An investigation into the needs of men experiencing domestic abuse and current service provision (Wales)

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A submission presented in partial fulfilment of the requirements of the University of South Wales/Prifysgol De Cymru for the degree of Doctor of Philosophy

This research study was undertaken with support from the Safer Wales Dyn Project, Cardiff and funded by the Welsh Government Academic Social Care Collaboration (ASCC)

April 2018
For Dad, James, Chloe and Southern. Your unfaltering belief gave me the courage to dare to believe in myself. In memory of Mam always loved, never forgotten.
Acknowledgement

First and foremost, to the men in this study, thank you. Your time and your honest, open accounts of your experiences are truly valued and will not be forgotten. I hope that I have interpreted and communicated your experiences with the justice and attention they deserve. With special appreciation to the four domestic abuse services whose support enabled the recruitment of men to in-depth interviews. Thank you also to the managers and practitioners of domestic abuse services across Wales who gave their time to participate in interviews and complete questionnaires.

Special thanks to my supervisory team; Dr. Carolyn Wallace, Prof. Joyce Kenkre, Dr. Jo Brayford and Simon Borja. Your guidance, encouragement, kindness and support have been my inspiration on this three year journey. I owe particular thanks to Carolyn, who drew my attention to the possibility of embarking on an opportunity I simply never considered would be afforded to me and for believing that I could succeed.

Thank you to my family, what we lack in numbers we make up for in courage and determination. I count my blessings to have received your constant love, support and patience. You have been my motivation and saving grace.

And to Edward, thank you for your companionship, humour and perspective.
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Abstract

This study asked the research questions: ‘What are the needs of men experiencing domestic abuse’ and ‘Is current service provision meeting those needs?’ From a policy, research and practice perspective, domestic abuse has largely focussed on heterosexual women. Knowledge, awareness and understanding of male victimisation is largely absent within policy and academic literature. The issue is gaining momentum and research is expanding. However, in-depth understanding from a male victim perspective remains underdeveloped. Moreover, no previous literature was identified that had explored service provision for abused men in Wales, or the perspectives of the professionals supporting them.

This study used mixed methods comprising of three data-collection phases using parallel and sequential design. Phase One consisted of a service description and data questionnaire to identify existing provision and data collection practices. Across Wales, 48 domestic abuse and sexual violence services were identified as supporting men. Thirty-seven services (77%) responded to Phase One. Phase Two, a specific service information questionnaire, requested data pertaining to the numbers of men accessing and the needs identified. Twenty-six (79%) of a potential 33 services completed the Phase Two questionnaire. In parallel, seven in-depth interviews were undertaken with men who had experienced domestic abuse and sought support. Interviews were analysed using Interpretive Phenomenological Analysis. Data collection concluded with Phase Three and the completion of 20 semi-structured interviews with managers and practitioners of domestic abuse services. Interviews were analysed using Thematic Analysis. Findings across the data set were triangulated using a meta-matrix.

Triangulation identified two dominant themes: a need for recognition and limited provision. A lack of recognition (of male victims and the impact of domestic abuse on them) prevented all subsequent needs identified in in-depth interviews from being met. For services, a lack of recognition of the issue has created a perpetuating cycle of unsubstantiated need and limited availability of provision. Service data
information further informed the development of a unique interactive service map of Wales.

For male victims there is a visible inequality created and sustained by the gendered positioning of domestic abuse; men are bound by prevailing gender norms and domestic abuse constructs of the male perpetrator and female victim. Abused men are denied equal recognition, are not readily accepted and victimisation remains perceived as inconsequential. These perspectives prevent self-recognition of victimisation, hinder help seeking and fuel a limited provision.

Drawing upon findings and existing literature, this research demonstrates how the lack of recognition is sustained and how it impacts male victims and provision. The service needs of abused men are presented and recommendations for practice offered. Consideration is given to opportunities for change. Achieving recognition requires a move away from the gendered narrative of domestic abuse. A dedicated commitment from those with the influence of determining normative need and serious social issues (government ministers, policy, funders, researchers, practice, national organisations, media and wider society) is needed. All experiences of domestic abuse are serious, important and deserving of recognition and access to specialist targeted provision.
### Abbreviations

<table>
<thead>
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<th>Abbreviation</th>
<th>Meaning</th>
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<tr>
<td>ADSS Cymru</td>
<td>Association of Directors for Social Services</td>
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<tr>
<td>BAWSO</td>
<td>Black Association of Women Step Out (support for BME communities)</td>
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<td>BME</td>
<td>Black and Minority Ethnicity</td>
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<td>BOS</td>
<td>Bristol Online Survey</td>
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<tr>
<td>CAADA</td>
<td>Co-ordinated Action Against Domestic Abuse (now Safe Lives)</td>
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<tr>
<td>CAADA DASH RIC</td>
<td>Coordinated Action Against Domestic Abuse, Stalking and ‘Honour’-based violence Risk Indicator Checklist</td>
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<tr>
<td>CBC</td>
<td>County Borough Council</td>
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<td>CJS</td>
<td>Criminal Justice Service</td>
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<td>CSEW</td>
<td>Crime Survey England and Wales</td>
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<td>CCV</td>
<td>Common Couple Violence</td>
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<td>CPS</td>
<td>Crime Prosecution Service</td>
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<td>CTS2</td>
<td>Revised Conflict Tactics Scale</td>
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<td>CYP</td>
<td>Children &amp; Young People</td>
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<td>DA</td>
<td>Domestic Abuse</td>
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<td>DAC</td>
<td>Domestic Abuse Co-ordinator</td>
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<td>DAS</td>
<td>Domestic Abuse Service(s)</td>
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<td>DASG</td>
<td>Domestic Abuse Service Grant</td>
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<td>DASU</td>
<td>Domestic Abuse Safety Unit</td>
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<td>DV</td>
<td>Domestic Violence</td>
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<tr>
<td>DVA</td>
<td>Domestic Violence and Abuse</td>
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<tr>
<td>FOI Request</td>
<td>Freedom of Information Request</td>
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<tr>
<td>GBT</td>
<td>Gay, Bisexual, Transgender</td>
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<tr>
<td>HMIC</td>
<td>Her Majesty’s Inspectorate of Constabulary</td>
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<tr>
<td>IDVA</td>
<td>Independent Domestic Violence Advisor</td>
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<td>IPA</td>
<td>Intimate Partner Abuse</td>
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<tr>
<td>IPV</td>
<td>Intimate Partner Violence</td>
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<tr>
<td>ISVA</td>
<td>Independent Sexual Violence Advisor</td>
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<tr>
<td>IT</td>
<td>Intimate Terrorism</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority(s)</td>
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<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual, Transgender</td>
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<td>LSB</td>
<td>Local Safeguarding Board</td>
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<tr>
<td>MAC’s</td>
<td>Multi-Agency Centres</td>
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<td>MASH</td>
<td>Multi-Agency Safeguarding Hub</td>
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<td>MARAC</td>
<td>Multi-Agency Risk Assessment Conference</td>
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<tr>
<td>MMR</td>
<td>Mixed Methods Research</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>NISCHR</td>
<td>National Institute for Social Care and Health Research (now Health and Care Research Wales)</td>
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<tr>
<td>NPS</td>
<td>National Probation Service</td>
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<tr>
<td>ONS</td>
<td>Office of National Statistics</td>
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<tr>
<td>PCC</td>
<td>Police &amp; Crime Commissioner</td>
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<tr>
<td>RIC</td>
<td>Risk Indicator Checklist</td>
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<tr>
<td>SARC</td>
<td>Sexual Assault Referral Centre</td>
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<tr>
<td>SV</td>
<td>Sexual Violence</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>VAW</td>
<td>Violence Against Women</td>
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<tr>
<td>VAWAG</td>
<td>Violence Against Women and Girls</td>
</tr>
<tr>
<td>VAWDASV</td>
<td>Violence against Women, Domestic Abuse and Sexual</td>
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<td></td>
<td>Violence (Wales) Act</td>
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<tr>
<td>WA</td>
<td>Women’s Aid</td>
</tr>
<tr>
<td>WAG</td>
<td>Welsh Assembly Government</td>
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<tr>
<td>WG</td>
<td>Welsh Government</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>WWA</td>
<td>Welsh Women’s Aid</td>
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## Definition of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Choose2Change</td>
<td>A programme of change for male perpetrators.</td>
</tr>
<tr>
<td>Crime Survey England &amp; Wales (CSEW)</td>
<td>The CSEW, formerly known as the British Crime Survey (BCS), is a face-to-face survey asking people who are resident in households in England and Wales about their experiences of a range of crimes in the past year.</td>
</tr>
<tr>
<td>Distance travelled</td>
<td>Record of progress made by a service user as a result of intervention/support.</td>
</tr>
<tr>
<td>Domestic Abuse (DA) &amp; Domestic Violence (DV) &amp; Domestic Violence &amp; Abuse (DVA)</td>
<td>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 (Home Office, 2013).</td>
</tr>
<tr>
<td>Drop-in</td>
<td>Support can be accessed directly without the need for a pre-booked appointment or referral from another service.</td>
</tr>
<tr>
<td>Dyn Project Wales</td>
<td>Provides support to Heterosexual, Gay, Bisexual and Trans men who are experiencing Domestic abuse from a partner.</td>
</tr>
<tr>
<td>Floating support</td>
<td>On-going support encompassing: housing related/tenancy support, health and social care needs (promoting/ensuring access to health and social care services, employment, training &amp; benefits), help with daily living skills and encouraging social activity.</td>
</tr>
<tr>
<td>Freedom Programme</td>
<td>Domestic abuse programme examining the roles of attitudes and beliefs on the actions of abusive men and the responses of victims and survivors (The Freedom Programme, 2015).</td>
</tr>
<tr>
<td>Intimate Partner Abuse &amp; Intimate Partner Violence</td>
<td>Physical violence, sexual violence, stalking and psychological aggression (including coercive acts) perpetrated by a current or former intimate partner.</td>
</tr>
<tr>
<td>Male refuge/safe house</td>
<td>Safe, confidential accommodation for those escaping domestic abuse, offering emotional and practical support.</td>
</tr>
<tr>
<td>Men’s Advice Line</td>
<td>A confidential helpline for any man experiencing domestic violence and abuse from a partner (or ex-partner).</td>
</tr>
<tr>
<td>Independent Domestic Violence Advisor (IDVA)</td>
<td>Specialist accredited role working with individuals assessed as high/very high risk of serious harm or murder. IDVA’s are independently of any one agency. Short-term intensive support is provided with the aim of reducing risk.</td>
</tr>
<tr>
<td>Insights</td>
<td>Outcomes measurement programme developed by Safer Lives for specialists domestic abuse services.</td>
</tr>
<tr>
<td>Intimate terrorism (IT)</td>
<td>An on-going pattern of violence and coercive control, resulting in injury and fear (Johnson, 2010).</td>
</tr>
<tr>
<td>Involving People Network</td>
<td>A network of members of the public from across Wales who are interested in working with researchers to improve treatments and care (Health and Care Research Wales, no date).</td>
</tr>
<tr>
<td>Independent Sexual Violence Advisor (ISVA)</td>
<td>Specialist accredited role supporting individual who have experienced sexual violence to access the services they need and provide information on the criminal justice system.</td>
</tr>
<tr>
<td><strong>Live Fear Free</strong></td>
<td>Welsh Government website and helpline providing information and advice for those suffering with domestic abuse, sexual violence and other forms of violence against women.</td>
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<tr>
<td><strong>Mutual violent control</strong></td>
<td>The use of physical violence and aggression between two intimate partners to fight for control over one another (Johnson, 2010).</td>
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<tr>
<td><strong>Occupation order</strong></td>
<td>Issued by the court, it is usually a short term measure stating who has the right to stay, return or be excluded from the home.</td>
</tr>
<tr>
<td><strong>One Stop Shop</strong></td>
<td>A range of domestic abuse service provision under one roof (emotional, legal, safety, support programmes).</td>
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<tr>
<td><strong>Outreach support</strong></td>
<td>The provision of a range support within home or community settings</td>
</tr>
<tr>
<td><strong>Paloma Database</strong></td>
<td>Database used to manage and record victim information</td>
</tr>
<tr>
<td><strong>Perpetrator programme</strong></td>
<td>Behaviour of change programmes for men who abuse their ex or current partners</td>
</tr>
<tr>
<td><strong>Public/statutory sector</strong></td>
<td>The part of an economy that is controlled by the state (Oxford Dictionaries, 2017)</td>
</tr>
<tr>
<td><strong>Recovery Toolkit</strong></td>
<td>Twelve week programme designed to assist female victims who have left their abusers to develop positive lifestyle coping strategies (Rock Pool, 2016).</td>
</tr>
<tr>
<td><strong>Refuge</strong></td>
<td>National organisation supporting victims of domestic abuse.</td>
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<tr>
<td><strong>Resettlement support</strong></td>
<td>Focus on preventing re-offending and homelessness.</td>
</tr>
<tr>
<td><strong>Respect</strong></td>
<td>Organisation working with perpetrators of domestic abuse, male victims (via the Men’s Helpline) and young people (Respect 2016).</td>
</tr>
<tr>
<td><strong>Safe Lives (formally CAADA)</strong></td>
<td>National charity dedicated to ending domestic abuse. Provides various training including IDVA and ISVA.</td>
</tr>
<tr>
<td><strong>Situational couple violence</strong></td>
<td>Low level and low frequency violence (slapping, pushing) that does not form an overall pattern of control (Johnson, 2008).</td>
</tr>
<tr>
<td><strong>Target hardening</strong></td>
<td>Improvements in home security, including smoke alarms, burglar alarms and new lighting to help a victim feel safer and remain in their own home.</td>
</tr>
<tr>
<td><strong>Tenancy support</strong></td>
<td>Housing related support to and advice to prevent homelessness and promote independence.</td>
</tr>
<tr>
<td><strong>Third sector</strong></td>
<td>The part of an economy or society comprising non-governmental and non-profit-making organizations or associations, including charities, voluntary and community groups, cooperatives, etc. (Oxford Dictionaries, 2017)</td>
</tr>
<tr>
<td><strong>Violence resistance</strong></td>
<td>A violent response from the victim which is the result of being in an intimate terrorism relationship (Johnson, 2010).</td>
</tr>
<tr>
<td><strong>Women’s Aid</strong></td>
<td>National charity working to end domestic abuse against women and children (WA, 2015a).</td>
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Chapter One Introduction

1 Overview

The introduction begins with a brief background of the researcher and a reflection in the context of a first experience with an abused man. The research questions are provided and are followed by an overview of the methodological and theoretical approaches used within this study.

The proceeding section introduces the existing context of male victimisation and service provision. In addition, definitions, prevalence and legislation are provided and accompanied by a consideration of the concept of need and its relation to male victims. This chapter concludes with a brief summary of each chapter.

Section one

1.1 Researcher reflection and rationale

I would describe myself as a mother, a wife, a daughter, a sister and a loyal friend. I am passionate about social justice and equality. However, I have struggled in the past to speak out and support these subjects with confidence or conviction. I left school at 16, became a mother at 18 and spent most of my twenties in a succession of low paid jobs that did not encourage or desire much thought, debate, questions or expectations. Despite being empathetic with a real desire to support others, I lacked motivation, belief and confidence. The first seeds of believing this could change began in my late twenties following the birth of my son. At this point, I dreaded my job but felt trapped by its financial security. Taking the plunge and commencing undergraduate study altered my whole outlook. I was excited, incredibly anxious (could I do it?, would we manage financially?, what if I failed?) and felt an enormous expectation from my family. I was going against the grain, the first to attend university; did they think I could do it? To add to my description of myself, I was now also a student.
Upon completing my studies, my identity expanded once more to become a support worker within a gender inclusive domestic abuse service (DAS). I worked with men and women assessed as being ‘standard to medium risk’ using the Safe Lives (formally CAADA) DASH RIC. During my time at the service, I trained to become an Independent Domestic Violence Advisor (IDVA) qualifying me to work with those assessed as being at high risk of serious harm or murder. When I entered the domestic abuse sector, it was with the mind-set of supporting anyone who needed it. I recall the first time I had contact with a man who had accessed the service. At that time, I was a support worker and anyone assessed as being high risk was referred to an IDVA. After assessing him as “high risk”, I went to discuss the case and referral process with an IDVA. Following a discussion with the service user, the IDVA informed me he was not a victim but a perpetrator and I was promptly booked onto the male assessment training (Safer Wales, 2014). This experience was the first in which I saw a difference in how men and women were supported. I had no previous or future experience whereby my risk assessment of a female victim was doubted or where assessment training to determine female perpetration was initiated. I can however, reflect back over this experience with greater understanding and appreciation of the IDVAs ability to be able to identify (and be mindful to) a male perpetrator presenting as a victim. Women constitute the higher number of victims. To ensure their safety, it is important that DAS are aware to the possibility their abusers might present as victims to manipulate services. Yet, it is equally important to have awareness that female perpetrators can also present as victims to services.

A four layer reflexive act (Smith et al, 2009) offering further considerations, motivations and perspectives is provided in chapter six, p.296 of this thesis. A reflective diary was maintained throughout the study.

During my time working within the domestic abuse sector, I became aware of some (but not all) of the other DAS across Wales. However, the individual professionals working within those organisations were unknown to me. During my study, I did not use “networks” to support with the recruitment of participants for services questionnaires or interviews with abused men. In the process of recruiting, I did
receive contact with a manager of a DAS who I had previously met during IDVA training. The service in which I had previously worked did take part in the piloting of each service questionnaire but did not recruit/completes any male or service interviews.

**Research question, methodological and theoretical approach**

This study posed two research questions:

‘What are the needs of men experiencing domestic abuse?’

And

‘Is current service provision meeting those needs?’

A mixed method approach was implemented using qualitative and quantitative methods. Interpretive phenomenological analysis (IPA) was used to undertake and analyse in-depth interviews with men who had experienced domestic abuse and sought support. This methodology facilitated an in-depth, individual meaning of experience and encouraged use of the researcher’s own experience of working within the domestic abuse sector to inform the interpretation. Two service questionnaires enabled me to map service provision for men in Wales, have knowledge of the numbers of men accessing and their service needs and understand the data collection processes amongst those services. Semi-structured interviews with managers and practitioners of DAS sought to explore the views and experiences of those providing a service to men.

This study draws upon two theoretical approaches; feminist and family violence. Both approaches were dominant throughout the reviewed literature of abused men. Second wave feminism drew attention to the very serious issues of domestic abuse, propelling it from the private to the public sphere. Moreover, important concepts to understand domestic abuse have emerged from feminist theory: patriarchy, power and control, coercive control, and Johnson’s typology. Feminist theory seeks to explain why it is typically men who are the perpetrators (evidenced via statistics discussed later in this chapter). Hence, domestic abuse is a gendered crime where men are overwhelmingly perpetrators, and less likely to be victims.
Findings from family violence researchers show that men and women use violence to resolve conflict; results have found women perpetrate violence in equal or higher rates. However, when family violence researchers consider severity of injury, they acknowledge that women are more likely to be injured than men. Both approaches offered valuable insight of how domestic abuse is understood and its causes and effects. Yet, other than an agreement that women experience greater injury than men, there appeared little evidence of a consensus amongst the two.

Section two

1.2 Background

Since the 1970’s domestic abuse has been increasingly recognised as a serious social problem and has become a priority for police and local authorities (LA) across the world (Mooney, 2000). Domestic abuse occurs in all cultures and age groups (Flink et al, 2008), it is an issue that cuts across borders and continents; it is a global problem. The World Report on Violence & Health, (WHO, 2002) highlighted the serious impact of domestic abuse on health outcomes for individuals, communities and societies. Within the United Kingdom (UK), the economic, service and human cost of domestic abuse was estimated to be approximately 16 billion per annum for England and Wales (Walby, 2009). Women and men experience domestic abuse, however, statistics evidence (discussed later in this chapter) that women are far more likely to be affected.

Worldwide, there is a lack of research relating to men’s experiences (Hines & Douglas, 2010a; Ansara & Hindin, 2011). Thus, Ansara & Hindin (2010) have advised further research is required to understand men’s experiences of domestic abuse. A better understanding will help inform the development of support services aimed at addressing men’s safety, health and social needs. Ansara & Hindin (2010) concluded that the development of support services and policies to address domestic abuse is dependent on having a clear understanding of the abused experiences. Similarly, Zverina et al (2011) advised that males’ accounts of abuse should be examined to provide a greater knowledge and insight into a greatly overlooked and critical issue.
Within the UK, there is a lack of research that has examined the extent and nature of domestic abuse for men, their service needs or help seeking experiences (Hester et al, 2012). The Men’s Advice Line (2012) recommends organisations working with men should establish the needs and nature of services required. In Wales, Robinson & Rowlands (2006) noted a distinct lack of available services/provision of support for abused men. In 2012, the Welsh Government (WG) published its White Paper Consultation on legislation to end violence against women, domestic abuse and sexual violence (VAWDASV) (Wales). The paper outlined the need to ensure that irrespective of gender, ‘appropriate and proportionate level of service is made available to all victims within local areas’ (WG, 2012, p.3). However, an independent review of DAS in Wales highlighted a failure to match provision to need for specific groups which included men (Berry et al, 2014).

1.3 Defining Domestic Abuse

“Domestic abuse” (DA) is frequently referred to using various different terms. Most frequently used are: Domestic violence and abuse (DVA), Intimate partner abuse (IPA), Intimate partner violence (IPV), Domestic abuse (DA) and Domestic violence (DV). This study will adopt the term “domestic abuse”. The chosen term recognises that domestic abuse goes beyond physical violence extending to emotional, financial, sexual and controlling behaviour. “Abuse” is more encompassing capturing all of the above behaviours. In addition, domestic abuse is a term aligned with the UK and WG definitions. This study focuses on male victims in intimate partner relationships. However, the author acknowledges that perpetration is not limited to intimate partners and can occur amongst family members and ex-partners (Home Office, 2013).

UK Government Definition

In 2004, the Labour Government at the time introduced a non-statutory, gender-neutral definition of domestic violence (Strickland, 2013). The definition was:
Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality (Home Office, 2005a, p7).

Using the term ‘incident’ implied that domestic abuse is a singular event. Domestic abuse is well documented as going far beyond a single incident and is more often a complex and ongoing pattern comprising a range of abusive behaviours (Hanmar & Itzin, 2013; Home Office, 2013; NHS, 2016).

In March 2013, following consultation the new Coalition Government introduced a new cross-Government definition of ‘Domestic Violence and Abuse’ (Home Office, 2012a). The new definition widened the previous Labour Governments’ classification to include 16-17 year olds and to recognise that coercive control is a form of abuse (Home Office, 2013). The UK Government definition was implemented on 31st March 2013:

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. Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim (Home Office, 2013, p2).

The definition includes ‘so called “honour” based violence, female genital mutilation (FGM) and forced marriage and is clear that victims are not confined to one gender or ethnic group’. Whilst the more comprehensive definition is not statutory, it is used to inform policy development by government agencies and other agencies, such as the police and Crown Prosecution Service (CPS) to identify domestic abuse cases (HMIC, 2014). Welsh Women’s Aid (WWA, 2012a) supported the broader definition advising that it raises a more acute awareness of what constitutes domestic abuse. Through incorporating coercive control, the UK Government is highlighting that this
form of abuse is a complex pattern perpetrated within the context of power and control (Home Office, 2013).

