perpetrator': "what do they say about me?"

'Victim': "They're not interfering, they haven't said anything… you're just being paranoid."

'Perpetrator': *'Raised Voice'* "DO NOT lie to me."

Pause…

'Victim': "I'm not lying to you, I wouldn't."

'Victim': "can we just drop this now? Other people are around. Please"

'Perpetrator': "WHY? Are you embarrassed of me?"

'Victim': "no, just people are looking at us."

Pause…

Transitioning to emotional abuse (approx. 40 seconds)

'Perpetrator': "…. who will be there? Tonight- Will they be any other men/women there?"

'Victim': "I'm not sure, there might be. Why does that matter?"

'Perpetrator': "What's with the attitude?"

'Perpetrator': "You know no one else would put with up you the way I have. You are lucky

that you have me."

'Perpetrator': "I put up with your friends because you mean so much to me."

'Perpetrator': "I do it for you. I give and I give and I give and this is what I get, attitude."

'Victim': "There is no attitude, I'm sorry."

'Victim': "I just don't know why it matters who is there…"

'Perpetrator': "IT matters… because you belong to/ with me."

'Perpetrator': "And your friends are trying to separate us, take you away."

Transitioning to physical abuse (approx. 40 seconds)

'Victim': "They're not please…"

'Perpetrator': *'Push and slap.'*

'Victim': "Stop! You are hurting me. Please."

'Perpetrator': "This is your own fault, how do you think I feel, doing this?"

'Perpetrator': "You make me do these things."

'Perpetrator': *'Pause'*

'Perpetrator': "I'm sorry, you know I never mean to hurt you."

'Perpetrator:' "I just get angry and you really wind me up"

Appendices H: Pilot study survey questions

Part 1. Questions about the scenario content

1. Can you describe what you just heard? (Free text)

2. In the scenario you just heard, who would you identify as the victim?
    - The male
    - The female
    - I'm not sure

3. Why have you identified this individual as the victim? (Free text)

4. In the scenario you just heard, who would you identify as the perpetrator?
    - The male
    - The female
    - I'm not sure

5. Why have you identified this individual as the perpetrator? (Free text)

6. Can you describe at what points in the audio you believe you heard examples of abuse?

7. Can you describe what types of abuse you heard?

8. In the example you just heard, what was the perpetrator annoyed about?

9. In the example you just heard, why did the perpetrator not like the victim's friends?

Part 2. Questions about the study in general

10. What do you think the purpose of this experiment was? (Free text)

11. Could you understand what the content of the audio was about? (i.e., that it was a simulation of domestic abuse between a romantic couple)
    - Yes (Skip to Q13)
    - No

12. If you answered no, could you explain? (Free text)

13. Was this recording representative of a domestic dispute? (i.e., was it believable)
    - Yes
    - No (Skip to Q15)

14. If answered yes, please tell us why you think it is representative of a domestic dispute?

    (Free text)

15. If answered no, please tell us why you think it is not representative of a domestic dispute?

    (Free text)

Appendices I: Experimental study survey questions

Part 1. Allocation of victim/ perpetrator labels

1. Can you describe what you just heard? (Free text)

2. In the scenario you just heard, who would you identify as the victim?
   - The male
   - The female
   - Both
   - I'm not sure

3. If you have identified someone, why did you identify this individual as the victim? (Free text)

4. In the scenario you just heard, who would you identify as the perpetrator?
   - The male
   - The female
   - Both
   - I'm not sure

5. If you have identified someone, why have you identified this individual as the perpetrator? (Free text)

6. How serious do you consider the scenario you just heard to be?
   - Extremely serious
   - Serious
   - Neither serious nor not serious
   - Not that serious
   - Not at all serious

Part 2. Intervention questions

7. If you had witnessed this scenario alone, how likely it is that you would have intervened?
   - Extremely Likely
   - Likely
   - Neither likely nor unlikely
   - Unlikely
   - Extremely unlikely
   - Prefer not to say

8. (If answered unlikely or extremely unlikely to question 7.) why do you think you would not have intervened?
   - Not sure of how to help
   - Unsure if violence would also be inflicted on myself
   - It is nothing to do with me
   - The victim probably deserved it

- Domestic disputes should be dealt with by the two people involved and no one else
- Other
- Prefer not to say

9. If you answered 'other' please state? (Free text)

10. (If answered likely or extremely likely to question 7.) What would you have done?
   - Try to talk to the couple
   - Call a domestic hotline/ organisation
   - Call the police
   - Approach the perpetrator and stand up to them
   - Other
   - Prefer not to say

11. If you answered 'other' please state? (Free text)

12. (If the participant heard male perp/ female victim audio) In the scenario you have just heard, the perpetrator's sex was male, and the victim's sex was female, do you think you would have acted differently if the gender of the parties were reversed? If yes, how would you have acted differently? (Free text)