The former Labour definition had used the term “adults”. The new definition includes those aged 16 and over. The change sought to increase awareness that individuals within this age group can and do experience domestic abuse (Home Office 2012b). The 2009/10 British Crime Survey found those most likely to experience domestic abuse were aged between 16-19 years (Home Office, 2012b). The definition stemmed from the UK Government’s strategy; ‘Call to End Violence against Women and Girls’ (Her Majesty’s Government, 2010). The strategy included an action plan to tackle abuse within adult and teenage relationships. Furthermore, the new definition uses the term ‘domestic violence and abuse’ (Home Office, 2013). The inclusion of “abuse” recognises the potential for confusion when the term violence is used alone. Use of such can mislead those to believe it only relates to physical violence and not the use of non-physical abusive behaviours (financial control, emotional abuse, threats and intimidation).

The former Coalition Government definition is gender inclusive, acknowledging that that anyone regardless of gender or sexuality can be a victim. However, the UK Government’s overall approach is positioned within a gendered perspective and is discussed in greater depth in chapter two.

**Welsh Government Definition**

In 2005, the Welsh Assembly Government (WAG) published its first domestic abuse strategy. ‘Tackling Domestic Abuse: The All Wales National Strategy’ (WAG, 2005) offered an inclusive and comprehensive definition. The aim was to positively impact the reporting of domestic abuse to help reveal the true extent of the problem in Wales (WAG, 2005).

*Domestic Abuse is best described as the use of physical and/or emotional abuse or violence, including undermining of self-confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship. Domestic abuse can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse’s or partner’s property, their isolation from friends, family or other potential sources of support, threats to*
others including children, control over access to money, personal items, food, transportation and the telephone, and stalking. It can also include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim/survivor. It can also include violence inflicted on, or witnessed by, children. The wide adverse effects of living with domestic abuse for children must be recognised as a child protection issue. The effects can be linked to poor educational achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness from running away. Domestic abuse is not a “one-off” occurrence; it is frequent and persistent (WAG, 2005, p6).

The WAG recognised that anyone could be a victim and that domestic abuse cuts across gender, age, race and religion (WAG, 2005). In comparison, the UK Labour Government’s definition published only a year earlier was limited in scope and depth. The WAG referred to ‘domestic abuse’, not ‘domestic violence’ acknowledging that domestic abuse goes far beyond physical violence (as suggested by the 2004 UK definition) incorporating a range of abusive behaviours. Furthermore, the WAG identified stalking as a form of domestic abuse and recognised the harm witnessing domestic abuse has on children. It was not until 2013 that amendments (similar to those already recognised by the WAG) were made.

Charles & Jones (2010) claim the use of what they describe as “gender neutral” definitions by the UK and the WAG represent a shift from how domestic abuse has been originally understood and framed. The definitions ‘removes any idea of patterned and systematic inequalities from the understanding of domestic abuse’ (Charles & Jones, 2010 p.117). In summary, domestic abuse is no longer viewed as an abuse of male dominance over women. However, chapter two presents and discusses UK and WG policy documents that have and continue to be influenced and framed by the gendered perspective.

1.4 Prevalence

It is widely recognised that women constitute the majority of victims. However, there is growing evidence via the Crime Survey for England and Wales (CSEW) that male victimisation is an issue within our society (Office of National Statistics (ONS), 2012).
The CSEW is the most reliable tool to measure crime types; it has a consistent methodology, offers a better reflection of the extent of crime and provides a more reliable measure of trends than police crime statistics (ONS, 2013a). The CSEW (previously the British Crime Survey) aims to measure the extent of crime in England and Wales by asking individuals if they have experienced crime in the previous year. The CSEW records crimes which may not have been reported to the police and is used alongside police recorded figures. The aim is to demonstrate a more accurate picture of crime in England and Wales (ONS, 2012). Measuring the extent of domestic abuse, Woodhouse & Dempsey (2016) advise the CSEW offers the most reliable estimates. However, criticisms of the CSEW surrounds its measuring of “incidents” when domestic abuse is understood to be pattern of behaviour (Robinson et al, 2012) and the capping of data to a maximum number of five incidents, excluding all further incidents (Walby, et al, 2015).

Statistical estimates based on criminal justice records do not give a true indication (National Assembly for Wales, 2008). It is acknowledged that all incidents of domestic abuse are under-reported (National Assembly for Wales, 2008). Police statistics are problematic given the ‘hidden figure of crime’; a culmination of a lack of reporting domestic abuse and the failure of police to record all domestic abuse crimes reported to them (Mooney, 2000). CSEW figures are derived from confidential self-completion modules that ask respondents about their experiences. Prior to 2004/2005, participants were asked about domestic abuse using face-to-face interviews but were unwilling to disclose their experiences to an interviewer (Woodhouse & Dempsey, 2016).

Figures from the CSEW 2012/13 indicate there are approximately 1.2 million female and 700,000 male victims of domestic abuse (ONS, 2013b). Figures from the same survey found that in Wales, 5.4% of men aged 16-59 experienced ‘any domestic abuse’. This incorporated partner abuse, family abuse, sexual assault and stalking. Further investigation identified that 4.2% of men in Wales reported experiencing partner abuse (ONS, 2014). There are 776,878 men aged 15-54 in Wales (WG, 2011). The 4.2% figure provided by the CSEW equates to approximately 32,600 men aged
16-59 in Wales reporting victimisation. The CSEW 2011/12, reported 3.1% of men had experienced partner abuse (ONS 2013c), an increase of 1.1% in 2012/13. Notably, the figures provided by the CSEW are restricted to men aged 16-59. Anyone over the age of 59 is excluded omitting a whole generation of men (and women) who have experienced domestic abuse, or any other crime. Correspondence with the ONS advised the self-completion module on domestic abuse means that:

*Respondents aged 60 and over have a significantly lower willingness to complete self-completion modules (for example, unable to use the laptops/tablets), and secondly, the value in producing estimates based on a sample that, because of the low response, is likely to be unrepresentative of that population, is small* (ONS, 2016a, Appendix 1).

Previous research, policy and practice have inclined to focus on heterosexual women (Hester *et al*, 2012). Male domestic abuse is a controversial topic which has been neglected (Nowinski & Bowen, 2010). Controversies pertain to the nature and extent of the abuse, the methodologies used, whether men are as equally likely to be victims, or that woman are the undisputed victims of this type of abuse (Nowinski & Bowen, 2010). Since the 1970’s, studies have identified that men as well as women experience domestic abuse, yet much of this research has been overlooked (Douglas *et al*, 2012). Described as a ‘*great taboo*’ (George, 2007), male victimisation has been denied and/or ignored. By contrast, the issue of violence against women (VAW) has received increased recognition from worldwide governments, non-government organisations and researchers as a breach of human rights and a threat to public health (Ansara & Hindin, 2011). In 1997, the World Health Organisation (WHO) declared VAW as a priority health and major human rights issue (WHO, 1997). Despite most domestic abuse reports identifying men as primary perpetrators, numerous studies have found that men can be victims too (Archer, 2000, Flink *et al*, 2008; Hines & Douglas, 2010a).

**The extent of VAW**

Across all types of domestic abuse, statistics inform us that compared to men, women constitute the higher number and that VAW is a serious and pervasive issue. As well as prevalence rates of 1.2 million (ONS, 2013b), women are more likely to
have experienced all types of domestic abuse (except non-sexual family abuse) than men and are more than five times as likely to have experienced sexual abuse (3.2% compared to 0.7%) (ONS, 2016a). Additionally, women experience more severe injury and are far more likely to be killed by their partners or ex-partners (44% compared to 7%) (ONS, 2016b). The Femicide Census (launched in 2015) aims to provide a clearer picture of men’s fatal violence against women (Women’s Aid (WA), 2015b). The database contains the information of 936 women murdered by men between 2009 and 2015 (WA, 2015b). Femicide is defined as the murder of women or girl, by a man and on account of her gender (Oxford Dictionary, 2017). Of the 936 women, 598 were killed by men identified as a current or former partner (WA, 2016). These statistics are important to recognise how domestic abuse is understood to be a gendered phenomenon. Women are much more likely to experience domestic abuse and suffer serious injury than men and VAW is quite rightly a priority issue that requires tackling by Governments, law enforcement, policy and research.

Nevertheless, statistics also evidence the issue of abused men; 700,000 experience domestic abuse each year, 400,000 experience stalking by their partner and approximately 30 men are murdered (ONS, 2013b; ONS 2015a). These figures demonstrate that the issue of abused men is also a substantial and serious problem.

1.5 Domestic Abuse Legislation (England and Wales)

Up until very recently, there was no explicit crime of domestic abuse within the criminal justice system of England and Wales. It was predominantly incident focussed where decisions regarding arrest, charges and prosecutions were assessed dependant on the incident reported to the police (Hester, 2013). Charges such as common assault, actual or grievous bodily harm (ABH or GBH), threats to kill, criminal damage, harassment, unlawful wounding and breach of the peace are the most common offences in cases of domestic violence (Hester, 2013). However, the 29th of December 2015 saw a significant change in the law through the introduction of the Serious Crime Act (2015). This Act created a new offence of controlling or coercive behaviour in intimate or familial relationships (Home Office, 2015a). The maximum
penalty for someone found guilty of this offence is five years imprisonment, a fine or both (Woodhouse & Dempsey, 2016). The introduction of the Act ‘closes the gap’ within the existing legal framework of domestic abuse by capturing repeated and continuous coercive controlling behaviour (Home Office Factsheet, 2015b). Yet, coercive control may be more difficult to define in the context of a traditional incident focussed response to domestic abuse. The introduction of the new offence received mixed reactions from domestic abuse organisations in the UK. The national organisation Refuge stated that criminalising coercive control is not the answer when existing laws are not being implemented effectively (Refuge, 2014). However, WA welcomed the new offence advising that coercive control is ‘at the heart of domestic abuse’ (WA, 2015b). The Mankind Initiative, (an organisation supporting male victims) also welcomed the new law suggesting it would increase recognition of abused men by statutory agencies and society (Mankind Initiative, 2014). Nevertheless, the offence of coercive control is in its infancy. How successful professionals, the police and CPS are at identifying, evidencing and securing prosecutions is yet to be determined.

Within criminal and civil law, legislation has been developed to afford protection to those experiencing domestic abuse and for those who witness it (e.g. children). The Labour Government of 1997’s policy document; Living without Fear and subsequent consultation on domestic violence (2003), led to the passing of the Domestic Violence, Crime & and Victims Act 2004 (Charles & Jones, 2010). The introduction of the Act represented the largest overhaul of the law in regards to domestic violence (former Home office term) in the previous 30 years (Home Office, 2005b). The Act amended non-molestation orders to include: a prison sentence of up to five years for non-compliance; those in same-sex relationships, cohabiting couples and those who were not living together but had an intimate relationship for a considerable duration (Matczak et al, 2011). Additionally, courts were able to impose restraining orders on convicted or acquitted defendants for the protection and prevention of harm (Matczak et al, 2011). In 2014, Domestic Violence Protection Orders (DVPOs) were introduced. DVPOs enable police and magistrates to ban a perpetrator from their home and from having contact with their victim for up to 28 days (Woodhouse &
Dempsey, 2016). The Domestic Violence Disclosure Scheme (DVDS) more commonly known as ‘Claire’s Law’ was also introduced in 2014 providing individuals the right to ask police to check whether a new or current partner has a violent past.

Despite the increasing number of legal remedies and protection, all are dependent on victims disclosing and reporting to the police. Yet, domestic abuse is a notoriously hidden and under-reported crime. This is an issue that is even more pronounced for male victims.

Wales

‘The Welsh Government’s Legislative Programme 2011 – 2016’ outlines the Legislative Programme introduced by the First Minister Carwyn Jones on the 12th July 2011 (National Assembly for Wales, 2011). The programme was the first to cover a full Assembly term and the first to be set out by the WG following the ‘Government of Wales Act, 2006’. The introduction of the Act 2006 enabled the National Assembly to pass legislation in 20 broad subjects listed in part one of schedule seven of the Act (National Assembly for Wales, 2015a). One of the subjects included within the five year legislative programme was the planned introduction of a Domestic Abuse Bill (Wales). The First Minister advised the Bill would; ‘place a duty on relevant public sector bodies to have a domestic abuse and “violence against women strategy in place”’ (National Assembly for Wales, 2011, p. 30). The aim of the Bill would not be to tackle criminal justice issues but instead focus on; ‘social welfare and the prevention, protection and support elements of a domestic abuse and violence against women strategy’ (National Assembly for Wales, 2011, p. 30-31).

On the 26th November 2012, the WG issued a White Paper: Consultation on legislation to end violence against women, domestic abuse and sexual violence (Wales) (WG, 2012a). The White paper introduced policy and legislative proposals and sought responses to the consultation document (WG, 2012a). Proposals in the White Paper were presented within three themes:
• Stronger leadership across Public Sector Services in Wales that is independent, can monitor and challenge, providing a strategic overview.
• Better education and awareness from the ‘cradle to the grave’, which includes the public, frontline staff and professionals.
• Strengthening and integrating services that are consistent, effective and of a high quality standard.

Themes were identified via the Ministerial Task and Finish Group (Robinson et al, 2012) and through engagement with service users, stakeholders and a synthesis of existing evidence (WG, 2012b).

The White Paper proposals (WG, 2012b) focussed on three areas:

- Improving Leadership and Accountability
- Improving Education and Awareness
- Strengthening Services in Wales

On 29th April 2015, the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act (WG, 2015a), received Royal Assent. It is the first Legislative Act in the UK focussing on domestic abuse. The Act aims to improve the public sector response to Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) (WG, 2015b). The Act aims to prevent, protect and provide support for gender based violence, domestic abuse and sexual violence (WG, 2015b). The Act applies to all types of abuse within all kinds of intimate relationships ‘whether they are of different sexes or the same sex’ (WG, 2015a, p.13). This would indicate that the Act recognises all victims. However, the extent to which the needs of abused men were considered or how they might have influenced the development of the Act is uncertain.

1.6 The concept of need

This study seeks to explore the needs of men who have experienced domestic abuse. The concept of need and its relation to the study therefore requires acknowledgement. Within a public health context, the concept of need has been
described as the capacity to benefit from an intervention (Wright & Kyle, 2006). This definition requires the requisite for a goal, a deficiency from the goal that is measurable and an intervention that is successful (Wright & Kyle, 2006). Determining need (what constitutes the deficiency from the goal and what constitutes a successful intervention), and what issues are identified as a need is dependent on the value judgement and perspectives of those charged with identifying them (Hitchcock et al, 2003). Those charged with identifying the needs of domestic abuse victims can include: Police, IDVAs, Domestic Abuse Support Workers and Social Workers. Similarly, Rowley (2005) proposed the concept of need as being defined according to a communities’ accepted standard of living. Hence, what constitutes a need is based upon varying perceptions and is based upon value judgements. Consequently, the concept of need is problematic as an operating concept due to the dependence on evaluative judgement as to whether the need exists (Cowley, 2008). Needs may be limited by the perception of an individual who may perceive themselves to be in need for the simple reason that in terms of treatment and services, they do not know what support is available (Naidoo & Wills, 2016). Male victims may not know what services are available to help them; they may have reservations about asking where to find support and admitting they need support (shame, embarrassment, not knowing what to expect) or may not have the resources (computer facilities, support from friends or family) to identify where support is located and how to access it.

A key characteristic of the term “need” is how it can be defined and measured from a range of perspectives (Liddiard, 2007). Previous well-known attempts to define need are Maslow’s (1943, 1954) hierarchy of motivational needs and Bradshaw’s taxonomy of need (1972). Maslow’s hierarchy of needs (1943, 1954) is a motivational theory in psychology often represented as a pyramid comprising five levels of need. Need is often referred to as a motivational force, or an inner state that instigates a drive such as the need to sleep, or the need to eat (Doyal & Gough, 1991). These are represented within Maslow’s analysis: Self-actualisation -morality, creativity, problem solving, Esteem - confidence, self-esteem, achievement, respect, Belongingness - love, friendship, intimacy, family, Safety - security of environment,
employment, resources, health, property, **Physiological** (necessities) - air, food, water, sex, sleep.

*Figure 1: Maslow's hierarchy of needs*

Maslow’s hierarchy was based on ascending levels of additional complex needs (Reviere *et al.*, 1996). Maslow maintained that people must satisfy the lower level needs before higher order needs (self-actualisation) can be achieved. Maslow’s hierarchy has received criticism over its simplicity. However, the model demonstrated that needs are knowable (Reviere *et al.*, 1996). For male victims of domestic abuse, esteem, love and belonging, safety and physiological needs would all be affected. Hence, self-confidence and the value of self is likely to be low relationships with friends and family may be controlled and may suffer as a result; a need for love and belonging may influence the decision to leave the abuser; a lack of alternative housing or limited knowledge of support services could impact the ability to leave the relationship and a lack of identified support coupled with emotional and physical abuse will impact feelings of safety. In the context of male victimisation, higher levels needs are unobtainable, as lower needs (safety and love and belonging) are not satisfied.
Bradshaw (1972) proposed four types of health and social needs: felt needs, expressed need, normative need and comparative need. These needs are based upon whether the need is identified via community-member opinion, professional opinion or precedent (Hitchcock et al, 2003). Felt need is associated with want and is limited by the perceptions of the individual (whether they are aware of a service and potentially as a reluctance to seek support). Felt need occurs when individuals are conscious of their needs, but not all felt needs are expressed. This is dependent on whether individuals choose to express those needs, or whether factors surrounding inequalities of power and status prevents them from doing so (Blakemore & Griggs, 2007). Expressed needs are defined as felt needs that are recognised and have been acted upon (Bradshaw, 1972). In contrast to felt need, expressed needs are not the hidden needs of those who feel too powerless or whom are unable to express what they need (Blakemore & Griggs, 2007). However, expressed needs can only be acted upon if services already exist (Hitchcock et al, 2003). For male victims, the ability to move beyond felt need to expressed need is dependent on the provision of safe, positive and supportive networks. An abused male may be reluctant to seek support from services that have traditionally been established to support women. This coupled with a possible limited knowledge of available provision has the potential to impact negatively upon the ability to transform felt needs into expressed needs.

Normative needs are defined by professionals in given situations (Reviere et al, 1996) or standards and are identified by experts (policy makers, welfare professionals). In practice, a desirable standard is acknowledged and compared, if an individual or group of people do not meet that standard, they are identified as being in need (Bradshaw, 1972; Blakemore & Griggs, 2007). Comparative needs are defined relative to what other groups have or do not have and introduce the concept of relative justice (Blakemore & Griggs, 2007). It concerns problems that can emerge by comparison to others who are not in need. Male victims of domestic abuse are frequently compared to female victims. Men do not experience domestic abuse at the same rates as women (ONS, 2013b), nor are injury/homicide rates as high for men. These comparisons appear to rationalise the higher priority need that is attached to women regarding recognition, funding, provision and policy.
In further work, Bradshaw (1994) identified that need is not an absolute state, nor an untreated condition, but the absence of quality of life which is socially defined. Meeting need is not simply the treatment of disease or an intervention in a social issue but whether, in fact, quality of life is improved as a result. Having services that support male victims is not enough. The emphasis should be on how services engage with men, what support is provided and whether the quality of life has improved as a result of accessing that service.

The debate surrounding the concept of need can be perceived to be inherently relative and influenced by both time and the social context in which that need occurs (Liddiard, 2007). In essence, what may be identified as a ‘valid’ need is determined by subjective judgement, dependent on the society and the time period in which those judgements are made (Liddiard, 2007). This position echoes Bradshaw (1972) who noted within his definition of normative needs that the standards by which experts identify need alters over time as a result of changing values in society and the emergence of new knowledge. Prior to the 1970’s and the women’s movement, domestic abuse occurred behind closed doors and was viewed as a personal matter not to be interfered in. Abused women were not identified as having a “valid” need for safety or support in the form of refuge provision, support services or protection from the criminal justice system. These were needs that were elevated to the forefront via persistent campaigning and research through the women’s movement. For women experiencing domestic abuse within the UK now, safety and protection is considered a fundamental need afforded by the provision of policy, practice and law.

In 2014, the National Institute for Health and Care Excellence (NICE) produced its guidance; ‘Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively’ (NICE, 2014). Recommendation one of the guidance called upon strategic partnerships to plan service provision based on an assessment of need and to consult with individuals (including men, women and children) who have experienced domestic abuse as part of this assessment. Furthermore, the guidance urged commissioners of DAS to be mindful of the importance of consulting communities who are seldom heard.
1.7 Chapter summary

Policy, research and support have predominantly targeted female victims. Abused men, their needs and experiences have largely been ignored. UK and WG definitions provide clear recognition that domestic abuse constitutes a range of actions going beyond physical violence. These definitions acknowledge that anyone regardless of gender, sexuality, race, age or religion can be a victim. The introduction of new legislation including the most recent offence of Controlling or Coercive behaviour and the WG’s VAWDASV (Wales) Act (2015), demonstrate the commitment and determination by both Governments to tackle domestic abuse in all its forms. However, despite their gender inclusive definitions, both Governments adopt a gendered positioning of domestic abuse. Statistics inform us that VAW is a serious and substantial issue and that male victimisation is also significant and serious. Domestic abuse continues to be a notoriously hidden crime that is particularly evident amongst men who are reluctant to report their victimisation and seek help.

There are numerous concepts and definitions of need. Thus, what is identified as a need is dependent on subjective value judgements and varying perceptions. Recognising the needs of men is dependent on identification and on how they are defined by the victim, professionals and experts (policy makers and government officials). Normative, and what constitutes a “valid” need, are said to be influenced by changing values and the emergence of new knowledge. Societal attitudes remain fixed upon a gendered perception and research with male victims is sparse. If the issue of male domestic abuse is not a priority need according to policy, research and wider society, men may have difficulty in identifying and acting upon felt need. Abused men are likely to be immersed in the abusive experience, providing little opportunity to even consider their own needs in the context of their victimisation.

Chapter one has provided the backdrop of domestic abuse, the gendered outlook and a brief justification of the need for this study. The demography of domestic abuse (prevalence, definitions and existing legislation in England and Wales) has been introduced. Finally, the concept of need and its relation to male victims has been
considered. Chapter two explores and reviews the available literature surrounding the wider issues of family violence and male victims of domestic abuse.

**Chapter two – A review of the literature**

This chapter explores and reviews the available literature surrounding the wider issues of family violence and male victimisation. It is divided into two sections; the first explores the issue of abused men in the context of family violence, its prevalence, impact and theories. The second focuses on men and their victimisation, the effects of the abuse and their help seeking behaviour.

**Chapter three – Methodology**

Chapter three presents the chosen methodology to undertake this research. Mixed methods and Interpretive Phenomenological Analysis (IPA) are described and the rationale for selecting each are provided. Mixed method multi strand designs are explored and the potential need for combining existing designs considered.

**Chapter four – Methods**

This chapter conveys the research design, ethics, data collection methods and analysis used within this study. Data was collected in three phases and each of the phases are described.

**Chapter five – Results**

Chapter five is split into three sections providing the findings from; the service description and data questionnaire (a), the specific service information questionnaire and in-depth interviews with men (b), semi-structured interviews with domestic abuse managers and practitioners (c). It concludes with the results of data triangulation using a meta-matrix.

**Chapter six – Discussion**

This chapter discusses the question raised from findings: ‘How can male victims be afforded equal recognition and have their needs met?’ It includes a discussion that considers how the lack of recognition towards abused men is sustained and how it
impacts on men and provision. It also identifies the service needs of men who experience domestic abuse. Recommendations are offered and a reflexive account of the research process marks the end this thesis.
Chapter Two  A review of the literature

2.1 Introduction

A literature review is the comprehensive study and interpretation of literature that relates to a particular topic (Aveyard, 2014, p.15)

This chapter meets objective one of this study presented in chapter three: Review the literature on family violence and male victimisation. In an effort to gain an understanding of the serious issue of male domestic abuse, the aim of this chapter was to review existing literature through a variety of different sources. The first section positions the topic of abused men in the wider context of the family violence sphere of child abuse, domestic abuse and elder abuse. Worldwide and UK prevalence is presented, as is the detrimental impact of experiencing any form of family violence. The two opposing worldviews of domestic abuse namely the family violence and feminist perspective are discussed. The latter is evidenced as the dominant standpoint that has been adopted throughout much of the world including UK and WG. Both perspectives have been and continue to be much debated within theoretical and political backdrops. This chapter concludes with a focus on abused men, their victimisation, effects of abuse, help seeking behaviour and considers men in the context of the ‘ideal victim’.

A ‘good quality literature review’

Detailed, high quality literature reviews are referred to as systematic reviews (Aveyard, 2014). Systematic reviews follow a standard scientific protocol of criterion whereby every report or article is assessed by at least two independent reviewers (Kowalczyk & Truluck, 2013). The aim is to identify all available evidence and undertake a thorough appraisal of its quality (Aveyard, 2014). Systematic reviews are original empirical research; they review, evaluate and synthesize available qualitative and quantitative data (Aveyard & Sharp, 2013). Due to the time constraints and available resources, the very detailed approach of a systematic review was beyond the scope and remit of this study (Aveyard, 2014). Hence, this chapter is not a systematic review but a ‘good quality literature review’ (Aveyard & Sharp, 2013). It
has been undertaken in a comprehensive way but without the level of detail required of a systematic review (Aveyard, 2014). The review meets a pre-defined objective, provides a description of how the review was undertaken and presents results whilst drawing findings together.

**Search strategy**

To aide with the literature review, a compilation of various search terms was devised using the Population Intervention, Control/Comparison and Outcome Tool (PICO tool – Appendix 2). Databases ASSIA and CINAHL Plus were utilized to perform an initial search (Appendix 3). A combination of key words identified from the PICO and using Boolean logic (Dieterle & Hooper-Lane, 2009) were inputted; ‘Men’ OR ‘Male’ OR ‘Male Victims’ OR ‘Male Domestic Abuse’ OR ‘Battered Men’ OR ‘Abused Men’ OR ‘Gay Men/Males’ OR Bi-Sexual Men/Males’ OR ‘Transgender Men/Males’ OR ‘Female Perpetrators’ AND ‘Family Violence’ OR ‘Domestic Abuse’ OR ‘Domestic Violence’ OR ‘Intimate Partner Abuse/Violence’ OR ‘Bi-directional Abuse/Violence’ OR ‘Physical Abuse/Violence’ OR ‘Sexual Abuse/Violence’ OR ‘Emotional Abuse’ OR Financial Abuse’ OR ‘Same-Sex Domestic Abuse/Violence AND ‘Needs’ OR ‘Experiences’ OR ‘Impact’ OR ‘Prevalence’ OR ‘Policy’ ‘Social Care’ OR ‘Risk’ OR ‘Injury’ OR ‘Help seeking’ OR ‘Service Provision’ OR ‘Support’ OR ‘Effect(s)’.

Limitations required all articles to be: published after 2003 and up until 2014, written in English and subject to peer review. All publications (dissertations, thesis and scholarly journals) were included. A high number of results from ASSIA and CINAHL Plus related to women and/or children as victims with no reference to men or males as victims. Studies pertaining to only women or children as victims of domestic abuse, those identifying men as perpetrators and duplicate papers were omitted. Abstracts were read and articles identified as potentially relevant were saved for further reading ASSIA (41) and CINAHL Plus (40). Databases PubMed, Science Direct, ProQuest Psychology Journals and Social Care Online were added to the review (Appendix 4). The same combination of key words and limitations were used. Additional papers were identified and saved for further reading: PubMed (19), ScienceDirect (15), ProQuest Psychology Journals (4), and Social Care Online (2).
Internet engines “Google” and “Google Scholar” were searched. Reference pages of articles saved for further reading were explored to identify additional studies not obtained through the search (Nowinski & Bowen, 2012). UK Government, WG, and official websites were searched to determine what current policy, practice, reports and guidance were available. Web based and “grey” literature was added to sourced literature. The use of “grey” literature can be a source of useful and insightful information (Coad et al., 2006), the exclusion of which can lead to bias (Polit & Beck, 2014). Professional published articles were included that offered valuable insight, knowledge and expertise. The total number of papers included for review from the across the literature search was 45 research papers and 21 literature reviews and articles.

A literature review grid of research studies and articles/reviews is provided in Appendix 5 and Appendix 6.

### 2.2 The family violence context

Family violence is an overarching term for violence and abuse perpetrated in the context of a family structure. Smith (2003 p.4) described the term “family violence” as ‘a nebulous concept’ due to its lack of a clear definition of either “family” or “violence”. The range of behaviours characterising family violence are dependent on their inclusion or exclusion by the researcher (Smith, 2003). Nevertheless, family violence can be understood to include: child abuse, domestic abuse, child-to-parent abuse and elder abuse. It is a pattern of behaviour entwined within the fabric of family structures (Gelles, 1987).

Family violence encompasses numerous different forms of physical and emotional abuse perpetrated by family members or intimate partners. The various forms of abuse can include: physical violence, psychological abuse, sexual violence, emotional abuse, coercive control, financial abuse, neglect, so called “honour” based violence, female genital mutilation (FGM) and forced marriage. From a practice perspective, family violence has typically been studied via three strands: child abuse and neglect, domestic abuse and elder abuse (Smith, 2003). Family violence occurs via a range of
relationships and contexts within these three components; abuse from grandparents, parents, siblings, children and extended family members. It can also include abuse through relationships formed by remarriage and abuse to those previously in an intimate relationship (e.g. post-relationship abuse and stalking). The UK Government’s domestic violence and abuse definition, acknowledges all of the abusive behaviours listed above are domestic abuse when experienced by anyone over the age of 16 and ‘who are or have been intimate partners or family members’ (Home Office, 2013).

The problem and existence of family violence is not new and can be found throughout historical records and across cultures (Gelles & Cornell, 1983). Child and partner (mainly female) abuse were the first types of family violence to emerge when studies undertaken in the last quarter of the 20th century evidenced the scale of the problem (WHO, 2008). However, violence perpetrated against children dates back to colonial times in America and Biblical times within human history (Gelles, 1987). The concept of child abuse was first described by John Caffey in 1946 and was later referred to as “battered child syndrome” via a seminal paper published in 1962 by Kempe and colleagues (Sheridan, 2004). Decades later, child abuse is recognised as a global problem and one that is deeply rooted in cultural, economic and social practices (WHO, 2002). The perpetration of domestic abuse is as equally deep rooted as child abuse, with literature referring to centuries’ worth of violence by husbands against their wives (Dobash & Dobash 1981), and women’s use of violence towards their male partners in post-Renaissance France and England (George, 1994).

Domestic abuse and in particular the issue of VAW, has, since the 1970’s, received increased recognition and much research. VAW is a term incorporating domestic violence, forced marriage, honour based violence, female genital mutilation, rape and sexual offences, prostitution, trafficking, child abuse and pornography (Crown Prosecution Service, no date). As well as highlighting the serious consequences of VAW (WHO, 2002), the WHO (2013a) recognised VAW as a: ‘global health problem of epidemic proportions’. Similar to child abuse and domestic abuse, elder abuse can be found within anthropological literature (Smith, 2003). The term “elder abuse” was first used in 1979 (Smith, 2003), following growing recognition of the problem.
emerging during the mid-1970’s (Anetzberger, 2008). However, it appears that much less consideration or attention was spent on researching or acknowledging elder abuse. It was not until nearly 20 years later that Bennett & Kingston (1993) declared elder abuse and neglect to be the ‘latest discovery’ within the family violence field. Nonetheless, recognition has increased and the United Nations (UN), acknowledge elder abuse as a serious social problem and in 2006 designated 15\textsuperscript{th} June as World Elder Abuse Awareness Day (UN, 2016).

**The prevalence of family violence – Worldwide**

Prevalence rates for any type of family violence are notoriously hampered by the hidden nature of abuse. This is an important factor in cases of child abuse, domestic abuse and elder abuse. Statistics can provide an indication of the problem, but not the true extent. Abuse committed within the family remains an elusive research topic; perpetrated and concealed from public view it is rarely known to anyone outside the family (Smith, 2003). The *World Report on Violence and Health*, (WHO, 2002), reported that levels of violence within families were on the increase. Worldwide estimates of child abuse/maltreatment indicate that nearly a quarter of adults (23%) experienced physical abuse as a child, 36% experienced emotional abuse and 16% physical neglect (WHO, 2016a). Moreover, lifetime prevalence for childhood sexual abuse accounted for 18% of females and 8% of boys. The United Nations International Children’s Emergency Fund (UNICEF, 2006) advised that children affected by domestic abuse account for as many as 275 million. This is a conservative estimate given that some countries have no available data. Despite increased recognition of elder abuse, global prevalence rates are hampered by the limited information that exists regarding the extent of abuse particularly in developing countries (WHO, 2016b). Nonetheless, it is estimated that one in ten older people experience abuse every month and these numbers are considered to be underestimated. Worldwide, rapidly ageing populations coupled with resource constraints has led the WHO (2016b) to predict prevalence rates of elder abuse will increase. By the year 2050, people over the age of 60 years will account for approximately two billion of the global population. Across the world, VAW constitutes a very real and significant problem. Globally, almost 30% of all women
have experienced physical and/or sexual violence by an intimate partner (WHO, 2013a). Women murdered by their intimate partner (39%) are six times higher than men murdered by their intimate partner (6%) (Stöckl et al, 2013). Whereas women are understood to be disproportionately affected by domestic violence/abuse, men are understood to be disproportionately affected by homicide. Throughout the world in 2012, 60% of 475,000 homicides were men aged 15-44 years, accounting for the third leading cause of death for this group (WHO, United Nations Development Programme, United Nations Office on Drugs and Crime, 2014). Despite the focus of domestic abuse being predominantly VAW, a review of the empirical literature on domestic abuse coordinated by the Partner Abuse State of Knowledge Project (PASK) identified that high numbers of men are also affected. Desmarais et al (2012), as cited by Esquivel-Santoveña et al (2013), found 36% of women and 22% of men reported having experienced physical domestic abuse at some point in their lifetime, with 19% and 20% of women and men respectively reporting assaults in the previous 12 months.

**The prevalence of family violence – United Kingdom**

Prevalence rates within the UK signify that family violence is a significant issue. There are approximately 1.2 million female and 700,000 male victims of domestic abuse (ONS, 2013a). In 2015, there were over 57,000 children identified as needing protection from abuse in the UK (National Society for the Prevention of Cruelty to Children, 2015). Notably, these figures only relate to those children that authorities are aware of. Across the UK, reports of sexual abuse against children have increased sharply and the numbers of children in the child protection system are rising (Bentley et al, 2016). In England and Wales, there were at least 750,000 children living with domestic abuse (Department of Health, 2002). In England alone, an estimated 30,000 children a year are provided refuge accommodation (WA, 2002). O’Keeffe et al (2007) reported that approximately 227,000 individuals aged 66 and over had been abused by a family member, close friend or care worker in the previous year. Specifically referring to domestic abuse and older people, the WG (2012c) undertook an evaluation of the ‘Access to Justice Project’ (a project aimed to support older, vulnerable victims of domestic abuse to access criminal or civil justice processes).
Findings revealed that between December 2010 and January 2012, 145 separate incidents were recorded involving 131 individual victims (aged 55-91); 95 were female (73%) and 36 (27%) were male. The figure for male victims who had experienced domestic abuse was proportionally higher than typically found in younger age groups (WG, 2012c). In addition, a greater number of men than women (56% and 33% respectively) had experienced physical violence.

2.2.1 The impact of family violence

The effects of family violence go far beyond physical harm, extending to psychological and emotional harm that are frequently long-lasting (Smith, 2003). The impact of family violence can be destructive to those on whom it is inflicted, to those who might witness it and can extend to the communities and societies in which it takes place (Smith, 2003). The impact on physical, emotional, mental health and development from witnessing and experiencing abuse has been widely documented (Worrall et al 2008). Abuse in childhood has been associated with numerous psychological and somatic symptoms (Springer et al, 2003). They include (but are not limited to): depression, anxiety disorders, eating disorders, Post-traumatic Stress Disorder (PTSD), chronic fatigue syndrome, personality disorder, and suicidal behaviour (Springer et al, 2003; Norman et al, 2012). Moreover, survivors of childhood abuse are more likely to partake in high risk health behaviours for example: smoking, alcohol and drug use and unsafe sex (Springer et al, 2003). A persuasive assumption is that abuse during childhood increases the likelihood of becoming a perpetrator in adulthood (Pertersen et al, 2013). However, the research evidence surrounding this concept is mixed. A number of studies have evidenced a history of child abuse as a risk factor for perpetration of abuse, whilst others have found the majority of individuals who experience child abuse do not go on to abuse their children (Pertersen et al, 2013). Elder abuse has the potential to be particularly serious, yet few studies have explored its effects (Yan & Tang, 2001). From a physical perspective, older people are weaker than younger adults. Thus even a minor injury can cause permanent damage (WHO, 2002). A 13 year follow-up study found victims of elder abuse were twice as likely to die prematurely compared to those who are not victims (WHO, 2016b). Psychologically, abused older people have reported poor
mental health outcomes citing anxiety and depression (Yan & Tang, 2001; WHO, 2016b).

The extent to which children are impacted from living with domestic abuse has not always been considered. Children have been referred to as the “silent witnesses”, assumed to be disconnected from the abuse between their parents (McIntosh, 2003). However, the mindset of children as “silent witnesses” who are largely unaffected by domestic abuse has moved on considerably. Children exposed to domestic abuse are more likely to suffer depression and/or an inability to mix with peers and experience emotional and psychological maltreatment (All Wales Child Protection Procedures Review Group, 2009). The impact of witnessing domestic abuse has been likened to similar outcomes for children who are physically abused (Kitzmann et al, 2003). Moreover, studies have demonstrated that exposure to abuse in childhood are factors in becoming a victim or a perpetrator of abuse in later adulthood (Glasser et al, 2001; Coker et al, 2002; Springer et al, 2003; Eriksson & Mazerolle, 2015). The Theory of Intergenerational Transmission (IGT) of Violence refers to the linked association of childhood experiences of abuse and violence and abuse in adulthood (Rakovc-Felser, 2014). Not all children living with domestic abuse develop into perpetrators or victims of abuse in adulthood. However, witnessing inter-parental abuse contributes to the likelihood of the use and receipt of domestic abuse in adult intimate relationships (Black et al, 2010).

Experiencing domestic abuse in adulthood has also been linked to its perpetration. Chang et al (2011), found that 86% of women and 48% of men reporting perpetrating domestic abuse also advised they had been victims of domestic abuse previously. A history of experiencing physical domestic abuse in adulthood was the only factor significantly associated with participants perpetrating domestic abuse (Chang et al, 2011). The physical and psychological impact for adults victimised by domestic abuse is extensive. When compared to non-victims, they experience more physical injuries, poorer health outcomes, higher rates of poor mental health and diminished physical functioning (Esquivel-Santoveña et al, 2013). Globally, domestic abuse has been identified as a major cause of poor mental health in women (Hegarty, 2006). Chronic health disorders, depression, PTSD, substance misuse, anxiety and suicide attempts
(Golding, 1999; Feder et al, 2011) are all negative outcomes associated with victimisation. Moreover, abused women were found to be 15 times more likely to use alcohol and nine times more likely to use drugs than non-abused women (Barron, 2004). The impact of domestic abuse on men has been much less researched. Whilst emerging research indicates the impact of psychological abuse might be similar regardless of gender, the impact of physical abuse on women is considered far greater (Langhinrichsen-Rohling et al, 2012; Esquivel-Santoveña et al, 2013). Nevertheless, research that has been conducted on abused men has also identified negative consequences. Lifetime experience of domestic abuse has been significantly associated with poor current health amongst men and women (Coker et al, 2002). In summary, the impact of family violence in all its forms causes serious psychological, emotional and physical short and long term effects. The detrimental impact of abuse requires appropriate interventions that can support victims overcome their experiences and prevent future abuse/victimisation.

2.3 Domestic abuse and the global context

Two opposing perspectives

Domestic violence and abuse is an issue that has a long history and exists amongst many cultures throughout the world (WHO, 2005). The issue occurs irrespective of social, economic, religious or cultural group (WHO, 2002). However, whilst undertaking the literature review, two conflicting theories within the topic of male victimisation were dominant. Family violence and feminist perspectives formed the introduction of the majority of studies and articles that were reviewed. There exists a long-standing debate amongst family violence and feminist researchers resulting in the prevalence of domestic abuse according to gender to remain disputed (Chan, 2011). The feminist perspective maintains that women are disproportionately affected by domestic abuse and the majority of perpetrators are men. The family violence perspective affirms that men and women perpetrate domestic abuse at equal rates and that the majority of physically violent acts are bi-directional or mutually violent. Archer (2000) stated the theoretical underpinnings of both standpoints are very different. Feminist theory considers domestic abuse to occur as
a consequence of patriarchy, thus men perpetrate abuse to maintain their domination and control over women. In some countries across the world, the feminist perspective might be considered especially evident. Social and cultural norms support or condone the use of abuse and/or violence against women. In countries including India, Nigeria, China, Israel, Pakistan, South Africa and Jordan, men have a “right” to assert their power over women, to “discipline” female behaviour, to restrict women’s freedom and physical violence is perceived as an acceptable means to resolve conflict within relationships (WHO, 2009). Family violence theorists maintain that domestic abuse is a result of causal influences that are familiar amongst men and women, hence the notion that domestic abuse is a human problem and not a gender one (McNeely et al, 2001; Hines et al, 2007). Family violence researchers therefore maintain that the cause of domestic abuse cannot solely be attributed to patriarchy.

A history of feminism and domestic abuse

“First-wave feminism” dates back to the 19th century when women strived to gain legal rights in marriage, divorce, custody and access to their children and legal rights to protect themselves from domestic abuse (Harne & Radford, 2008). Prior to the 1960’s, the subject of abused wives was virtually non-existent within scholarly and popular literature (Gelles, 1987). It was not until the late 1960’s and 1970’s that domestic abuse re-emerged on the political agenda following a “second-wave” of feminism (Harne & Radford, 2008). Subsequently, the feminist movement of the 1970’s focussed the world’s attention to a long ignored problem. Second-wave feminism is responsible for initiating support for women in the shape of refuge, intervention services and changes to the legal system (Ali & Naylor, 2013). The political agenda of the feminist movement encompassed two interconnecting strands; the activist and the academic (Harne & Radford, 2008). Activists campaigned for domestic abuse to be recognised as a crime whilst academics undertook research into the types and extent of domestic abuse (Harne & Radford, 2008). Prior to the revival, abused women had been understood within an individualistic framework and the role of the perpetrator and the broader context of gender inequality were not considered (Laing & Humphreys, 2013). Second-wave feminism situated the
victimisation of women within the wider social and political context of gendered power imbalances (Laing & Humphreys, 2013). Major feminist contributions defined and evidenced male violence as fundamental to the social control of women and positioned domestic abuse on the worldwide agenda for social change (Hanmer & Itzin, 2013). The focus of gender as a central and vital concept in understanding domestic abuse was a key argument of feminist activists.

Feminist theory focused on patriarchy as a form of social organisation which, with its gendered imbalance of power and the normalizing of male privilege, creates the conditions for the oppression of women in all aspects of life (Laing & Humphreys, 2013, p.18).

Patriarchy

As a concept, patriarchy has a history of usage amongst social scientists including Weber (1947) who referred to it as ‘a system of government in which men ruled societies through their position as head of households’ (Walby, 1990, p19). Weber’s definition acknowledged the domination of younger men who were not heads of households to be as important as men’s domination over women in the household (Walby, 1990). Weber’s definition of patriarchy to describe autocratic rule by the male head of the family has been extended upon. For some, the dominance of women by men has been paid greater attention (Walby, 1990). Lerner (1986, p239) described patriarchy as ‘the manifestation and institutionalisation of male dominance over women in society in general’. Similarly, Walby (1990, p.20) defined patriarchy as ‘a system of social structures and practices in which men dominate, oppress and exploit women’. However, Walby (1990) notes the importance of the term ‘social structure’ within her definition; stating it clearly rejects the notion that every women is in a subordinate position and every man is in a dominant one. Nonetheless, despite advances within the political, legal, cultural and private spheres, there persists ‘a near total domination of women by men both at the micro level of intimate relationships and the macro level of government, law and religion’ (Ritzer & Ryan, 2010, p441). In sum, patriarchy and the oppression of women exists within the private and public domain (Walby, 1990; Scott, 2006).
Others have referred to patriarchy as a system impacting men and women; economic, political and ideological power is secured by some men (white, educated, heterosexual, financially secure, able-bodied adult men) and denied to other men (Ritzer & Ryan, 2010). For example, heterosexual normativity has been seen as a key mainstay of male power, dominant over other partnerships (homosexuality, bisexuality, close friendships or celibacy) viewed as potentially undermining patriarchal control (Bradley, 2007). Harris (1995) argued that patriarchy is as much a way of thinking as a characterisation of society; it promotes a social order that benefits a few men whilst oppressing many others. However, Lorber (2012, p.6), maintains that ‘all men’ benefit from patriarchal privileges, that men’s interests have prevailed over women’s and it is the ‘many men, but few women’ who have gained from progressive social policies. Moreover, because the structure of gender as an institution has not been challenged, equality and justice usually applies only to men. The notion of a social system within the concept of patriarchy facilitates a deeper and more powerful analysis of gender inequality (Scott, 2006). Feminists contend that gender inequality is ingrained within the structures of society (marriage, family, politics, economies, religion); it is grounded in relations of power where men have control and women are inferior (Abbott et al, 2005; Lorber, 2012). Thus, even when men are subordinated by other men, they are still superior to women (Lorber, 2012).