13. (If the participant heard female perp/ male victim audio) In the scenario you have just heard, the perpetrator's sex was female, and the victim's sex was male, do you think you would have acted differently if the gender of the parties were reversed? If yes, how would you have acted differently? (Free text)

14. If another/ other bystander(s) was present when you witnessed this scenario, how likely is it that you would have intervened?
   - Extremely Likely
   - Likely
   - Neither likely nor unlikely
   - Unlikely
   - Extremely unlikely
   - Prefer not to say

15. (If answered unlikely or extremely unlikely to question 14) Why do you think you would not have intervened?
   - Afraid I would do something wrong or mess up in front of onlookers
   - Believe the other individual(s) would help
   - If others do not react in the way I would expect them to then it must not be an emergency
   - Other bystanders might perceive me as the perpetrator

16. If the victim in the scenario that you had witnessed asked for advice, what would you say to them? (Free text)

Resolution questions

17. Do you think the perpetrator in the scenario you heard committed domestic violence (based on the definition provided below)?

    "Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to: psychological, physical, sexual, financial, emotional"

18. If you answered no, why do you think the perpetrator in the scenario you heard did not commit domestic violence?

19. What do you think would be the best possible way to resolve this dispute?
    - Couple should talk things through and resolve the problem on their own
    - Friends/ family should intervene
    - Domestic abuse hotline
    - Police involvement
    - Other, please state

Help-seeking questions

20. Would you know where to send a female victim of domestic violence for help?
    - Yes
    - No
    - Not sure

21. (If answered yes) where would you send them to? (Free text)

22. (If answered no) Why do you think you are not sure where to send a female victim to? (Free text)

23. Would you know where to send a male victim of domestic violence for help?
    - Yes
    - No
    - Not sure

24. (If answered yes) where would you send them to? (Free text)

25. (If answered no) Why do you think you are not sure where to send a male victim to? (Free text)

26. If you have said yes to knowing where to send a female victim to, but no or not sure to knowing where to send a male victim to, why do you think this is? (Free text)

General partner violence questions

27. Take a moment to think about what a 'typical' victim might look like and try and describe their characteristics (e.g., height, age) (Free text)

28. Take a moment to think about what a 'typical' perpetrator might look like and try and describe their characteristics (e.g., height, age) (Free text)

29. What do you think a female victim of domestic violence should do if they are experiencing abuse? (You can select more than one answer)
    - Report it to the police or domestic abuse hotline
    - Leave the relationship
    - Tell friends and family
    - Nothing
    - Not sure
    - Other, please state

30. What do you think a male victim of domestic violence should do if they are experiencing abuse? (You can select more than one answer)
    - Report it to the police or domestic abuse hotline
    - Leave the relationship
    - Tell friends and family
    - Nothing
    - Not sure
    - Other, please state

Appendix J: Example of coding: Experimental study

Take a moment to think about what a 'typical' victim might look like and try and describe their characteristics (e.g., height, age) (Free text)

- There is no typical age or gender in my opinion.
- There is definitely is no "typical" victim.
- There are no characteristics it can be anyone
- I don't think there is a 'typical' victim. It can happen to anyone
- Young woman, maybe in their 20s. Quite small and petite, also pretty and vulnerable looking.
- I guess typical victim would be a woman in general. Age and height doesn't make much difference.
- A victim may look just fine or terrible both in terms of physical appearance. The ones who look fine might be hiding it really well by makeup and the ones who look terrible must be beyond hiding i.e. swollen lips, swelling on parts of the body, bruises and more
- Vulnerable, small, naive, young
- It would be false, in my opinion, to characterise a 'typical' victim. It's possible to assume they would be female, small and phsyically weak but domestic abuse can happen to anyone. --Victim could be male as well as female.
- Between 5 foot and 5 foot 4. Age could be anything between 18-45
- short, young, thin
- Victims don't have a certain visual appearance, however it's common that victims are female. Age and height aren't specific
- The stereotype victim is always a young female but this could happen to anyone.
- Smaller in stature than perpetrator, not aggressive , any age,
- Woman, any build - I have seen taller/bigger women being made to feel very small so height or build wouldn't be a specified characteristic. Youth or middle-aged. Youth may be niaive to this behaviour and what to do, and young perpetrators may feel invinsable. On the other hand, I feel there are a lot of middle-aged couples who have been stuck in this cycle for years.
- It could be anyone. Normally more quite people. Too scared to stand up for themselves. Sometimes uneducated
- "Typical" victims are female young people, who tend to be more physically and/or psychologically disadvantaged than the perpetrator. Male victims are less heard of, mainly because they can be ashamed and particularly worried about societal and gender-related expectations - i.e., "men are not expected to be assaulted by women" and therefore less likely to report the abuse.
- I don't believe there is a "typical" description for a victim
- I am not sure it is possible to guess what a typical victim looks like, context and the victim is likely to be unique within that relationship. This may also be influenced by other factors such as generation/culture etc
- Short in height, young, weak, very fragile, vulnerable, not very confident, very dependent on others.