Dutton (1994) described feminist theory as a ‘paradigm’, a set of guiding shared assumptions (Dutton and Nicholls, 2005). The gender paradigm refers to the power advantages men possess over women. Domestic abuse is perpetrated by men towards women and children to maintain their economic, political, occupational and social power advantages (Hines & Douglas, 2009; Dutton, 2010). In summary, men’s need to sustain power and control in society and the home is the root cause of domestic abuse (Hines & Douglas, 2010b). Patriarchal theorists maintain that sociocultural and relationship factors need to be examined when researching the issue of women’s use of violence against men (Hines & Douglas, 2010b). Second-wave feminism has framed domestic abuse within a patriarchal perspective. Services are focussed on improving the safety of women and supporting their recovery, whilst
ensuring men are held accountable through criminal justice and informal controls (Barnish, 2004).

**Key concepts of feminist theory**

Feminist theory has introduced key concepts that help understand predominantly female victim/survivor experiences of domestic abuse. They include the importance of gender, ‘power and control’ and coercive control.

**Importance of gender - Constructions of masculinity & femininity**

Gender is a social construction. It is set of cultural roles; ‘the cultural definition of behaviour defined as appropriate to the sexes in a given society at a given time’ (Lerner, 1986, p238). Thus, gender is not fixed and varies dependent on time, culture and place. In every society there is a gender system containing shared expectations for appropriate male and female behaviour and their social norms or roles (Harris, 1995). Bradley (2007) conceptualises gender as a social dynamic; society divides men and women and allocates them different social roles, attributes and patterns of behaviour. It includes cultural definitions and ascriptions of masculinity and femininity. Notions regarding masculinity and femininity exist in all areas of social relations and form part of the actions that make up patriarchal structures (Walby, 1990). “Gender” is more than women and men; it is about the relationships between and amongst them and the social structures and mechanisms affecting everyday life (Orr, 2007).

Masculinity and femininity are closely related to the conceptualisation of gender relations and gender roles. The former focuses upon the unequal power relations between and amongst men and women (influenced by race, class, sex and nationality) at macro and micro levels (Kalof and Baralt, 2006). Gender roles are the traits, expectations and behaviours associated with men and women and what it means to be “masculine” or “feminine” (Bem, 1993; Kalof and Baralt, 2006). The construction of masculinity and femininity is a process of gender role socialisation, which informs and is informed by social institutions including the media, family, sports, economy, peers, marriage, the military and the welfare state (Kalof and Baralt, 2006). At an individual level, the information received through gender role
socialisation influences attitudes, expectations and behaviour (Ashcraft & Belgrave, 2005). Expectations and traits associated to appropriate behaviour for men and women stem from traditional social roles. Women have occupied more caregiving roles requiring nurturing and compassionate characteristics (Ashcraft & Belgrave, 2005). By contrast, men have filled more leadership positions requiring dominant and assertive characteristics (Ashcraft & Belgrave, 2005). The latter are more favourable qualities than those associated to femininity. Capability, leadership and control are celebrated, whilst care, empathy and nurturance are afforded less importance (Lorber, 2012). The instrumental “masculine” gender role has become associated with a higher status than the expressive “feminine” gender role (Ashcraft & Belgrave, 2005).

In the context of domestic abuse, the ascribed superior status of masculinity assigns unequal value and privilege to men and women, developing hierarchical gender orders that legitimise authority and control over women and other subordinates (Orr, 2007). Violence has been and continues to be a means of social control to preserve male dominance and gender remains the overriding context for all types of violence including domestic abuse (Orr, 2007).

Power and control

The power and control theory of domestic abuse was developed by Ellen Pence to describe the dynamics of individuals in violent intimate relationships (Flowers, 2000). To maintain power and control over the victim/partner (female), the perpetrator (male) uses violence and abuse or the threat of violence. The Duluth model of power and control was developed in 1984 using focus groups with abused women attending the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota (Healey et al, 1998). The most frequent abusive behaviours were documented and those included on the wheel were behaviours most universally experienced by women (DAIP, 2011). The power and control wheel is an analytical model used to illustrate the power dynamics of domestic abuse and to help identify how it constitutes an overall pattern of power and control (Harne & Radford, 2008). Behaviours illustrated within the wheel are reinforced not solely with the use of
physical or sexual violence but also through the continued threat of such violence (Adams et al, 2008). The wheel illustrates violence and abuse used for the purpose of men controlling their female partners’ actions and as part of a consistent pattern of behaviour (WA, 2007). The hub of the wheel acknowledges the gendered nature of domestic abuse demonstrating patriarchal power relations of male dominant societies with the choice of violence and controlling strategies more widely available to men than women (Harne & Radford, 2008). It is specific to men’s use of domestic abuse towards women and maintains that when women use violence, it is as a means of defence or resistance against the abuse and controlling behaviours they have been subjected to (DAIP, 2011).

**Figure 2: Duluth Power and Control Wheel**
Coercive control

Domestic abuse is characterised by a pattern of coercive control. A concept created by Evan Stark, who defined the term as:

*A pattern of behaviour which seeks to take away the victim’s liberty or freedom, to strip away their sense of self. It is not just women’s bodily integrity which is violated, but also their human rights* (Evan Stark, 2007).

Evan’s Starks definition is gendered specifically to women; however, UK definitions are more inclusive:

*Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim* (Home Office, 2013, p2)

*Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour* (CPS, 2017).

The term itself seeks to explain the range of tactics used by perpetrators and its impact on their victims (Scottish Women’s Aid, 2013). Coercive control is ongoing, with various means used by perpetrators to hurt, humiliate, intimidate, isolate and dominate (Bennett-Cattaneo, 2008). In this sense, Stark (2007) likens it to kidnapping, stalking and harassment; victims are deprived of family/friends, access to communication, food and money. Despite the gender inclusive definitions of the UK Government and CPS, Stark (2007) maintains coercive control is gendered as its impact relies on women’s vulnerability due to sexual inequality. Men perpetrate coercive control to secure privileges involving time, access to sex, control over material resources and personal service (Stark, 2007). It includes the ‘micro-regulation’ of everyday behaviours associated with stereotypical female roles (dress, phone calls, care for children, food consumption and social activity). The concept explains ‘how men entrap women in everyday life’ (Stark, 2007, p5). The
male perpetrator constantly monitors his female partner with every move by the victim criticised against an unpredictable and unknowable rulebook (Scottish Women’s Aid, 2013). Whilst Stark (2007, p5) does acknowledge women’s use of violence in intimate relationships, he maintains there ‘is no counterpart in men’s lives to women’s entrapment by men in personal life due to coercive control’. The work of Stark (2007) has been hugely influential and illuminating how violence within intimate relationships is sustained largely by acts of control not always involving physical violence and how coercive control is shaped by gender roles of men and women (Mayeda, 2016). In the UK, coercive control was criminalised in 2015 (discussed in chapter one).

**Worldwide impact of second-wave feminism**

The gender paradigm has been the leading perspective throughout America and Western Europe (Dutton, 2010) and has shaped legal policy, court decisions and influenced public and professional judgement. Efforts by the women’s movement resulted in an increase of funding and research efforts to tackle the serious issue of VAW (Hines *et al*, 2007). Research documenting its occurrence and harmful impact on women and communities has led to an increased awareness across the world (Ansara & Hindin, 2010). Policies and practices have significantly changed in the areas of community support, public policy, criminal law and enforcement, and social services (Dobash & Dobash, 2004). Virtually all interventions are with the primary intention of managing what is deemed as the serious problem of male-to-female domestic abuse (Dobash & Dobash, 2004).

Globally, domestic abuse is now recognised as a serious health and social issue (WHO, 2015). However, despite increased worldwide recognition, men who experience domestic abuse from an intimate partner remain much less noticed. International organisations like the WHO and the UN are innately focussed on tackling the serious issue of VAW. The UN defines VAW as:

> Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN, 1993).
The WHO (2012) does acknowledge that men can be victims of domestic abuse and sexual violence in heterosexual and same-sex relationships. However, women’s use of violence is more often cited as self-defence. Ultimately, women are the most frequent victims of domestic abuse whilst men are the most frequent victims of violence from strangers or acquaintances (WHO, 2012). No reference to male victims of domestic abuse was identified via the UN website. Efforts by the UN are clearly focussed on VAW through its own campaign ‘UNiTE to End Violence against Women’. The campaign calls for global action to raise worldwide awareness and to promote discussion of the problem (WHO, 2016c). The Council of Europe (CoE) Convention on preventing and combating violence against women and domestic violence (CoE, 2016), unequivocally states that ‘violence against women is a form of gender-based violence that is committed against women because they are women’. The position of the WHO, the UN and the CoE is that domestic abuse is a gendered issue perpetrated by men towards women.

Born from the aim to eliminate VAW, various international campaigns have gained increased recognition. The 16 Days of Activism against Gender Based Violence (WHO, 2016c), is an international annual campaign running from the 25th November (International Day for the Elimination of Violence against Women) to 10th December (Human Rights Day). The campaign calls for the prevention and elimination of violence against women and girls (VAWAG). The White Ribbon Campaign (WRC) is a global movement of men and boys working to end male violence against women (WRC, 2015).

To clarify, the UN and the CoE make no reference to male victims, whilst the WHO’s reference to abused men is fleeting. Frequently, men are only referred to in the context of perpetrating violence and abuse or as the overwhelming victims of homicide. Men are more likely to be victims of interpersonal violence with the exception of in the domestic sphere; it is women whose main risk of homicide is at the hands of an intimate partner (Stöckl et al, 2013). The clear statement from leading worldwide organisations is that it is VAW that is the serious issue that needs addressing on a global scale. From an international perspective men experiencing domestic abuse appear to remain invisible.
2.4 Domestic abuse and the UK context

In the UK, perspectives and constructs surrounding domestic abuse follow those of the WHO, the UN and the CoE; that domestic abuse is a gendered issue. UK policy has supported the development of formal provision for female victims of domestic abuse and their children since the 1990’s (Hester et al, 2007). Intervention, support services and policies have been devised on the basis of a gender-based approach. In 2010, the former Coalition Government published its ‘End Violence against Women and Girls’ (VAWG) strategy. The VAWG strategy provided an overarching framework for crimes identified as being perpetrated primarily by men against women (Crown Prosecution Service, no date). Only the briefest of recognition that men and boys could be victims of this type of abuse was provided (HM, Government, 2010). Instead, the publication focussed firmly on gender-based violence and included so-called “honour” based crimes and FGM. Acknowledging that VAWG is a gender-based crime, the UK’s strategy adopted the UN’s Declaration on the Elimination of Violence Against Women (UN, 1993) definition and its framework. The 2010 VAWG strategy was followed by the VAWG Action Plan (HM Government, 2011). The plan set out immediate and longer term priorities in tackling domestic violence and abuse (DVA) and framed policy development within an equalities and prevention framework (Matczak et al, 2011). The plan recognised important factors including: age, disability, sexual orientation, religion, ethnicity and culture and made a further brief acknowledgement to the possibility of men and boys also being victims (HM Government, 2011). However, the UK Government firmly asserted the highest risk factor for experiencing violence was to be female.

Domestic abuse and the Welsh context

The WAG’s (2005) first national strategy Tackling Domestic Abuse: The All Wales National Strategy offered an all encompassing gender inclusive definition of domestic abuse. However, the WAG felt its initial strategy was not broad enough to tackle all forms of VAW and in 2010, replaced it with The Right to be Safe (2010). The aim of the new strategy was to increase the focus on VAW and ensure the VAW agenda was ‘tackled effectively’ (WAG, 2010, p.3).
The introduction of the Government of Wales Act 2006 enabled the National Assembly to pass legislation in 20 broad subjects listed in part one of schedule seven of the Act (National Assembly for Wales, 2015a). ‘The Welsh Government’s Legislative Programme 2011 – 2016’ (National Assembly for Wales, 2011) presents the Legislative Programme introduced by the First Minister Carwyn Jones on the 12th July 2011. The programme was the first to cover a full Assembly term and the first to be set out by the WG following the ‘Government of Wales Act, 2006’. Included within the five year legislative programme was the planned introduction of a Domestic Abuse Bill (Wales). The Bill would ‘place a duty on relevant public sector bodies to have a domestic abuse and violence against women strategy in place’. Moreover, rather than tackling criminal justice issues, the Bill would focus on the ‘social welfare and the prevention, protection and support elements of domestic abuse and violence against women strategy’ (National Assembly for Wales, 2011, p. 30-31).

On the 26th November, 2012, the WG issued a white paper consultation on VAWDASV (WG, 2012a). The White paper introduced policy and legislative proposals and sought responses from the consultation document by 22nd February 2013 (WG, 2012b). On the 30th June 2014, the WG’s Minister for Local Government and Government Business at the time, Lesley Griffiths introduced the ‘Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill (WG, 2014a). The initial proposed Bill was to have ‘Violence against Women’ within its title. However, upon its introduction the title had been amended to; ‘Gender-based Violence’. Lesley Griffiths (AM) advised:

*The Bill reflects the Welsh Government’s commitment to addressing all forms of gender based violence, domestic abuse and sexual violence...and that the Bill recognises that victims can be from across the whole spectrum of society* (WG, 2014a).

However, in September 2014, the First Minister appointed Leighton Andrews who at that time was AM for Public Services in charge of the Bill. As a result, on the 12th September 2014, the Business Committee remitted the Bill to the Communities, Equality and Local Government Committee (National Assembly for Wales, 2015b). There is a general four stage process within the passing of Bills by the Assembly. Stage
one is consideration of the general principles of the Bill by a committee and the agreement of the general principles by the Assembly (National Assembly for Wales, 2015b). During Stage one, concerns pertaining to the proposed title of the Bill were raised by the Wales VAW Action Group (2014). Issuing a public statement, the group expressed concern that the Bill had ‘been substantially altered’. Specifically, the Wales VAW group highlighted the change of title from the proposed “Violence Against Women” to “Gender Based Violence”. The group expressed disappointment believing the core values of the Bill had been diluted (Wales VAW Action Group, 2014). Prior to their public statement, the Wales VAW action group had submitted a briefing paper to the WG arguing the need for a Bill which was gender specific to women and to recognise that women are disproportionately affected (Wales VAW Action Group, 2013). Calls to amend the title of the Bill were reiterated by the Welsh Assembly’s Communities, Equality and Local Government Committee. The committee provided recommendations for amendments to the Bill included one specific to its title:

To refer to Violence Against Women, rather than Gender-Based Violence. This should not preclude men accessing services but should ensure that services are tailored to the specific needs of men and women respectively (National Assembly for Wales, 2014, p5).

Furthermore, respondents to the consultation including The South Wales Police and Crime Commissioner and The Equality and Human Rights Commission (EHRC) called for the title to be changed (National Assembly for Wales, 2014). The Committee itself concluded they did not support what they regarded as a “gender neutral” approach taken by Lesley Griffiths (National Assembly for Wales, 2014). Subsequently, Stage two resulted in the amendment of the title of the Bill from, Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill to Violence against Women, Domestic Abuse and Sexual Violence (Wales) Bill (National Assembly for Wales, 2015b). On 29th April 2015, the VAWDASV (Wales) Act 2015 became law in Wales. The passing of the Bill marked a landmark as the first law within the United Kingdom which specifically targets VAW.
Opposition to the title of the Act centred upon the lack of attention it had attributed to VAW. Campaigners and lobbying groups argued the focus on women was diluted due to a lack of concentration towards either gender. The Wales VAW group believed the initial title did not address the disproportionate levels of VAW (Wales VAW Action Group, 2014). However, the terms gender-based violence (GBV) and VAW are frequently used interchangeably. The VAWDASV (Wales) Act states that VAW means ‘gender-based violence, domestic abuse and sexual violence where the victim is female’ (WG, 2015a p.1). The CoE (2016) advises that VAW is ‘a form of gender-based violence that is committed against women because they are women’. The UN (1993) Declaration on the Elimination of Violence against Women refers to VAW as: ‘any act of gender-based violence’. In addition, gender-based violence has been defined as violence and/or abuse that targets groups or individuals on the basis of their gender (Izumi, 2007). The position of Wales and international organisations that GBV is perpetrated against women on the basis of their gender might render the argument of the need for VAW within the title of the Wales Bill illogical. Nonetheless, Skinner et al (2005) argued that ‘gender based violence’ is a more inclusive (not neutral) term that is not restricted to women and incorporates violence where women are violent too.

Northern Ireland – An alternative approach

Northern Ireland’s policy documents suggest less of a focus on a gendered perspective compared with other existing UK policy. The Department of Health, Social Services and Public Safety Northern Ireland (DHSSPNI, 2005) Tackling Violence at Home Strategy acknowledged that whilst the majority of women are victims, there are a significant number of men affected and that domestic abuse occurs in same-sex relationships. The 2005 strategy used direct quotes from victims throughout, including quotes from abused men. Northern Ireland’s most recent strategy: Stopping Domestic and Sexual Violence and Abuse in Northern Ireland 2013-2020 (DHSSPNI, 2013), continues to build upon a gender inclusive approach to domestic abuse. Notably, Northern Ireland makes a clear reference that the majority of publications and reports issued by the WHO, the European Union (EU) and the UK relate to women and girls as victims. By contrast, Northern Ireland set a patent
assertion that its strategy recognises that men and boys can be victims of domestic and sexual violence (DHSSPNI, 2013). In addition, a clear statement is issued that domestic violence and sexual violence is a violation of basic human rights of all, including men. This is in contrast to other UK documents within England, Scotland and Wales that state it is VAW which is the violation of human rights (Scottish Government and the Convention of Scottish Local Authorities, 2009; HM Gov, 2010, 2011; WAG, 2010 and WG 2012a). Unlike Northern Ireland’s strategy, the aforementioned policy documents do not include the same level of acknowledgement for male victims.

2.5 Challenges to the feminist perspective

Over the last 30 years, studies reporting that women perpetrate domestic abuse at equal or higher rates as men have challenged the steadfast feminist perspective (Langhinrichsen-Rohling et al, 2012). The first challenge came from the 1975 United States National Family Violence Survey which sought to gather information to test causal influences of family violence (Straus & Gelles, 1995). The survey included the ‘measure of decision power’; a means to test the theory that higher male dominance in the family coincided with higher rates of domestic abuse or ‘wife beating’ (Straus & Gelles, 1995). The second 1985 Family Violence Survey was designed to capture how families coped with violence and the impact on physical and mental health (Straus & Gelles, 1995). Findings from both surveys revealed very similar perpetration rates amongst male (12%) and female (11.6%) partners (Straus, et al, 2006). Moreover, severe assaults including kicking, choking, punching and attacks with objects revealed no statistical significance amongst male (4%) or female (5%) perpetrators (Straus, 2010). Findings from the two surveys led to the terms “gender symmetry” and “gender asymmetry” becoming widely recognised in the 1980’s (Straus et al, 2006). Studies concluding domestic abuse is asymmetrical identify men as the sole perpetrator (Dobash & Dobash, 2004). Strauss (2011) defined symmetry as; ‘approximately equal rates of perpetration of non-sexual physical assaults by male and female partners, or higher rates by female partners’ (p.280). Findings from both Family Violence Surveys were supported by Archer’s (2000) meta-analysis of 82
studies which found the existence of female-to-male abuse at equal or higher rates. The meta-analysis (Archer, 2000) has been widely cited by researchers who either support or discredit the findings according to which perspective (feminist or family violence) is held.

Gender symmetry or asymmetry has been a central concept between the family violence and feminist paradigms. However, Winstock (2015) argues that the evident use of domestic abuse by women and men should lie dormant the need to continue using these terms. If the concept of gender symmetry and asymmetry continue to be used, they must be placed in context and clarified to minimise the argument that surrounds them. This can be achieved through assigning gender symmetry to the violent behaviour of men and women (the phenomenon) and gender asymmetry to the social problem (the outcomes of violent behaviour for men and women) (Winstock, 2015). The perspective of Winstock (2015) mirrors those of Straus (2010, 2011), who referred to symmetry in the perpetration of physical assault but not to the injuries obtained. Thus, gender symmetry exists in the perpetration of violence but not necessarily in its impact, injury or effect, which can be asymmetric. When focussing solely on the effects of physical abuse, there appears to be a consensus; that the impact is greater for women than men. However, Straus (2010) cautioned researchers to bear in mind that adverse effects are consequences and not the causes of physical domestic abuse. Moreover, family violence researchers maintain the adverse effects of emotional abuse are comparable between male and female victims (symmetry).

A ‘controversial’ issue

Previous studies have demonstrated that men and women perpetrate abuse (Archer, 2000; Graham-Kevan, 2007; Straus, 2011). However, the subject of male domestic abuse remains a controversial topic. Research evidencing the existence of male abuse from female partners has mostly been overlooked (Nowinski & Bowen, 2012), disregarded (Douglas et al, 2012) or ignored (Hamel, 2007a). Men’s victimisation has instead been acknowledged in the context of women’s defensive responses (Brogden & Nijjar, 2004; Dobash & Dobash, 2004), as a consequence of a larger pattern or cycle
of abuse perpetrated by male partners (Belknap & Melton, 2005; Dutton & Nicholls, 2005; Loseke & Kurz, 2005). Yet, self-defence as a motive for women’s use of violence and abuse towards men has been contested. Hines et al (2007) referenced several studies (Cate et al, 1982; Follingstad et al, 1991; Felson & Messner, 2000) that found the majority of women did not quote self-defence as grounds for abusing their male partners but rather anger, jealousy and efforts to gain control. Similarly, a study of 68 families with abusive wives and victimised husbands found that rather than fear, women perpetrated violence to settle an argument or as a punitive response (Sarantakos, 2004). Additionally, a large population study of individuals imprisoned for perpetrating severe domestic abuse found that female offenders were less likely to have been abused by their partners compared to male offenders (Felson & Lane, 2010). Nonetheless, research contradicting defensive, retaliatory or self-defence motives for women perpetrating abuse continues to be minimised by the feminist perspective (Dempsey, 2013). Dutton & Nicholls (2005) compared the denial of feminist theory to accept men’s victimisation of domestic abuse to that of the ‘the age of denial’ displayed towards women in the early 1970’s. The reluctance to investigate the notion of men as victims of domestic abuse from an objective and scientific manner was described by Hamel (2007a) as ‘the prevailing patriarchal conception’. Dutton (2010) referred to the gender paradigm as the ‘architecture of anti-science’, that “suppresses” or attempts to “explain away” research identifying female-perpetrated domestic abuse. Hindered by traditional views, society is reluctant to comprehend alternative victimisation perspectives (Chaudhuri, 2012). To accept that women can and do abuse their male partners directly challenges the powerful and influential gendered paradigm. If a culture where male patriarchy is the “norm”, male victimisation threatens the heart of an established belief system (Chaudhuri, 2012).

A patriarchal or human problem..?

Feminist and family violence researchers continue to debate the notion of female-to-male violence with research and articles seeking to refute the other’s perspective (Johnson 1995, 2006; Archer, 2000; Dobash & Dobash, 2004; Hamel, 2007a; Dutton, 2010; Hines & Douglas, 2010b). Feminist researchers and activists argue that
domestic abuse is a highly gendered issue and as such should be acknowledged as a serious social problem for women (Randle & Graham, 2011). However, those supporting the family violence perspective assert that domestic abuse is a human problem and not a gendered one (McNeely et al, 2001; Hines et al, 2007). Domestic abuse cannot be explained away on the basis of gender and the desire for men to maintain dominance over women. Rather, domestic abuse is much more of a complex human phenomenon that requires a multifaceted approach (Rodriguez-Menes and Safranoff 2012). The family violence perspective acknowledges the importance of patriarchy and its relation to the perpetration of domestic abuse. Yet unlike the feminist perspective (which maintains patriarchy is a key factor), family violence places patriarchy as one of several contributing factors (Brownridge, 2009). Hamel (2007a) advocated for a “gender inclusive” approach, thus avoiding any predetermined preconceptions. A gender inclusive perspective views female perpetrators as equal in moral and legal culpability as male perpetrators (Mottram & Salter, 2015). By contrast, the feminist standpoint places women’s use of violence in the context of gender inequality and experiences of victimisation (Mottram & Salter, 2015). Straus (2008) acknowledged that male dominance does need to be addressed but argued female dominance also requires addressing. Straus (2008) recruited 13,601 university students across 32 nations to participate in the International Dating Violence Study. Findings revealed the most frequent pattern of violence was bi-directional, followed by “female-only” violence. The study, which applied to nations with ‘established and pervasive patriarchal systems’ (p.271), led Straus (2008) to assert that domestic abuse is more a gender inclusive family system problem than it is a patriarchal problem. Importantly, not every man perpetrates abuse even in societies that have high levels of gender inequality (Larsen, 2016). As such, the prevention and treatment of domestic abuse must go beyond feminist theory and beliefs (Straus, 2008).

Feminist theory does not explain the existence of female-to-female abuse within same-sex relationships. In a study exploring domestic abuse in same-sex and heterosexual relationships, 40% (n=169/421) of women had experienced domestic abuse in a same-sex relationship (Donovan et al, 2006). The authors acknowledge
that sampling was not randomised and so figures cannot be claimed to be representative. Nonetheless, findings demonstrate the perpetration of domestic abuse by women. Additionally, findings from a secondary study analysing data from the National Violence Against Women Survey, concluded that domestic abuse within Gay, Lesbian and Bi-sexual relationships is significantly more prevalent (twice as much) than in heterosexual relationships (Messinger, 2011). If domestic abuse is the sole product of men’s desire to maintain power and control, it does not explain the existence of female perpetrators in same-sex relationships. Moreover, denying the existence of women who abuse does little to support or help female perpetrators (Richards et al, 2003).

**Table 1: Feminist and family violence perspectives**

<table>
<thead>
<tr>
<th>Overview</th>
<th>Feminist</th>
<th>Family violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>A gender issue</td>
<td>A human problem</td>
<td>Symmetrical</td>
</tr>
<tr>
<td>Asymmetrical</td>
<td>Symmetrical</td>
<td>A serious social and health problem for women</td>
</tr>
<tr>
<td>A serious social and health problem for women</td>
<td>A serious social and health problem for all</td>
<td></td>
</tr>
<tr>
<td>Perpetrated by men to maintain patriarchy (gender paradigm). Gender paradigm has influenced intervention and support services, law and policy</td>
<td>Acknowledges patriarchy as one of many contributing factors</td>
<td></td>
</tr>
<tr>
<td>Perpetrated by women in the context of self defence or a retaliatory response</td>
<td>Perpetrated by women and men within the context of family dysfunction</td>
<td></td>
</tr>
<tr>
<td>Sampling via courts, hospitals, women’s refuges</td>
<td>Large national or community samples</td>
<td></td>
</tr>
<tr>
<td>Data from police/hospital/court records, crime victimization surveys</td>
<td>Mostly quantitative – using the CTS/CTS2 measurement scale</td>
<td></td>
</tr>
<tr>
<td>Johnson’s typology - abuse identified in feminist research is primarily ‘Intimate Terrorism’</td>
<td>Johnson’s typology - abuse identified in family violence research is primarily ‘Situational Couple Violence’</td>
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Concepts - ‘Power and Control’ and ‘Coercive Control’

‘Gender’

**2.6 The conflict of measurement tools and samples**

The conflict of findings amongst family violence and feminist research has been attributed to differences in sample and measurement tools. Researchers have produced contradictory findings pertaining to the extent and degree to which male domestic abuse occurs (Melton & Belknap, 2003; Brogden & Nijhar, 2004). In spite of the acknowledged differences, Dobash & Dobash (2004) maintained that feminist
researchers use more comprehensive methodology offering more in-depth data, a wider knowledge base and illustrates key differences amongst men and women in the perpetration of domestic abuse. Nevertheless, disparities in sampling strategies are the primary cause of discrepancies between results of data (Johnson, 2006). Specifically, conflict relates to motivation for violence, types and levels of abuse, impact on victims, repetition of violence and the severity of abuse (Braaf & Barrett-Meyering, 2013).

Type of sample and sources of data

Three different types of data have been used to explore domestic abuse: clinical samples, official statistics and random sample surveys. Each source has its limitations and lead to different findings. Gelles (1987) provided information regarding all three data sources. Clinical samples (sourced from women’s refuges and hospitals) are important in obtaining data on severe violence but cannot be used to generalize findings to all women experiencing violence. Official statistics provide information on a large scale, yet due to under-reporting, incidence rates are more often lower than true rates of abuse. Random sample surveys require purposive or non-representative sampling, or large representative samples. Whilst data from these surveys can be generalised, information obtained is limited. Findings are therefore dependent on where samples are obtained (e.g. community or women’s refuges). Consequently, family violence and feminist researchers analyse and draw conclusions on two different social phenomena (Johnson, 1995, 2008; Hines & Douglas, 2010a).

Family violence researchers typically depend on large national or community samples (Randle & Graham, 2011). When domestic abuse is defined as using at least one act of physical aggression, community samples have frequently concluded the existence of female perpetration at equal or higher rates than men (Archer, 2000; Ansara & Hindin, 2010). Feminist researchers tend to rely upon sampling via women’s domestic abuse refuges, hospitals and courts and access police/hospital data or utilize crime victimisation surveys (Graham-Kevan & Archer, 2005; Bowen, 2011). This type of sampling captures more severe forms of violence (Randle & Graham, 2011). Hence, studies using clinical sampling conclude that women are
disproportionately affected. Police, court and hospital data are all dependent on men reporting victimisation. Moreover, male refuges throughout the UK are few and far between whilst crime victimisation surveys have the potential to exclude men who do not report or classify the abuse (Nowinski & Bowen, 2012). Crime victimisation data is likely to underestimate the scale of male domestic abuse; men are less likely to report abuse and this type of data is not necessarily representative and is more likely to classify more severe domestic abuse and under-represent male victims (Nowinski & Bowen, 2012).

**Measurement tools**

The debate surrounding measurement tools lies with the use of the Conflict Tactics Scale (CTS) and the Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996). The CTS is a self-reported inventory that measures injury and domestic abuse through the presence and frequency of aggressive sexual, physical and psychological behaviours (Melton & Belknap, 2003; Bartholomew, et al. 2008b; Jose et al, 2012;). The checklist began with less coercive tactics and progresses towards more aggressive and coercive actions (Brownridge, 2009). They included ‘discussed an issue calmly’ to ‘used a knife or gun’ (Straus et al, 1996 p. 288). Studies employing the CTS are likely to conclude that women and men are equally violent towards each other (Hester, 2013). In the US, the majority of studies identifying gender symmetry and male victimisation have used the CTS with community and population based samples (Hines & Douglas, 2010b).

However, studies using the CTS have been criticised for not measuring the context in which domestic abuse occurs (Hines & Douglas, 2010b). Others have argued that the CTS is narrow in scope and depth. Measurements within the tool depend on an “acts based” approach listing violent acts to measure conflict between intimate partners (Dobash & Dobash 2004; Braaf & Barrett-Meyering, 2013). Thus, the CTS does not allow considerations of the wider context, consequences or intentions in which domestic abuse occurs (Dobash & Dobash, 2004). Moreover, the CTS lacks the ability to contextualise domestic abuse, whilst the instrument itself does not focus on who initiated the violence (Langhinrichsen-Rohling et al, 2012). Nevertheless, advocates
for the CTS maintain the tool obtains a fuller estimate of domestic abuse than crime victimisation data (Dutton & Nicholls, 2005). Whereas crime victimisation surveys ask questions of what type of crime a person has experienced, the CTS measures violence in the context of violence and conflict (Brownridge, 2009). Crime victimisation surveys aim to determine if the participant has been a victim of crime. However, perpetrators and victims may not consider all acts of abuse to be a criminal offence, resulting in the underestimating of the prevalence of abuse (Brownridge, 2009). Furthermore, the revised version (CTS2) (which includes measures for psychological abuse, sexual coercion and rates of physical injuries), has offered evidence that supports gender symmetry and asymmetry (Hamel et al, 2012).

A lack of an agreed definition of domestic abuse

In addition to the disparities of measurement tools and sampling, there is a lack of an agreed definition for domestic abuse. Various terms exist: Intimate Partner Violence (IPV), Domestic Abuse (DA), Domestic Violence (DV), Intimate Partner Abuse (IPA), Domestic Violence and Abuse (DVA). Furthermore, the experience of violence may have different meanings for different individuals (Archer, 2000; McHugh, 2005) and might be influenced by cultural, racial or gender differences (Flinck et al, 2008). IPA and IPV are often used interchangeably (Tsui et al, 2010) and have the potential to lack clarity, cause confusion and create misleading findings (Dobash & Dobash, 2004). A frequent issue within studies is the introduction of the single topic of “violence”, followed by a discussion of the two issues of violence: physical violence (physical acts, sexual violence) and abuse (non-violent acts) followed with findings combined within a single label of “violence” or “abuse” (Dobash & Dobash, 2004). To avoid confusion or misleading findings, definitions of violence should be clearly specified (Dobash & Dobash, 2004) to distinguish between the various types, motives, context and effects (Flinck et al, 2008).
Johnson’s typology

Attempting to address conflicting findings from family violence and feminist research, Johnson (1995) proposed that each group was studying ‘two distinctly different phenomena’ (p.284). Focussing primarily on physical violence, Johnson (1995) referred to these as ‘Patriarchal Terrorism’ and ‘Common Couple Violence’.

Patriarchal terrorism is defined as:

* A product of patriarchal traditions of men’s right to control “their” women, is a form of terroristic control of wives by their husbands that involves the systematic use of not only violence, but economic subordination, threats, isolation, and other control tactics (p.284).

Johnson’s term avoided the use of ‘wife’ and ‘partner’ accepting that patriarchal terrorism occurred in dating relationships and ‘perhaps even in some lesbian relationships’ (p.284). The term patriarchal terrorism helped maintain focus on the perpetrator and acknowledge the historical and cultural roots of this particular type of family violence. It is the phenomenon identified by feminist researchers; the ‘interpersonal dynamic of violence against women’, where ‘men systematically terrorize their wives’ (p.287). On average physical violence occurs more than once a week, escalates in seriousness, is perpetrated almost exclusively by husbands and
few wives ever attempt to fight back. The central motivating factor is to exercise control.

Common couple violence is defined as ‘less a product of patriarchy’ whereby:

>The dynamic is one in which conflict occasionally gets “out of hand”, leading usually to “minor” forms of violence, and more rarely escalating into serious, sometimes even life-threatening, forms of violence (p.285).

This phenomena is identified by family violence researchers and is the intermittent response to occasional family life conflicts that “get out of hand”. Unlike patriarchal terrorism, it is not borne from the need to control or be in charge of the relationship but a need to control in the specific situation. It is not rooted in patriarchy, the level of violence has little likelihood of escalating over time, it occurs on average once every two months and is no more likely to be initiated by men than by women. Whilst common couple violence usually involves less serious types of violence, it should not be ignored or underestimated. Johnsons own definition states it can be serious and life threatening.

“Patriarchal terrorism” was later revised to ‘Intimate Terrorism’ (IT) whilst “common couple violence” became ‘Situational Couple Violence’ (Johnson, 2005). With the amendment came an additional two terms: ‘Violence Resistance’ and ‘Mutual Violent Control’ (Johnson, 2006). The development of a control-based typology supported the ability to distinguish between four major types of domestic abuse (Johnson, 2006). Johnson (2010) defined IT as an ongoing pattern of violence and coercive control which is likely to frighten the victim into seeking help and results in injuries that require medical attention. IT is identified from clinical samples (i.e. women’s refuges) and characterized by the use of violence to gain control (Hines & Douglas, 2010a; Carmo et al, 2011). It is predominantly experienced by women and directly related to patriarchy (Johnson 1995, 2008).

By contrast, situational couple violence is perpetrated by men or women and characterised by low level (slapping, pushing), low frequency violence and does not form part of an overall pattern of control (Johnson, 1995, 2008). It is situational
couple violence that is identified from population-based and community surveys (Johnson, 1995, 2008; Hines, et al, 2007; Hines & Douglas, 2010b). Therefore, situational couple violence has greater gender symmetry whilst IT has greater gender asymmetry (Johnson & Leone, 2005). The third typology ‘Violence Resistance’ is when the victim (defined by Johnson (2010, p.213 as; ‘the many women (and the few men’) engages in violence as the result of IT. The fourth type of violence ‘Mutual Violent Control’ is distinguished by two intimate partners using physical violence and aggression towards each other to fight for control over the other (Johnson, 2010). However, Johnson (2010) acknowledged that this type of violence is rare with very small numbers in most samples and there is contention as to whether it actually exists. Hence, in his most recent work, he chooses to focus on the three typologies; intimate terrorism, situational couple violence and violence resistance (Johnson, 2010).

**Table 3: Summary of Johnson’s typology**

<table>
<thead>
<tr>
<th>Type</th>
<th>Defined by:</th>
<th>Categorised by:</th>
<th>Perpetrated by:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intimate Terrorism (IT)</strong></td>
<td>Individual is violent and controlling, the partner is not</td>
<td>An ongoing pattern of violence and coercive control. Is frequent and severe and likely to involve serious injury</td>
<td>Almost exclusively perpetrated by men (gender asymmetry)</td>
</tr>
<tr>
<td><strong>Situational Couple Violence</strong></td>
<td>Individual is violent but neither the individual or partner is violent and controlling</td>
<td>Low level slapping, pushing, low frequency violence that does not form part of a pattern of overall control</td>
<td>Perpetrated at equal rates (gender symmetry)</td>
</tr>
<tr>
<td><strong>Violence Resistance (VR)</strong></td>
<td>The individual is violent but not controlling, the partner is violent and controlling</td>
<td>Engagement of violence from the abused due to a relationship of intimate terrorism</td>
<td>Almost exclusively perpetrated by women (gender asymmetry)</td>
</tr>
<tr>
<td><strong>Mutual Violent Control (MVC)</strong></td>
<td>The individual and partner are violent and controlling</td>
<td>Violence and control is used in a continuing fight for control of each other</td>
<td>Perpetrated at equal rates (gender symmetry)</td>
</tr>
</tbody>
</table>
Developing his typology in 1995, Johnson stated IT is ‘Almost exclusively initiated by husbands’ (p.287). When women do use violence, it is more often within the context of ‘Situational Couple Violence’ or ‘Violence Resistance’ (Johnson, 2006; 2008). However, in later work, Johnson acknowledged that men can be victimised through IT (Johnson, 2010). Additionally, there is some literature to evidence that women perpetrate and men experience IT (Graham-Kevan & Archer, 2003; Hines & Douglas 2010b).

2.6.1 Towards an integrated perspective..?

Domestic abuse has been framed and understood as an issue faced by women and a consequence of men’s desire to maintain power and control. However, this well-established perspective was challenged with the emergence of family violence research demonstrating that men and women perpetrate domestic abuse at equal rates. Yet these findings do not reflect evidence from the CSEW (ONS 3013b, 2016b) or the Femicide Census (WWA, 2015b), which both highlight the extent of VAW. Crime surveys like the CSEW indicate that women constitute the majority of reporting of domestic abuse. Subsequently, both perspectives have continued to struggle with one another. Researchers and professionals who support a family violence paradigm dispute findings and articles supporting a feminist paradigm and vice versa. The controversy between each paradigm persists and intensifies suggesting the dispute cannot be resolved (Winstock 2013). However, accepting or rejecting the view that domestic abuse is gender asymmetrical or symmetrical restricts our conceptual framework resulting in tunnel vision (McHugh et al, 2008). Carney et al (2007), proposed that when evaluating the empirical literature on the perpetration of domestic abuse (irrespective of variation of findings dependent on sample and measurements), two conclusions are reasonable: a) women are injured more than men and b) men are injured too and can also be seriously injured.

Domestic abuse requires re-conceptualising to acknowledge its complex, multifaceted occurrence in its multiple forms and patterns; the experience and meaning of which is connected to the relationship and larger context in which the abuse occurs (McHugh et al. 2008). Accepting that each standpoint does not have to be resolved
creates opportunity for greater knowledge and understanding of domestic abuse (Winstock, 2013). A review of the literature concludes there is no one theoretical perspective that presents a sufficient explanation of domestic abuse or presents an agreed consensus regarding victimisation and perpetration. Second-wave feminism has been pivotal in bringing what was a private matter into the social sphere and feminist theory has introduced concepts (gender, power and control, coercive control) that are central to understanding victim’s experiences. Furthermore, some feminist researchers acknowledge that men can be victims and women can be perpetrators across gender and sexuality (Dobash & Dobash, 2004; Donovan & Hester, 2011, 2014). However, in the main, domestic abuse is recognised and understood as a heteronormative experience. Rejecting those outside the heteronormative (same-sex couples, men and female perpetrators) is unhelpful. For victims, it prevents them from seeking support and safety and for abusive women it denies them the opportunity to change their behaviour.

Domestic abuse is a complex occurrence amongst men and women that presents itself in many forms of abusive behaviours and patterns. Acknowledging all victims regardless of gender or sexuality is one more aligned to the family violence perspective. The perspective that domestic abuse is experienced and perpetrated by men and women is the standpoint of the researcher. Prior to embarking on the literature review, the researcher understood domestic abuse to affect anyone. However, the depth of thought surrounding this perspective was less nuanced; little consideration was afforded to the importance of gender. Female victims experience greater injury, higher rates of repeat victimisation and domestic homicide. Male victims defy masculine stereotypes, attempting to conform can mean denying their victimisation and avoiding help seeking (discussed following this section). Thus, the literature review has prompted a greater depth of thought and provided a valuable knowledge base surrounding the two dominant theories that inform the research topic. Additionally, findings from the literature review substantiate the urgent need for this research topic.
2.7 The experiences and issues faced by abused men

2.7.1 Limited research

Previous research has focussed on male perpetrators and female victims (Graham-Kevan, 2007; Drijber et al, 2013). Consequently there is a paucity of known information regarding male victims, their experiences, issues and needs. Hence, there is consistent acknowledgement amongst academics concerning the lack of research undertaken within this area (Dobash & Dobash, 2004; Bartholomew et al, 2008a; Allen–Collinson, 2009; Ansara & Hindin, 2010). Nevertheless, the subject of men’s victimisation is gaining momentum and research is expanding (Douglas & Hines, 2011; Zverina, et al, 2011; Morgan et al, 2014; Corbally, 2015). Unfortunately, it continues to fall short of the recognition received by research about female heterosexual victims. The majority of previous research undertaken with abused men has been conducted using quantitative methods using measurements like the CTS-2 (Bartholomew et al, 2008a; Fortin et al 2012). Many of these studies have been conducted in the United States (U.S) (Reid et al, 2008; Hines & Douglas, 2010a; Karakurt & Silver 2013). Whilst these studies have provided valuable insight into a neglected area of research, they are limited due to their lack of qualitative accounts from men. Few studies have examined the experiences of abused men through an inductive, in-depth approach (Chaudhuri, 2012). Furthermore, literature exploring men’s internalised experiences of domestic abuse is especially underdeveloped (Corbally, 2015) and so too is research investigating men’s help seeking experiences (Morgan et al, 2014) or that which focuses on the provision of services for abused men. Empirical research evidence of this kind is imperative if services are to improve. Knowledge of what works best for men is required to provide the most appropriate service provision (Robinson & Rowlands, 2006). Hines et al (2007) compared the situation of severe male domestic abuse to female victims of severe domestic abuse prior to second-wave feminism and the proceeding “shelter movement”. Researchers were aware female victims existed but efforts to study them were hampered by the lack of locations, such as women’s refuges. This, as argued by Hines et al (2007), is the problem researchers keen to investigate male domestic abuse are faced with; a lack of a common place where abused men can congregate. Academics
repeatedly point to a need for more qualitative research with the aim of determining men's own perspectives of the abuse they have experienced (Houston & McKirnan, 2007; Ansara & Hindin, 2010; Douglas, et al, 2012). Therefore, the qualitative experiences of abused men and whether support received was sufficient, requires more attention (Douglas & Hines, 2011).

2.7.2 Help Seeking & masculinity

There is a general pattern of poor help seeking behaviour amongst men irrespective of whether help seeking is in relation to domestic abuse or their general health. Men's reluctance to seek help has been associated with a desire to adhere to social norms and concepts of masculinities (Berger et al, 2013). Connell (1987) as cited in Evans et al (2011) defined masculinity as a social construction that is dependent on the period of time, the environment and culture. Masculinity has also been defined as that which is not feminine (Evans et al, 2011). Research has indicated that men and boys are under greater pressure to conform to the gendered societal ideals that depict men as strong, robust, self-reliant and independent (Courtenay, 2000). Gender norms and masculine ideologies assume that men are stoic, unaffected by life’s difficulties (Addis, 2011), which can translate to the denial of vulnerability and the dismissal of a need for help (Courtenay, 2000). Gender is one of the most important social determinants of health (Courtenay, 2000; Evans et al, 2011; Baker et al, 2014). Previous studies have demonstrated how the need to sustain masculine ideals is associated with a number of negative physical and psychosocial outcomes (Schwab et al, 2015). Throughout every region of the world, irrespective of economic development, women have a higher life expectancy than men (Deleat & Deleat, 2012). Figures for Canada reveal that men of all ages experience significantly higher mortality than women across all types of cancer (Evans et al, 2011). In the U.S, men have higher death rates for all 15 leading causes of death (Courtenay, 2000). Within the UK, men have a 37% higher risk of dying from cancer compared to women (Cancer Research UK, 2013). Yet, higher rates of mortality in men are not solely linked to masculine stereotypes; other associated attributes include increased risk-taking behaviour and exposure to occupational physical and chemical hazards (Baker et al, 2014). However, it might be considered that these additional attributes are also
linked to masculine characteristics. Nonetheless, men are less likely to seek help and access their G.P to report symptoms of disease or illness (Baker et al, 2014) through the association that caring for one’s health is a feminine attribute (Courtenay, 2000) that undermines their masculinity.

Furthermore, help seeking patterns are consistently lower amongst men than women, particularly in relation to emotional problems and depressive symptoms (Moller-Leimkuhler, 2002). In the UK, suicide is the leading cause of death for men aged 20-49 years (ONS, 2015b). These figures correspond with a study of suicide prevention in Switzerland that concluded: ‘women seek help - men die’ where 75% of those seeking help for suicide prevention were female and 75% who committed suicide in the same year were male (Angst & Ernst, 1990, cited by Moller-Leimkuhler, 2002, p3). Men’s health outcomes are significantly poorer compared to women; life expectancy for men is on average seven years less than women (Johal et al, 2012).

2.7.3 Help seeking & domestic abuse

Little research has explored men’s help seeking experiences following victimisation from a female partner (McCart et al, 2010). Data that does exist demonstrates that men are less likely than women to seek help and support through a formal agency like the police, health professional or community agency (Walby & Allen, 2004; Ansara & Hindin, 2010). Similarly, Smith et al (2012), found that in comparison to females, males are less likely to disclose domestic abuse; women were more likely than men to tell someone in a professional organisation (44% compared to 19%) or a health professional (19% compared to 4%). However, low numbers of victims reporting domestic abuse to the police is an issue regardless of gender. The CSEW (2012/13) found only 27% of women and 10% of men said they would report domestic abuse to the police (ONS, 2013c). An inspection undertaken by Her Majesty’s Inspectorate of Constabulary (HMIC, 2014) identified several reasons amongst victims for not reporting incidents of domestic abuse: fear of retaliation (45%), embarrassment or shame (40%), lack of trust or confidence in the police (30%) and the effect on children (30%).
Exploring the characteristics of abused men in the Netherlands, (Drijber et al, 2013) found the most common barrier for not reporting to police was the fear of the police being unresponsive. Additional barriers were fears of humiliation, ridicule or accusations of perpetration (Drijber et al, 2013). Unfortunately for men, fears associated with help seeking are not entirely unfounded. Previous research has found that when abused men seek help, they are re-victimised through a system established for women (Hines et al, 2007; Hogan et al, 2011). Male victims have been met with a lack of support, accusations of perpetration and ridicule from service providers (Hines et al, 2007; Douglas & Hines, 2011). Lower help seeking amongst abused men has been attributed to gender norms, notions of masculinity (Ansara & Hindin, 2010), social stigmatisation and men’s denial of being a victim (Cheung et al, 2009). Feelings of shame, stigma, and embarrassment coupled with fears of humiliation and ridicule are frequently cited barriers to disclosing domestic abuse (Carmo, et al, 2011). Shame can indicate serious damage to social acceptance and lead to a breakdown amongst social relationships (Gilbert, 2003). Hence, the fear of shame and ridicule can be so compelling that individuals will risk physical injury or even death to avoid it (Gilbert, 2003). The notion of masculinity and in essence what it “means” to be a man can be considered as an additional barrier, with traditional masculine ideologies hindering the process of help seeking. In a study completed with counsellors who had supported abused men, a primary reason for not disclosing stemmed directly from a need to maintain a masculine identity (Hogan et al, 2011). Masculine ideologies can also result in a failure to acknowledge the victimisation experience (Mills et al, 2006; Hogan et al, 2011; Hines & Douglas, 2011). Moreover, notions of gender have the power to influence the attitudes and approaches of professionals and the police interacting with victims and suspects of domestic abuse (Hester, 2012). Thus, the consequence of ingrained gender ideologies on men can result in experiences of prolonged periods of abuse before seeking support (Hogan et al, 2011).

Rather than report to formal sources, abused men tend to access informal sources of support such as family or friends. Morgan et al (2014) found men who had experienced abusive behaviours were more likely to disclose to a friend or family.
member. Where men have accessed the formal support of domestic abuse agencies, they have reported mostly negative experiences (Douglas & Hines, 2011). Despite acknowledging that men are more likely to access informal support, they are still less likely than women to access the informal support of family, friends or work colleagues (Ansara & Hindin, 2010). However, circumstances surrounding help seeking appears to alter when the level of abuse is taken into account. When abuse is severe, men are more likely to seek support from either formal or informal sources (Ansara & Hindin, 2010; Drijber et al, 2013). This suggests that men delay seeking support unless the abuse escalates, thus extending the possibility of experiencing severe harm.

Donovan & Hester (2011; 2014) proposed the ‘public story of domestic violence and abuse’ as a key issue to preventing help seeking for domestic abuse. The public story characterises domestic abuse as a heteronormative and gendered experience; the stronger male perpetrates (predominantly) physical abuse towards the smaller weaker female. For those outside the hetero-normative model the public story has consequences for the abused and support services alike. For victims, this might affect how they make sense of their experiences, not recognising they are in an abusive relationship (particularly if physical violence is not the principal type of abuse), their awareness of what support is available and uncertainty of what response they may get once support has been sought (Donovan & Hester, 2014). For services, this may be in the form of how they respond to those seeking support (Donovan & Hester, 2011). The public story of domestic violence and abuse can resonate with heterosexual men, those is same sex relationships, transgendered individuals and those where emotional, financial and coercively controlling abuse is dominant over physical violence. Developed from analysis of heterosexual and same-sex DA relationships, the public story of domestic violence and abuse offers a further means to understand barriers that prevent men experiencing domestic abuse from seeking help.
2.7.4 Help seeking and gay, bisexual and transgender (GBT) men

If research exploring heterosexual men’s victimisation is sparse, research focusing on GBT men and domestic abuse is even more so. This paucity of research results in a lack of consensus about what constitutes domestic abuse within a same-sex relationship (Finneran & Stephenson, 2013). Men victimised by same-sex domestic abuse may be even less likely than heterosexual men to seek support or report the abuse. Societal hetero-sexism coupled with a perception that services may discriminate, or are not trained to fully understand the complexities of GBT domestic abuse are additional barriers to help seeking (Donavan et al, 2006; Carvalho et al, 2011). Furthermore, abusers might use their victims’ uncertainty or shame of their sexuality as a means to control the abused (Robinson & Rowlands, 2006). “Closeted” men face additional abusive tactics, such as “outing” (the threat to disclose a victim’s sexuality to friends, family, work colleagues) (Hester et al, 2012). Subsequently, GBT men could be more likely to remain in an abusive relationship from a fear of being “outed” and from limited family and informal support due to the lack of disclosure (Bartholomew et al, 2008a).

A lack of research, coupled with a lack of recognition of domestic abuse within GBT relationships transcends to poor help seeking experiences and prolonged abuse (Randle & Graham, 2011). Hester et al, (2012) found participants were concerned about potential homophobic reactions from statutory and third sector providers. Moreover, respondents cited concerns that services would not understand their experiences or how homophobia and their sexuality could be used against them by perpetrators. Men who have concealed their sexuality may find it particularly difficult to disclose abuse to family and friends, reducing the potential of available sources of support (Carvalho et al, 2011). Limited help seeking produces a “double edge sword effect”; feelings of isolation and helplessness may be exacerbated through a reluctance to seek help in an effort to conceal their sexuality. Concealing sexuality, coupled with a lack of community and family support creates isolation, a reliance on the perpetrator and acts as a barrier to leave (Bartholomew et al, 2008a). When GBT men do overcome these barriers and access support, the services available may differ to the services provided to heterosexuals. A study comparing domestic abuse in
same-sex and heterosexual relationships found participants believed same-sex abuse was less recognised and more hidden and that support services did not exist for same-sex abuse victims (Donovan et al, 2006).

Literature exploring the victimisation and help seeking experiences of transgender men is even more limited (Turell & Cornell-Swanson, 2005). Literature that does exist acknowledges domestic abuse is often hidden in the trans-community, not openly discussed and highly unlikely to be reported (Hester et al, 2012). A Scottish study exploring domestic abuse and transgendered individuals revealed that over 80% experienced abusive behaviours from a partner or ex-partner (Scottish Transgender Alliance, 2010). In terms of help seeking, just over half (51%) disclosed abuse to informal sources of support, 24% did not contact anyone, whilst only 7% contacted a specialist DAS. Reasons cited for not accessing specialist support included fears of ignorance and prejudice and a belief that no organisations would be willing to help (Scottish Transgender Alliance, 2010).

2.7.5 The influence of a gendered perspective

Attitudes regarding domestic abuse are influenced by social norms and the gender of the victim. Sorenson & Taylor (2005) found that male victims are viewed less seriously than female victims. Women’s violence against a male partner has been judged to be less wrong, less likely to be illegal, less likely that it ought to be illegal and less in need of interventions (law enforcement, arrest, restraining order) than men’s violence towards women (Sorenson & Taylor, 2005). In the UK, domestic abuse is largely recognised as an issue primarily affecting heterosexual women (Donovan et al, 2006). Victims who fall outside the ascribed “typical” victim of domestic abuse (female-male abuse, female-female abuse, male-male abuse) are much less acknowledged. This knowledge negatively impacted men’s understanding and reporting of the abuse they had experienced (Donovan et al, 2006). The framing of domestic abuse as an issue faced only by women can mean that men have difficulty identifying their experience as domestic abuse (Hines & Douglas, 2011). DAS supporting men have highlighted limited advocacy or holistic support provision compared to those available to women (Hester et al, 2012). Providers described the
sector as a ‘female domain’ that did not recognise men and the stigma associated with male victimisation (Hester et al, 2012).

2.7.6 Types & effects of abuse

Men and women appear to experience domestic abuse within a similar patterned phenomenon with the majority experiencing no physical violence (Carbone-Lopez et al, 2006). However, physical abuse experienced by men from their female partners includes punching, biting, kicking and choking (Hines & Douglas, 2010a; Drijber et al, 2013). In addition, men have a higher probability of being hit with or having an object thrown at them (Carbone-Lopez et al, 2006). Similarly, Drijber et al (2013) found that in over half of cases involving physical abuse, men had household objects including chairs, tableware and knives used against them.

Men living with abusive behaviours that might involve physical violence, experience a range of psychological aggressions. They include monitoring time and whereabouts, name calling, destruction of personal belongings, threats, bullying and financial harm (Hines & Douglas, 2010a; Drijber et al, 2013). In a study of men living with IT (Johnson, 1995, 2008), 93-96% of participants had sustained severe psychological aggression and controlling behaviours (Hines & Douglas, 2010a). An additional type of abuse ‘legal and administrative abuse’ was reported by an Australian study. Some participants conveyed their belief that partners had purposefully manipulated legal and administrative resources to their advantage (Tilbrook et al, 2010). Support systems have been developed with women at the forefront. Hines et al (2007) suggested female perpetrators can use this knowledge to their advantage as a means to manipulate, control and abuse. Consequently, ingrained gendered perspectives of domestic abuse can serve as an additional tool for female perpetrators to abuse.

Within the existing literature persists a debate regarding the types of abuse experienced by men and to what extent they are impacted by the abuse. Little data exists on the health and social outcomes of men who have experienced domestic abuse (Bell, 2009). There is a much greater body of research evidence comparing the
negative outcomes for female victims to that of female non-victims (Hines & Douglas, 2015). Yet for men, the impact of their abuse is frequently compared to women who are abused. So as to fully understand the impact of male victimisation, rather than comparing men and women (who respond differently), studies should compare abused men to non-abused men (Herzberger, 1996). However, researchers and professionals supporting a gendered perspective continue to compare male and female victims. Differences between each group extend to the fear felt, impact and consequences. Hamberger & Guse (2002) reported that women experience higher levels of fear compared to men. By contrast, abused men have described themselves as being amused by their experiences, (Hamberger & Guse, 2002), reporting it as ‘inconsequential’ and with ‘no lasting effect’ (Dobash & Dobash, 2004). Similarly, men were more likely than women to report that the abuse had no effect on them and were less likely to report negative reactions (Ansara & Hindin, 2010). A consensus amongst academics is that the impact of physical abuse is asymmetrical with women experiencing greater adverse effects (Straus 2010, 2011; Esquivel-Santoveña et al, 2013; Winstock 2015).

Despite arguments to the contrary, research has identified that abused men experience negative/adverse effects that include fear. Male victimisation has been associated with poor health, alcohol and recreational drug use, a history of chronic disease and a history of chronic poor mental health (Coker et al, 2002). An examination of police records revealed more than half (54%, n=28) of male victims were affected by personal problems, described as including poor mental health, substance misuse, employment and legal issues (Storey & Strand, 2012). Moreover, almost a quarter of the abused men were identified by police as being ‘extremely fearful’ of the perpetrator (p.646). Bartholomew et al (2008a), examined patterns of same-sex partner abuse where participants reported high rates of physical and psychological abuse. Findings revealed that the severity of physical and sexual domestic abuse was strongly related to injury and requiring medical attention. From a sample of 302 men who had experienced severe domestic abuse from a female partner, nearly 80% reported sustaining physical injury of which 35% described a severe injury (Hines & Douglas, 2010b). Evident from research with abused men was
extensive psychological harm. Symptoms of PTSD were found to increase in situations where severe domestic abuse was experienced (Hines, 2009) whilst in a clinical sample of men, abuse and PTSD was significantly correlated (Hines & Douglas, 2011). Moreover, men identified as experiencing IT (Johnson, 1995, 2008), were at a considerably higher risk for exceeding the clinical cut-off for PTSD (Hines & Douglas, 2011). The figure, which constituted nearly 60% of the sample, was similar to those of women experiencing IT (Hines & Douglas, 2011). Comparing a help seeking sample of abused men and a population based sample, Hines & Douglas (2015) found male victims were 15.57 times more likely to score above the PTSD clinical cut-off, two times more likely to reach the clinical cut off for depression and 1.69 times more likely to report high blood pressure. Additionally, when comparing older men living with physical abuse to those not living with abuse, abused men were 3.1 times more likely to report severe depressive symptoms (Reid et al, 2008). The aforementioned studies suggest that in contrast to the notion that men are unaffected by their victimisation, the exact opposite is true. Abused men suffer a range of adverse effects, from poor mental health, fear, substance misuse and injury.

2.7.7 The ‘ideal’ victim

The ideal victim is defined by Christie (1986) as those (either a person or category of persons) who have experienced a crime and are provided with the complete and legitimate status of a victim. Ideal victims are weaker than the offender, likely to be either female, sick, very old or very young (or a combination of these), are engaged in legitimate business, and blameless (Christie, 1986). The perception of the “ideal victim” is created within general society and media stereotypes and whilst this may not be a new phenomenon, it is persistent (Williams, 2005). Ideal victim types include children and older people; they are weak, vulnerable, defenceless and innocent. By contrast, the homeless, young men, prostitutes, those with substance misuse problems and other individuals living on the fringes of society are likely to encounter difficulty in achieving ideal or legitimate victim status (Greer, 2007). As such, Greer (2007) referred to the existence of a hierarchy of victimisation which is reinforced via political and official discourse and the media. The hierarchy is polarised by those at the top who are “deserving victims” (individuals who have attained ideal victim
status) and those at the bottom who never attain ideal victim status and in some extremes are labelled “undeserving victims”.

Second-wave feminism succeeded in creating a new victim type, women who experience domestic abuse. As a result of much lobbying and campaigning, services were created, policies to protect implemented and an abundance of research initiated. A culmination of these factors coupled with recognition from wider society resulted in victim status being attributed to female victims. In the UK today, domestic abuse is wholly recognised as an issue affecting women. However, obtaining true victim status remains volatile and for an abused woman, experiencing domestic abuse does not always guarantee such status. Traditional gender norms depict women as weak, vulnerable and submissive and these stereotypes correspond to those of the conventional female victim (Terrance, et al, 2011). The abused woman is vulnerable, weaker than their male abuser and unable to fight back. These norms may inform expectations of what is deemed to be “appropriate” victim behaviour (Terrance et al, 2011). Hence, abused women are only afforded victim status when they conform to the above mentioned stereotype. If they stray from the ideal, they can be blamed for their victimisation, have their accounts disbelieved or their credibility as victims questioned (Williams, 2005; Goodmark, 2008). Therefore, if a woman uses retaliatory violence following prolonged domestic abuse that results in serious harm to the perpetrator, they may no longer be perceived as blameless or vulnerable. Women who aggressively resist victimisation or are perceived as “provoking” violence are viewed in a less sympathetic way than those women who have remained submissive (Terrance et al, 2011). That they have retaliated violates their ascribed gender norms, casting doubts on how vulnerable they actually were.

Men present an immediate barrier to being acknowledged as the ideal victim; they are not perceived to be weak, vulnerable or defenceless. On the contrary, gender stereotypes inform us that men are strong, assertive, capable and dominant (Courtenay, 2000). Male victimisation in the context of domestic abuse violates these gender norms. As a result, abused men are afforded less compassion and judged more harshly than female victims of domestic abuse (Terrance et al, 2011). Moreover, securing ideal victim status is dependent on the abused having enough
influence to assert victim status (Christie, 1986). Yet, men are reluctant to claim victim status. Previous research has demonstrated men’s lack of help seeking for abuse victimisation (Walby & Allen, 2004; Ansara & Hindin, 2010; Smith et al, 2012). Being a “victim” is attached to powerlessness, for men the reluctance to accept and claim victimisation may be rooted in a failure to sustain masculine norms (Dunn, 2012).

Hence, consideration of who constitutes an ideal victim of domestic abuse is influenced by patriarchy and gender roles. For women, patriarchy is associated with subordination, powerlessness and entwined with constructions of femininity and expectations of how they should behave. Women who deviate from those ascribed social roles and fight back, risk doubts regarding their victim status. For men, patriarchy and constructions of masculinity are associated to dominance, powerfulness and expectations of how they should behave. Men experiencing domestic abuse defy the concept of patriarchy as men’s dominance over women and traditional notions of masculinity. They do not fit the favoured attributes associated to masculinity. Through their victimisation and claim to victim status via way of help seeking, they are ascribed less favourable attributes linked to femininity.

2.8 Chapter summary

Family violence in all its forms (child abuse, domestic abuse, elder abuse) has and continues to be a widespread, pervasive and serious issue across the world. The ill effects of experiencing these types of abuse are extensive and widely acknowledged by academics and international organisations. Child abuse, domestic abuse (specifically VAW) and elder abuse have gained increased recognition all of which are deemed particularly serious and in need of effective interventions. However, in referring to the issue of domestic abuse, attention has been focussed to tackling the severe problem of VAW with considerably less notice afforded to abused men.

An exploration of the literature surrounding domestic abuse and male victims identified two noteworthy features. Firstly, there is an acute lack of research concerning male victims and their experiences. Secondly, within the UK there exists
a dominant gendered perspective of domestic abuse. Amongst government and academic research literature lays a persistent focus on the female as most likely victim and the male as most likely perpetrator. There is evidence of a deep divide between those who recognise the existence of abused men and those who refute the male victim and only acknowledge such in the context of a perpetrator whose victim has retaliated. There remains little evidence of the gap being bridged whilst a widespread recognition of all victims regardless of gender is absent. What limited research that has been conducted on abused men highlights issues related to help seeking, masculinities, gender norms, the types of abuse experienced and subsequent impact of abuse.

The gendered positioning of domestic abuse does not account for the existence of female perpetrators and denies female abusers the opportunity to change. Rather than an equal approach to the eradication of domestic abuse for all, the gender paradigm promotes the invisibility of male victims and female perpetrators. There are a select number of academics researching men who are abused and even less so who focus on the male GBT victim. Hence, there is a shortage of policy or research perspective dedicated to male victims and available support. This study is intended to fill this gap. Thus, the focus is on developing more in-depth knowledge of the needs of men experiencing domestic abuse and existing service provision.

Chapter two has demonstrated an understanding of existing family violence and male domestic abuse literature. Two dominant perspectives; feminist and family violence have been explored in conjunction with how each one acknowledge male victims, the discrepancies in findings according to sample and measures, the lack of research with abused men and existing knowledge of domestic abuse and male victims. Chapter three presents the aims and objectives of this study and the methodology identified as best placed to achieve them.
Chapter Three  Methodology

3.1 Introduction

Methodology can be described as a plan or strategy for the use of particular methods, for example: grounded theory, phenomenological research or mixed method research. Methodology is not the research technique or the tool used to gather data, nor is it a description of each individual method used within a study; it is the philosophical underpinnings of the chosen methods. The aim of the chosen methodology is to determine how knowledge surrounding men’s experiences of domestic abuse and current service provision in Wales can best be obtained.

This study adopted a mixed methods framework (Tashakkori & Teddlie, 2003) combining a sequential and parallel design and using Interpretive Phenomenological Analysis (IPA). There is a dearth of qualitative research with abused men and DAS provision for men in Wales remains largely unexamined. Use of IPA will address the lack of research exploring men’s needs in the context of experiencing domestic abuse, a quantitative approach will inform knowledge of existing DAS provision for men in Wales. Implementing a mixed method approach will facilitate a greater understanding of a much under-researched area. This chapter will discuss in greater depth the rationale for selecting mixed methods and IPA.

3.2 Aims and objectives

The aims of the study are;

1) To identify the needs of men experiencing domestic abuse.

2) To establish current service provision and determine whether these services are meeting the needs of men experiencing domestic abuse.

The aims of the research will be met by the following objectives;

1) Review literature on family violence and male victimisation.
2) Identify and review current service data and provision for men experiencing domestic abuse.

3) Establish the methods of recording the occurrence of male domestic abuse in Wales and communicating the data in different organisations.

4) Establish the met and unmet needs of male domestic abuse victims.

3.3 Mixed methods – The third research paradigm

Defined as the ‘third research paradigm’ (Johnson et al, 2007), mixed method research (MMR) collects and analyses qualitative and quantitative data (Creswell & Plano-Clark, 2007; Creswell, 2014). Still in its adolescence, Teddlie & Tashakkori (2009) advocate its use as offering a third methodological choice, an alternative to qualitative and quantitative methodological research alone. Amongst communities of research lie three philosophical orientations or paradigms; post-positivism, constructivism and pragmatism. Post-positivism sits at one end of the paradigm and is the traditional foundation for quantitative research measuring variables to make causal inferences and generalisations about reality. Within a post-positivism paradigm, there is one single reality and the influences of researchers’ values should be bracketed (Plano-Clark & Ivankova, 2016). At the other end of the spectrum lies constructivism where multiple realities are constructed by individuals, these realities are an internal and subjective phenomenon. Researchers construct the meaning of the phenomena through investigation (Teddlie & Tashakkori, 2009) lending itself to qualitative methods that describes multiple realities via a reflexive process so as to interpret the meaning and context of individual experience. The primary philosophy of MMR is pragmatism (Johnson et al, 2007). Developed out of recognition of the strengths and weakness of post-positivism and constructivism (House, 1994), the pragmatic paradigm focuses on “what works” best to answer the research problem (Tashakkori & Teddlie, 2003). Rejecting the notion of an either/or scenario of quantitative or qualitative methods, pragmatism advocates the use of whichever methods are best suited; the focus is upon producing knowledge and whether such knowledge is useful in practice (Corbin & Strauss, 2008). Unlike post-positivism, pragmatism places importance on the researchers’ values particularly in the context
of stating the research questions and reaching conclusions (Plano-Clark & Ivankova, 2016). Through MMR, knowledge is produced using information derived from both qualitative and quantitative approaches. Pragmatism values the benefits of using both advocating a more holistic understanding of the issue(s) being investigated. MMR can be acknowledged as a new methodology, which has developed through several periods and expanded into various disciplines (Creswell, 2014).

**Justification for mixed methods research**

MMR was identified as the method of choice for this study and best placed to answer the research questions: ‘*What are the needs of men experiencing domestic abuse?*’ and ‘*Is current service provision meeting those needs?*’ The majority of research conducted within this area has been largely quantitative (Appendix 5). A much smaller number of qualitative or MMR studies exist. Greene *et al* (1989) discussed the justification of using MMR, referring to explanations such as “Expansion” (aims to extend the extent and scope of inquiry by using different methods) and “Initiation” (seeks the development of new perspectives). MMR offers the opportunity to ‘*extend the scope*’ and ‘*develop new perspectives*’ within a much under-researched area.

Plano-Clark & Ivankova (2016) proposed five justifications for using MMR to strengthen or validate results/conclusions: 1) to off-set strength and weaknesses (the strengths of two methods off-set the weaknesses of one sole method); 2) triangulation (facilitates more valid conclusions by directly comparing results from both methods); 3) complementarity (more complete conclusions via different facets of a phenomenon); 4) development (using results from one method to inform another) and 5) social justice rationale (to uncover and challenge oppression). Using both qualitative and quantitative methods reduces the limitations that each individual approach has (Creswell, 2014). The aim of this study is two-fold; to develop understanding of what the needs of men experiencing domestic abuse are, to establish service provision and determine whether provision is meeting identified needs. Using only qualitative or quantitative methods would be insufficient to attain these aims and answer the research questions. MMR offers a more in-depth understanding of a research problem than a single qualitative or quantitative
approach (Creswell, 2014) and facilitates a more holistic and valid image of society (Henn et al, 2009).

There are three major types of mixed method studies: equal status MMR (equal prominence to qualitative and quantitative), qualitative dominant MMR (priority to the qualitative component) and quantitative dominant MMR (priority to the quantitative element) (Johnson et al, 2007). Dominance in this study lies with the qualitative element; quan → QUAL/IPA & quan → Qual. Service data (contact and information details of DAS supporting men, data collection procedures, types of support provided, the numbers of men accessing and their presenting needs) will be collected quantitatively. The needs of men who have experienced domestic abuse will be explored in their own words (qualitative) whilst the perspectives and knowledge of those providing the services will add multiple viewpoints (qualitative) to a complex under-researched phenomenon. Qualitative research enables researchers to explore meaning, examine social and institutional practices and processes, identify barriers and facilitators to change and investigate the impact of interventions (Starks & Brown-Trinidad, 2007). A qualitative approach facilitates rich, meaningful data and the understanding of human experience (Silverman, 2010). Quantitative methods will inform the landscape of domestic abuse provision for men in Wales. Both qualitative and quantitative methods are valuable in answering the research questions. The combination of both sets of data works towards developing a comprehensive understanding of any changes required for a marginalised group (Creswell, 2014), who in this study are men experiencing domestic abuse.

3.4 Interpretive Phenomenological Analysis as a chosen methodology

This study sought to explore the needs of men who had been abused by their intimate partners in their own words and their individual “lived experiences”. Qualitative research with abused men is limited, subsequently so too is knowledge/understanding of abused men. To undertake and analyse interviews with male victims, IPA was the methodology of choice. IPA seeks rich data; affording
participants the opportunity to provide a detailed, reflective, first person account of their experiences (Smith et al, 2009). An in-depth qualitative approach offers the opportunity to obtain insights into the dynamics of abuse and the settings and context in which abuse occurs (WHO, 2001). Where a phenomenon is under-researched or where issues are complex, IPA is particularly suitable (Smith & Eatough, 2007). The objective of IPA is to understand what personal and social experiences mean to the individuals who have experienced them (Shaw, 2010, p.178). The use of IPA will facilitate an in-depth exploration of abused men’s accounts ensuring their views and interpretations are heard and understood.

When considering what methodology would best answer the research question, grounded theory, ethnography and action research were considered. The abovementioned methodologies are discussed below in turn. A brief description of each is accompanied with justification for not considering them to answer the research question.

**Grounded theory**

Grounded theory was developed by Glaser & Straus (1967) and has been described as more of a form of analysis than a distinct qualitative approach (Field & Morse, 1985). The goal of grounded theory is the generation of theory; it strives to develop a theoretical understanding of psycho-social phenomena (Hek & Moule 2006; Gordon-Finlayson, 2010). Constant comparison is the central analytic technique; at all stages within a study the researcher is constantly comparing concept to concept (Gordon-Finlayson, 2010). Data collection is concurrent and continues until the researcher has attained enough data to have acquired an understanding of a particular phenomenon, with no new information being generated (saturation is reached) (Lathlean, 2015). Unlike phenomenology and ethnography where themes and categories that depict behaviours in their social context typically signify the ending of a study, grounded theory is perceived as an inductive continuum as theories are produced (Hek & Moule, 2006). This study’s purpose was not the generation of theory but to explore in-depth men’s own voices and understand their needs from their individual experiences of domestic abuse.
Ethnography

Ethnography is the study of interactions and behaviours within communities, groups and teams of individuals (Reeves et al, 2008). Ethnography focuses on the study of people in their natural settings, to provide detailed descriptions of how individuals within a particular culture live and how they interpret the meaning of things (Rubin & Babbie, 2010). The method is based on observational work within particular settings (Silverman, 2010) requiring the researcher to become immersed within the culture of the population being studied. Ethnographic researchers aim to see the world through the perspective of those they are studying and to understand their belief systems and behavioural norms (Rubin & Babbie, 2010). In essence, an ethnographic approach produces a ‘theoretically informed interpretation of the culture of the community, group, or setting’ (LeCompte & Schensul, 2010 p.11). Given the observational nature of ethnography, prior to any primary data collection or fieldwork, identifying the setting where fieldwork will be carried out as well as securing appropriate access is highly important (Brett-Davies, 2007). Therefore gaining access to individuals and places is a crucial aspect of successful ethnographic research (Denscombe, 2007).

Ethnography was not considered the most appropriate to meet the aims of the research. To locate an observational setting where male victims congregate would be very difficult. The most likely venue would be a refuge setting, however in Wales, male refuge provision is sparse. Moreover, focussing only on refuges would likely mean that population groups would have experienced more severe forms of domestic abuse. Hence, it would therefore not capture those who have experienced less severe forms of abuse. Furthermore, the research aimed to capture the needs of male victims from their own individual perspective. This study did not seek to establish how they interact or maintain and develop behavioural norms and values with each other within a group or community setting.

Action research

Lewin (1946) is recognised as the founder of action research, defining the term as ‘a way of generating knowledge of a social system whilst at the same time trying to
change it’ (Hart & Bond, 1995, p.13). Stringer (2007) defined action research as a systematic approach to investigation with the aim of finding effective solutions to problems that are encountered in everyday life; the focus is on specific situations and localized solutions. The emphasis is awareness raising, empowerment and seeking ways for researchers and practitioners to work collaboratively (Hart & Bond, 1995). The basis of action research is derived from the suggestion that generalized solutions do not necessarily fit within particular contexts or groups of people and so the purpose is to locate a solution for the problem in a local situation (Stringer, 2007). The research undertaken within this study was exploratory and the first of its kind in Wales to investigate men’s needs and available service provision. Therefore, the local situation in terms of men experiencing domestic abuse and the fulfilment of services to meet identified needs is yet to be determined. Furthermore, the researcher is not embedded within a domestic abuse organisation. Action research was therefore not deemed to be an appropriate method for this study.

3.5 What is IPA?

IPA is a qualitative approach within experiential and psychological research and is informed by three areas of philosophy; phenomenology, hermeneutics and ideography (Smith et al, 2009). A number of concepts exist within interpretive phenomenology: “Dasein” (Being), “fore-structures”, “life world existential themes” and “the hermeneutic circle” (Tuohy et al, 2013). Heidegger’s use of terms such as; ‘lifeworld’ or ‘being in the world’ expressed his notion that individuals’ realities are influenced by the world they live in and that they cannot remove themselves from the world (Lopez & Willis, 2004). Phenomenology is a philosophical approach with a focus on experiences and the lived world (Smith et al, 2009). As a philosophical research tradition, phenomenology was developed as an alternative to the positivist paradigm (McConnell-Henry et al, 2009). Phenomenology is the analysis of meaning through an individual’s perception to understand their lived experiences (Starks & Brown-Trinidad, 2007). The aim is to understand how individuals make sense of their experiences. Knowledge is achieved via interaction and is therefore considered to be subjective and inductive (Reiners, 2012). There are two distinct branches of
phenomenology; descriptive and interpretive (Cohen & Omery, 1994; Tuohy et al, 2013). Edmund Husserl (often referred to as the “father of phenomenology”) developed transcendental or descriptive phenomenology. Husserl’s student Martin Heidegger later developed hermeneutic or interpretive phenomenology. Smith et al (2009) developed interpretive phenomenology a step further. IPA is concerned with the detailed examination of the human lived experience and concurs with Heidegger that phenomenological enquiry is an interpretive process.

There are two main differences between descriptive and interpretive phenomenology; how findings are generated and how findings are used to expand professional knowledge (Lopez & Willis, 2004). IPA analysis is ‘iterative’, rather than a step-by-step process or ‘linear’, researchers may move to and from various thoughts about the data (Smith et al, 2009). Within IPA, in-depth analysis is undertaken on a “case by case” basis. This is unlike thematic analysis used in descriptive phenomenology which seeks to identify themes across a group of participants. Essentially, the aim of descriptive phenomenology is to portray general characteristics of a phenomenon rather than an individual’s experience of the phenomena as used in IPA (Giorgi, 2008).

**Table 4: Summary of Descriptive & Interpretive Phenomenology**

<table>
<thead>
<tr>
<th></th>
<th>Husserl’s Descriptive Phenomenology</th>
<th>Heidegger’s Interpretive Phenomenology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Both approaches are interested in human experience</strong></td>
<td></td>
<td><strong>Ontological – the nature of being</strong></td>
</tr>
<tr>
<td><strong>Epistemological</strong></td>
<td>- theory of knowledge through methods, validity and scope</td>
<td></td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>of the experience of phenomena</td>
<td><strong>Description to interpretation, extracting meaning from being</strong></td>
</tr>
<tr>
<td><strong>Bracketing</strong></td>
<td>- preconceived ideas put aside to understand the meaning of the lived world. Produce valid data and scientific rigour</td>
<td><strong>Fore-understanding enhances interpretation. Being in the world – researchers cannot remove themselves from the world of the participant</strong></td>
</tr>
<tr>
<td><strong>Cartesian Duality</strong></td>
<td>- mind and body are mutually exclusive. Knowledge derives from conscious awareness and the mind directed to objects “intentionally”. The aim to maintain objectivity</td>
<td><strong>Dasein – what it means to be human. Human existence is not static. What it means to be human is subjective. Dasein cannot be measured objectively</strong></td>
</tr>
<tr>
<td><strong>General characteristics</strong></td>
<td>of a phenomenon</td>
<td><strong>Individual experience of phenomena</strong></td>
</tr>
<tr>
<td></td>
<td>In-depth analysis on a case-by-case basis</td>
<td></td>
</tr>
</tbody>
</table>
The ideographic approach of IPA is concerned with the “particular”; an interest in the detail of individual cases and understanding meanings. This is unlike most psychology that tends to focus on group or population level and which centres on establishing general laws of human behaviour (Smith et al, 2009) or formulating general causal laws (De Visser & Smith, 2006). The focus is on subjectivity: what is unique about an individual’s experience, exploring personal perspectives with a comprehensive examination of each individual’s account (Smith et al, 2009). Hermeneutics is the theory of interpretation (Smith et al, 2009). Hermeneutics in the study of human experiences goes beyond the description of core concepts seeking to identify meanings in the lived world (Lopez & Willis, 2004).

**The Hermeneutic Circle**

The hermeneutic circle focuses on the “dynamic relationship” between the parts and the whole (Smith et al, 2009). Understanding is achieved via interpretation within a circular process; the movement from the whole to the individual parts and from the individual parts to the whole through the hermeneutic circle (Debesay et al, 2007). Smith et al (2009) advised that to understand any given part, look to the whole and to understand the whole, look to the parts. The hermeneutic circle is not static, new knowledge is continually acquired by those within it (Debesay et al, 2007). Our fore-understanding consists of everything that has ever happened to us as individuals; it is what is understood and recognised before the process of interpretation (Tuohy et al, 2013) and stems from previous experiences and events (Standing, 2009).

**The relationship between the fore-understanding and the new phenomenon**

New knowledge or understanding generated during the course of a new experience or phenomenon is resisted as it challenges our initial fore-understanding (Figure 2). Such experiences occur within everyday life, the process of reflecting on the new experience aides in potentially revising our fore-understanding. It is important for researchers to recognise their fore-understandings and be clear of them within their research. Doing so ensures the readers have clarity about the context of the research and are aware of possible influencing factors (Tuohy et al, 2013). Within this study a
four-stage reflexive model (Smith et al, 2009) that incorporates the researcher’s fore-understanding is provided in chapter six.

**Figure 3: The hermeneutic circle**

Listening to the participant and revising our fore understanding is a continual cyclical process of trying to understand the phenomena and what it means to be the individual. The double hermeneutic circle (Figure 3) highlights the two-stage interpretation process within IPA. The researcher is trying to make sense of how the participant is making sense of their own experience of the phenomena (Smith & Eatough, 2007).

For analysis of transcripts, an important element involves moving from the part to the whole of the hermeneutic circle. A small portion of text is considered in the context of whole transcript and the whole transcript is considered from the context of the small portion of text (p.81). However, Smith et al (2009) provide a reminder that:

*Whilst the primary concern of IPA is the lived experience of the participant and the meaning which the participant makes of that lived experience, the end result is always how the analyst thinks the participant is thinking* (double hermeneutics). *Thus the truth claims of an IPA analysis are always tentative and subjective* (p.80).
Within IPA the researcher is not removed from the phenomenon being studied and recognises that interests and values form part of the research process (Holloway & Wheeler, 2010). This is in contrast to Husserl’s descriptive phenomenology which dictates that researchers must cast aside all personal biases and expert knowledge (Lopez & Willis, 2004). To concentrate on the perception of the world, the ‘taken for granted world’ must be bracketed (Smith et al, 2009). The aim of Husserl’s notion to “bracket” preconceived thoughts was so that valid data could be generated (McConnell-Henry et al, 2009) and the phenomena could be described in its purest form (Tuohy et al, 2013). To facilitate understanding we must acknowledge what has influenced our view of the world (and our understanding of such); recognising these influences and biases is a form of bracketing or reduction (Finlay, 2008).

However, debate continues as to whether bracketing is realistic (Tuohy et al, 2013). Heidegger (1962) maintained that it was impossible to empty the mind of a background of understanding and instead advocated that expert knowledge and fore-understandings are valuable guides that add meaning to research (Lopez & Willis, 2004). Furthermore, Heidegger argued that the ability to effectively interpret data is reliant on fore-understanding and knowledge (McConnell-Henry et al, 2009). Nonetheless, those who support the ideals of Husserl’s descriptive phenomenology

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**Figure 4: The double of hermeneutic circle**
dispute that without bracketing our prior understanding and knowledge, data can be influenced or tainted by the researcher (McConnell-Henry et al, 2009).

3.6 Research Design

Mixed method multi-strand designs include at least two research strands. Prominent MMR academics have discussed alternative mixed research designs. Creswell & Plano-Clark (2007) proposed four designs (the Triangulation, the Embedded, the Explanatory and Exploratory), Teddlie & Tashakkori (2009) presented five designs (Parallel Mixed, Sequential Mixed, Conversion Mixed, Multi-level Mixed and Fully Integrated Mixed) and Creswell (2014) discussed three designs (Convergent Parallel Mixed Method, Explanatory Sequential Mixed Method and Exploratory Sequential Mixed Method). Owing to the adolescence of the “third research paradigm”, it is evident terms are still being determined. For example, the ‘parallel mixed design’ as described by Teddlie & Tashakorri (2009) was presented as the ‘convergent parallel mixed design’ by Creswell (2014). Both have very similar principles of collecting and analysing data separately and comparing the results.

Whilst mixed method designs are valuable, they are not exhaustive and will continue to evolve (Teddlie & Tashakkori, 2009). Designs can be ‘creatively manipulated’ or ‘adjusted to meet the needs of the particular research study’ (Teddlie & Tashakkori, 2009 p.140). Rather than relying on a pre-set typology, researchers are encouraged to be creative in their multi-strand designs (Johnson & Onwuegbuzie, 2004). Furthermore, when choosing a mixed method design, researchers should acknowledge that a combination of existing designs or even the creation of a new design may be required (Teddlie & Tashakkori, 2009).

Within this study it was acknowledged that not all elements of the typology of available designs would provide a “perfect fit” for the research. Consequently, two existing designs were combined: parallel and sequential. Furthermore, it was recognised that as the research progressed, the design might require adjustments. Mixed method research is relatively new and research designs are not exhaustive and
will continue to evolve. The research design employed for this study is discussed in greater depth in chapter four.

### 3.7 Chapter summary

Mixed methods research remains an evolving methodological approach demonstrated through the development of an alternative design. Combining parallel and sequential design is best suited to this study. Adapting and utilising qualitative and quantitative methodologies and multi-strand designs in accordance to which is most suitable to answer the research questions and meet the aims of the study is aligned to a pragmatic paradigm. The decision to use a mixed methods approach and IPA has been clearly presented in this chapter. Adopting qualitative and quantitative methodologies affords a more flexible approach than one sole methodology could provide, offering insight about service provision and depth to the phenomenon of abused men. The use of IPA will facilitate a greater understanding of the needs of men experiencing domestic abuse which is a particularly under-researched area.

Chapter three has provided a justified discussion for the choice of a mixed methods approach and use of IPA within this study. Additionally, the merging of two multi-strand designs has been introduced. Chapter four will present in greater depth the research design and the methods employed to undertake data collection.
Chapter Four    Methods

4.1 Introduction

This chapter presents the methods employed to meet the aims of the study: to identify the needs of men experiencing domestic abuse and to establish current service provision and determine whether these services are meeting identified needs. Research methods are specific strategies and procedures followed to fulfil the methodology (Creswell & Plano-Clarke, 2007). The research design for this study merged two mixed method designs: parallel and sequential. The development of the design is clarified and methods articulated as the most appropriate for data collection. Aligned to mixed methods, data collection tools in this study included: DAS questionnaires, in-depth interviews with men experiencing domestic abuse and semi-structured interviews with managers and practitioners of DAS. Data collection and analysis was completed via three phases and each phase is discussed in detail.

4.2 A parallel and sequential design

During the early stages of the research it was evident that no established mixed method design offered a “perfect fit”. In response, a design was developed that merged parallel and sequential design;

Initial research design

*Figure 5: Initial research design*
The initial design pursued two phases. Phase One consisted of four strands of data collected in parallel: 1) service description (information on DAS: their contact details, types of support, opening hours), 2) service data (the data collection procedures of DAS: what data is collected, how it is collected, who it is shared with), 3) specific DAS information (number of men accessing, source of referrals, identified needs) and 4) in-depth interviews with men who had experienced domestic abuse. Each of the four parallel strands sought to work towards meeting the aims of the study. Service questionnaires would determine the landscape of existing provision, the number of men presenting, the types of needs and support provided. In-depth interviews would elicit needs from the voices of abused men. Phase Two required semi-structured interviews with managers and practitioners of DAS. The perspectives of those tasked with supporting men would aid to facilitate a deeper understanding of male victim needs and existing provision. The interview guide for semi-structured interviews was to be designed in response to findings emerging from Phase One, therefore pursuing a sequential mixed design. Initial findings emerging from Phase One would be afforded the opportunity for exploration/confirmation/contradiction via semi-structured interviews.

Early investigations, however, revealed no central access point to determine the number of or contact information of DAS supporting men in Wales. A database of services for male victims did not exist. Consequently, the initial design (above) was amended to include an initial phase to “map” domestic abuse provision for men in Wales.
Amended research design

Figure 6: Amended research design

Service information and data was collected in parallel providing a starting point for data collection (Phase One). Data from Phase One (service information & data) informed three aspects: the mapping of male service provision, the contact details to approach services to collect specific service information (via a second questionnaire) and support from those DAS to recruit men to in-depth interviews (sequential, Phase Two). Specific service information and in-depth interviews were conducted in parallel. Consistent with the initial design, data emerging from Phase One and Two informed the interview schedule for semi-structured interviews (sequential, Phase Three).

4.3 Data collection tools

The following sections discuss the data collection tools used within this study.

Service questionnaires

Surveys are used to collect information for statistical analysis (Hek & Moule, 2006). They are flexible, easy and quick to administer, convenient for respondents and have a structured format (Walliman, 2011). In this study, the service description and data questionnaire sought to determine base line data including the contact details of DAS, the type of support provided (description) and also: what is collected, how it is collected, who it is shared with (data). Collecting this type of information served to
establish current service provision. Specific service information questionnaires sought data regarding the number of men accessing, the source of referrals, the identified need and the number of times a specific support was provided. This information would inform how many men had sought the support of a DAS, the route they had accessed (self-referral, other agencies, police etc.) and the identified needs of men upon entry to a DAS. Establishing the needs of victims upon accessing domestic abuse provision enables the right type of support to be put in place to meet those needs. Service questionnaires were to be administered to all DAS throughout Wales identified as supporting men. Agency leads or those identified as being responsible for service data information were requested to complete questionnaires.

In-depth interviews with men who had experienced domestic abuse

In-depth interviews were undertaken with men who had sought support from a DAS. This approach was designed to determine the experiences of male victims and to reveal their needs in relation to the abuse. In-depth interviews enabled participants to talk about their experiences of domestic abuse and to express their own views, opinions and thoughts. The viewpoint of the ‘expert’ (Coombes et al, 2009) was a central focus. Male participants were ‘experts’, their experiences and perceptions were central to developing understanding of the needs of abused men. In-depth interviews provided depth and richness to the data whilst enhancing knowledge of the phenomena being investigated (Henn et al, 2009).

Semi-structured interviews with managers and practitioners

Semi-structured interviews were completed with service managers and practitioners of domestic abuse agencies supporting men. Research focussing on the needs or experiences of abused men is limited. Exploring the knowledge and experience of those supporting male victims on the front line offered additional insight into the needs of men and existing service provision. The experiences, views and perspectives of managers and practitioners contributed further knowledge into an under-developed area.
4.4 Sampling

IPA and a phenomenological approach support the use of purposive sampling (Smith et al., 2009). Purposive sampling enables first-hand, in-depth understanding and insight into a phenomenon. Thus, a sample was selected which was best placed to do this (Merriam, 2009). In this study, those best placed to provide insight were primarily men who had experienced domestic abuse. DAS, their managers and practitioners were also considered essential because of their direct experience of supporting men. Participants must have experienced the phenomena being researched (Starks & Brown-Trinidad, 2007) which in this case was domestic abuse. Purposive sampling requires the researcher to critically consider the parameters of the study population and choose the sample size on this basis (Silverman, 2010). Qualitative research seeks to capture rich sources of data, the focus is the in-depth analyses of a small population and not larger representative samples (Touroni & Coyle, 2002). By implication, this means that findings would not be representative. However, IPA is not concerned with representativeness, it is concerned with capturing individual meaning and in this study the focus was to glean real understanding of the needs of abused men. Therefore, sample size was not an intrinsic feature, small sample numbers are recommended in IPA to maintain the detail of individual experience (Smith et al., 2009). This was considered important. Hence, when designing the research no more than eight male participants were sought for in-depth interviews. This study sought two perspectives, those of male victims and those providing a support service to them. Unlike in-depth interviews, semi-structured interviews did not seek individual meaning in the context of experiencing the phenomenon. Instead, semi-structured interviews sought a general shared understanding of the phenomenon from the context of supporting men. With this in mind, semi-structured interviews sought a maximum of 20 participants.

Participants

Male victims

It is acknowledged that men experiencing domestic abuse are a hidden population. The sensitive nature of the topic, societal norms, notions of masculinity and gender
differences, feelings of shame and embarrassment from victimisation were recognised as possible barriers to recruitment. Therefore, to recruit men to in-depth interviews, the support of DAS in Wales identified through the service description and data questionnaire (Phase One) was sought. Men would have already disclosed the abuse to the service and received support. Victims were therefore no longer “hidden”. Additionally, recruiting participants from DAS gave validity and credibility to their accounts; men had accessed and engaged in on-going support for the abuse they had experienced.

Inclusion and exclusion criteria were determined from previous research with male victims (Straus, 2004; Hines & Douglas, 2010a; Hines & Douglas 2010b). Adopting similar criteria to other studies provides consistency and supports male participants to accurately recall domestic abuse within the relationship (Douglas & Hines, 2011).

**Managers and practitioners**

All DAS in Wales supporting male victims were approached to participate in the quantitative element of the research. Service managers and practitioners were invited to participate in semi-structured interviews. Information sheets (Appendix 7) were provided ahead of securing consent.

**Inclusion and Exclusion Criteria**

**Inclusion criteria for whole study**

- The research was designed to concentrate on Wales only. Hence, only men residing in Wales were to be selected.
- Men aged 16 or over (in keeping with the UK Government definition of domestic abuse to include individuals 16-17) (Home Office, 2013).
- To have been in a relationship with the abusive partner for at least one month.
- Domestic abuse to have been experienced within the previous year to support accurate recall of the abusive experience (Douglas & Hines, 2011).
- Men need to have sought help and support for the abuse experienced. This study focussed on the needs of men who have experienced domestic abuse.
and sought support. Men who had not sought support for domestic abuse were not best placed to meet the aims of the research question.

- Speak English Language.
- Individuals working within a management or practitioner role of a DAS supporting men in Wales.
- DAS supporting men.
- DAS to be located in Wales.

**Exclusion criteria for whole study**

- Under 16’s.
- DAS located outside Wales.

**4.5 Data collection – three phases**

Data collection for the study was divided into three phases:

**Phase One**

- A blanket email, participant information sheets and reply slips were issued to 22 Domestic Abuse Coordinators’ (DAC’s) in Wales requesting they forward to known DAS that supported men in their LA.
- Upon receipt of returned reply slips from DAS, informed consent document was issued.
- Service description and data questionnaire issued to services where signed consent had been received.

**Phase Two**

- Distribution of the specific service information questionnaire to identified DAS supporting men.
- Recruitment of men to in-depth interviews
- Completion of in-depth interviews
Phase Three

- Recruitment of service managers and practitioners to semi-structured interviews.
- Completion of semi-structured interviews.

The following sections discuss each phase (method and analysis) in greater depth.

Phase One – Method

Phase One commenced with a blanket email issued to all DACs in Wales. Approaching the DACs as a first point of contact was considered the most appropriate method to identify and reach services within each LA. Attached to the blanket email was a participant information sheet and reply slip (Appendix 7 & 8). DACs were requested to forward the email and attachments onto all known specialist DAS that supported men in their area. DACs were asked to copy the researcher into the forwarded emails so that a point of contact and record of responses could be developed. Upon receipt of a signed reply/consent slip from a DAS, service data and description questionnaires were emailed.

In comparison to post, email distribution offered response speed and cost efficiency (Sheehan, 2001; Mclaren, 2013). Traditional postal surveys have been criticised for being costly (Wright, 2005). Moreover, online research offers: flexibility, interactivity and capacity to examine data as it is collected, i.e. ‘real time analysis’ (Moscowitz & Martin, 2008). Nonetheless, there remains inconsistency amongst researchers of whether email/web surveys produce similar, increased or reduced response rates compared to that of postal surveys (Sheehan, 2001; Converse et al, 2008). Converse et al (2008) cited several studies which evidenced similar and greater response rates from email/web surveys to that of postal surveys (Truell et al, 2000; McCabe, 2004). However, Converse et al (2008) advised there was more evidence demonstrating greater response from postal surveys (Cole 2005; Leece et al, 2004, Kwak & Randler, 2002). For this study, email was the preferred choice to distribute information sheets, reply slips and questionnaires. This method meant instant delivery to the mailbox of the DAC whilst creating a paper trail of correspondence and subsequently the
development of a record of responses. As the first phase of this research, response speed from DACs was of the essence to establish DAS provision, distribute questionnaires to DAS and commence ‘real time analyses’. A postal method would have prolonged this process. Nevertheless, the disadvantages of the email method (no response, low response rate and incomplete questionnaires) were recognised. Consistent blanket follow-ups to non-responders (Bryman, 2013) were planned and consideration afforded to the implementation of a mixed-mode approach (Converse et al, 2008) to increase response rates.

Increasing response rate

Several methods were identified in the literature to support with increasing response rates:

- Mixed mode survey implementation
  The method of mixing modes for survey response can be grouped into three overarching strategies (Dillman et al, 2014):

  1. Use of multiple contacts for data collected via a single response mode.
  2. Use of multiple response modes for data collection using only one mode of contact.
  3. Use of multiple contact and response modes for the same study.

- Multiple contacts/multiple contact modes
  Multiple follow-up contacts commenced from the outset of Phase One data collection. This approach addresses non-responders, encourages survey completion and increases response rates (Yun & Trumbo, 2000; Henninger & Sung, 2012). A fortnightly consistent blanket follow-up to all non-responders was planned comprising of telephone calls and emails. All contact and attempts to contact were recorded. The number of times a respondent is contacted can influence response rates; the more contact attempts the greater chance of obtaining a response (Schaefer & Dillman, 1998; Groves et al, 2009). Citing Kitteleson (1995), Yun & Trombo (2000) noted that without follow-up email, responses to email survey may be as low as 25-30%. This study implemented a two weekly follow-up. However, the
timings of follow-up contact have not reached a consensus amongst researchers (Yun & Trumbo, 2000). Multiple contacts can also include persuasion letters. To be used effectively, persuasion letters need to communicate the legitimacy, importance of completing and the value of the research to the non-respondent (de Leeuw, 2005).

- **Mixed mode survey/multiple response modes**

  Mixed mode surveys combine the use of typical survey data collection methods (telephone, mail and/or face-to-face interviews) into a single survey study (Dillman & Tarnai, 2001). Mixed mode surveys enhanced response rates in this study and kept the overall costs to a minimum (de Leeuw, 2005). Motivations to implement a mixed mode survey are supported by Groves et al (2009) who provided three common justifications for using mixed mode surveys: a reduction of cost, to maximize response rates and to save money in longitudinal studies. However, the primary justification for using a blend of methods is to increase response rate and reduce the potential of non-response error (de Leeuw, 2005; Dillman et al, 2009). The option of a second or even third mode to complete a survey can improve response rates from difficult to reach, or those who are unable or not prepared to respond via the initial mode (Dillman et al, 2014). Initially, the service description and data questionnaire within this study offered one mode for completion: a word document on email. However, amendments were made that offered completion through an online survey tool and are discussed later in this chapter.

In their review of DAS for women in Wales (commissioned by the WG), Berry et al (2014) used multiple contacts and a persuasion letter to boost response rates. Specifically, the review used Survey Monkey, (an online survey development cloud-based software; Survey Monkey, 2017), four reminder emails, telephone calls to non-responders and a supportive letter (multi-contact mode) for the research from the WG encouraging completion of the survey. The use of which ensured the highest possible response (Berry et al, 2014).

- **Personalisation of cover letter/pre-notification**

  A cover letter which is concise, motivating and appeals for the recipient’s cooperation aides in raising response rates (Henninger & Sung, 2012). Personalising a
letter/email to a specific individual lets the recipient know they are important (Schaefer & Dillman, 1998) and was found to be a positive factor in increasing response rates within email surveys (Dillman, 1991). Furthermore, a personalised letter helps establish trust with the respondent (Dillman et al, 2014). This technique can be applied to email by addressing the recipient by their name and sending to individual respondents and not a grouped mailing list (Schaefer & Dillman, 1998). In addition, an advance letter providing details on the study can generate a higher response rate (Groves et al, 2009). Sheehan (2001) cited several studies (Murphy et al, 1991; Taylor & Lynn 1998 and Haggett & Mitchell, 1994) that concluded response rates from email and postal surveys were increased with the use of pre-notification letters.

- **Sponsorship of a study**

Universities and government agency sponsored surveys achieve higher response rates than surveys sponsored by private or commercial organisations (Groves & Peytcheva, 2008; Edwards et al, 2014). Furthermore, response rates are influenced by respondents’ attitudes towards the sponsor of a study (Groves et al, 2012). Thus, a positive and valued regard for a sponsor may increase participation. Using a university sponsor, Groves et al (2012) achieved nearly double the response rate (24%), compared with a non-profit organisation sponsor (12%). However, the lower response rate of the non-profit organisation may have been linked to respondents perceiving the survey to be fund-raising efforts and was less likely to be opened (Groves et al, 2012). Nevertheless, Edwards et al (2014) found the use of a state/government sponsorship increased response rates. Within this study, information sheets, reply slips and questionnaires used the logos of University of South Wales (USW), the Safer Wales Dyn Project and the Academic Social Care Collaboration (ASCC).

Survey sponsorship communicates the policy importance and authenticity of the research (Boulianne et al, 2011), the more familiar the sponsor is to the respondent, the more likely they are to respond (Dillman et al, 2014) and government and universities are authoritative sources that are legitimized by the wider society (Dillman et al, 2014). Survey sponsor may be one of the deciding factors into whether
an email invitation is opened or deleted (Porter & Whitcome, 2007). Boulianne et al (2011) found that whilst survey sponsorship did not significantly enhance response rates, participants were significantly more likely to complete the questionnaire in full if they had received an email invitation from the study’s sponsor. Use of the USW, Safer Wales and ASCC logo gave credibility and authenticity to the study. The Safer Wales Dyn Project is the sole male only service in Wales and is an established and recognised organisation. The background of ASCC, its aim and its funding stream from WG was provided to add further credibility and importance to the study. Prospective participants were reassured that the study was legitimate and supported by well-regarded organisations.

- **Design & content of questionnaire**
  The length and complexity of a questionnaire are two potential sources of burden for respondents (Dillman et al, 2014). The service data and description questionnaire was concise, yet still covered the subject matter required for the research (Rea & Parker, 2005). A questionnaire requiring substantial time to complete, one that was too complex or too long could result in partial completion or non-response (Dillman et al, 2014).

- **Issue/topic salience**
  Issue/topic salience refers to how the respondent is engaged with the issue under investigation. Where the topic is important or of interest, identifying and discussing the positive features of the research may increase participation (Dillman et al, 2014). Therefore, clarity on key identified outcomes and how these will benefit the respondent are important factors to demonstrate. The participant information sheets for DAS (Appendix 7) and the first section of the service description and data questionnaire (Appendix 9) detailed the benefits of participation.

**Phase One – Amendments**

Despite implementing the methods discussed above, initial response rates for Phase One were relatively low. The original method undertaken by email consisted of three steps: 1) signed reply slip from the DAS, 2) informed consent issued via a second email, 3) service description and data questionnaire issued upon receipt of signed
consent. Upon reflection, this method for data collection was time consuming and over-complicated. When initiating multiple contacts to non-responders, some DAS commented on the work pressures they were faced with. Thus, the time-consuming process may have served to discourage participation; a simpler process was needed.

In an effort to enhance response rates, the method of Berry et al. (2014) was implemented. A letter of support to encourage participation was sought from Mr. Leighton Andrews, (who at that time was Welsh Minister for Public Services and whose remit covered domestic abuse). The WG’s Violence Against Women (VAW) Team responded on behalf of Mr. Andrews. The VAW team requested online links to the service description and data questionnaire and the specific service information questionnaire to distribute to their stakeholders and encourage participation. Questionnaires from Phase One and Phase Two were uploaded onto the Bristol Online Survey (BOS). The BOS is an online survey tool that develops, distributes and analyses surveys via the Web (BOS, 2016). Built in consent to the BOS meant questionnaires could be completed via one direct link, ending the previous three-step method.

Offering the choice to complete questionnaires using either email or online meant this study was now implementing ‘the use of multiple contact and response modes for the same study’ (Dillman et al., 2014). Multi-method approaches increased the possibility of respondents noticing a new and different survey request and enhanced response rates (Dillman et al., 2014). Additional support was sought and secured from all four Police and Crime Commissioners (PCCs) in Wales and WWA who distributed the links to both questionnaires to stakeholders and services. The WG, PCCs and WWA were asked to share their list of stakeholders and services facilitating a cross reference exercise, ensuring all known DAS supporting men in Wales were identified.

Use of the BOS was to increase response rates and offer a simpler process of participation. Positive attributes in the use of an online web survey in this study compared to the original format were noted:
Streamline data collection

Surveys completed entirely via electronic sources are increasingly being used throughout the world (Dillman et al, 2014). Online surveys streamline data collection; reducing the need for emails with attachments (reply slips and consent forms and questionnaire) and providing a direct link to complete the questionnaire(s).

Meeting the needs of responders

In response to DAS comments regarding limited time, the BOS offered a simpler and less time consuming means to participate.

Welsh Government – letter of support and the need for an online survey

WG’s positive response to encourage participation assumed an online survey method was already implemented. Responding with the previous three-stage method may have reduced the credibility or professionalism of the research.

Phase Two – Method

Phase Two of data collection consisted of two strands of data collected in parallel; specific service information questionnaires (distributed via the BOS) and in-depth interviews with men.

Specific service information questionnaires

DAS that had participated in Phase One of the study were issued with the direct link for the specific service information questionnaire via the BOS from the outset.

In-depth interviews with men – Recruitment

For IPA, one-to one or semi-structured interviews are the preferred method of data collection to facilitate the expression of participants’ thoughts, feelings and detailed stories (Smith et al, 2009). DAS who had completed Phase One were approached to seek their support to recruit men to in-depth interviews. Recruitment packs consisting of: participant information sheet, posters, flyers, reply slips and pre-paid envelopes were sent to services agreeing to provide their support. Information leaflets (Appendix 10) were given to potential participants to read in their own time and to consider if they would like to take part in the study. Potential participants were directly contacted once reply slips (Appendix 8) had been received providing
consent to be contacted. Services were asked for in-depth interviews to take place within their premises. Smith et al (2009) highlighted the importance of the site of interview; the setting should be familiar and comfortable, safe for both parties, reasonably quiet and free from interruptions. Using the premises of DAS where men had accessed support facilitated a safe, comfortable environment for participant and researcher.

DAS who had been contacted and the dates recruitment packs were issues/returned were recorded. Men that had returned reply slips were contacted and offered the opportunity to ask questions, confirm their participation and arrange a suitable time/date for interview. Meticulous planning was required when arranging interview dates. There was considerable geographical distance from the research base of the University of South Wales to some participant locations. Recognising the emotive topic and potential of distress, ineffective planning could have led to missed interviews and distress on the participants’ part.

The interview schedule

A guide for in-depth interviews is a useful tool that should represent the ground the researcher wants to cover (Patton, 2002). For novice IPA researchers, an interview schedule is particularly useful with a number of benefits. Planning a guide prepares the researcher to anticipate potential sensitive issues, supports the researcher to be a more engaged and active listener, frame questions in open forms and plan for any difficulties that may be encountered (Smith et al, 2009). The interview schedule (Appendix 11) was developed to facilitate a comfortable interaction to encourage participants to talk expansively (Smith et al, 2009). Whilst specific questions were included, the schedule was not designed to be used strictly with no scope for flexibility. Instead, the interviewer was to listen as an active co-participant. Hence, there may be times when the schedule is discarded to follow the direction of the interviewee (Smith et al, 2009). The guide was developed to refer to “as and when” required and if needed, a tool to steer participants back to the interview subject. The schedule is a guide that incorporates ideas and aides as a prompt to move from general issues to meticulous ones (Smith et al, 2009). The development of the
An interview briefing preceded the interview and was developed following the principles of Kvale & Brinkmann (2009) who advised the researcher should define the situation and purpose of the interview, provide an outline of the study, discuss the use of a tape recorder, explain confidentiality and provide the opportunity to ask any questions (Appendix 12). Adhering to these values facilitated an open dialogue with the participant from the outset. The interview guide used three specific headings: Context and background, Help seeking and Additional thoughts. Headings support the direction of the interview, facilitating exploration of thoughts and experiences. Primary questions within each heading helped frame the interview ensuring the research problem was thoroughly examined and each part of a broad topic explored (Rubin & Rubin, 2005). In addition to primary questions, prompts/probes provided clarification and enabled the discussion to keep going; aiding to eliciting more information by encouraging participants to provide detailed responses (Rubin & Rubin, 2005).

**Phase Three – Method**

Phases Three of the research commenced with the recruitment of managers and practitioners. Those approached to take part were from DAS who had participated within Phase One and Phase Two of service questionnaires. Contact was made with the DAS with the aim of recruiting managers and practitioners from across all four regions of Wales (North, South, Mid and West). Interviews with managers and practitioners were undertaken separately and held at the DAS premises. Interview schedules for managers and practitioners (Appendix 13) were informed with data
emerging from Phase One and Two. In essence, semi-structured interviews aimed to resolve, clarify, support or explore any issues identified from preceding phases.

4.6 Ethics and governance

Ethical consideration was a key component of this study. The topic of male domestic abuse was acknowledged as having the potential to be emotive for all participants. The area of investigation is ‘sensitive research’ as it focuses on a relatively still taboo issue (Dickson-Swift et al, 2008). Lee (1993) defined taboo subjects as those being filled with emotion, or one that triggers feelings of awe or dread and sensitive research as that which potentially poses a significant threat to those involved. Male domestic abuse easily fit both of these definitions. Recognising the potential harm to all (researcher and participants) involved, the ethical component of this study required careful planning and consideration. Men who have experienced domestic abuse are a potentially vulnerable group, participating in in-depth interviews could trigger distressing past encounters of abuse. All participants (abused men, domestic abuse organisations participating in service questionnaires and managers and practitioners participating in semi-structured interviews) were provided information leaflets (Appendix 7 and 11). These were carefully constructed to include an outline of the research (Silverman, 2010) and what participation would involve. Consent to participate was based on the provision of full and accurate information (Bulmar, 2008). All participants were explained the notion of informed consent, information sheets re-read and the opportunity to ask questions provided (Appendix 14). Participants were advised of their right to withdraw from the study at any time without having to provide reason (Henn et al, 2009). Helpline numbers, websites and details of organisations were made available to all men in the study. If needed, a referral could be made on behalf of the participant to a service. Providing information to access services that can respond to their situation (WHO, 2001) offers a gateway to access further support from skilled professionals.
The term ‘participant’, use of pseudonym or number

In this study, those who have taken part within service questionnaires and in-depth or semi-structured interviews are referred to as ‘participants’. The British Psychological Society (BPS) (1991) recommended those taking part in research are treated with the highest consideration and referred to as a ‘participant’. The term recognises the active role of the individual in the research process, their autonomy and agency in contributing to the research and their right to withdraw at any time without penalty (BPS, 2010). This perspective was one reflected by the researcher; that all participants were valued individuals providing their time, perspectives and experiences of a distressing and very serious issue.

To minimise potential harm or embarrassment, the researcher should protect the identity of participants at all stages of a study from recruitment to data collection, to analysis and publication (Creswell, 2013; Greenstein & Davis, 2013). Protecting the identity of all participants in this study was of the utmost importance. Information sheets (Appendix 7 and 11) and informed consent (Appendix 14) assured confidentiality and the use of anonymised data in publications. Participants provided their consent assured that their personal details would remain confidential (with the exception of disclosure of harm to self or others). For the men in this study, this was especially important.

‘A researcher protects the anonymity of the informants, for example, by assigning numbers or aliases to individuals’ (Creswell, 2013, p. 174). Participants were assigned numbers attributed in order of the interviews conducted (interview one - participant one (P1), manager one (M1), practitioner one (Prac1) etc.). There were several justifications for assigning a number and not a name:

1) There was no specificity to gender, ethnicity or age that may be associated with a name (Miyazoe & Anderson 2011).

2) It would avoid inflicting a name upon them that the researcher (and not the participant) had chosen.
3) Assigning a name would assume the participant would be satisfied with that name.

4) The selected name might ignite poor memories, associations or experiences for the participant.

**Involving People**

To ensure public involvement in this study, the Involving People Network (Health and Care Research Wales, no date) were approached for support to develop recruitment posters and information sheets for male participants. Guidance was sought pertaining to the layout, wording and presentation of the draft participant information sheet. One male member of the Involving People Network responded. Feedback resulted in a clearer, more succinct information sheet. Comments had drawn attention to the confidentiality section of the information sheet:

*Confidentiality is very important and wherever possible will be maintained. However, there are times when confidentiality cannot be guaranteed. If, through interview what you have said causes concern that there may be a risk of harm to you, another person, or a child, the researcher has a duty to report what has been said.*

Feedback raised concerns that not assuring full confidentiality might negatively impact the recruitment of men to interview. However, this study had the potential for unexpected disclosures, such as safeguarding or child protection issues. In these instances, the researcher is duty-bound to act accordingly and adhere to Child Protection or Protection of Vulnerable Adults (POVA) procedures. Researchers must adhere to the law and report to the relevant authorities disclosures regarding child abuse, elder abuse and any intention to harm self or others (Langford, 2000; Btoush & Campbell, 2009). The need to be explicit with participants outweighed any potential negative impact on recruitment. Professional and moral obligations of care and a duty to ensure the safety of participants meant this disclaimer was essential and ensured all participants understood and were fully aware of any follow-up action required before providing consent. A fundamental component of informed consent is ensuring participants are advised of any mandatory reporting requirements following disclosures of harm to self or to another (Btoush & Campbell, 2009).
A recruitment poster was developed with the support of the Involving People Network member (Appendix 15). The poster provided an overview of the study and contact details to obtain further information.

**Ethical approval**

Ethical approval for the research was secured from the University of South Wales (Appendix 16). Approval was on the provision that additional paperwork (questionnaires and recruitment posters) be submitted once developed and any amended documents (participant information sheets, questionnaires) were re-submitted for chair’s actions. The ethics committee required clarification on the recruitment process for service questionnaires, in-depth interviews, and semi-structured interviews. Three documents were developed providing a step-by-step recruitment process for each aspect of data collection (Appendix 17).

**ADSS Cymru**

Upon receipt of ethical approval, clarification was sought from the Association of Directors for Social Services (ADSS Cymru) as to whether ADSS would require a submission of the research proposal to their own ethics committee. Correspondence confirmed ethical approval was not required from ADSS. However, individual permission to approach statutory DAS in Wales was required from the director and head of service within each of the 22 LA in Wales. Those allowing access to a research field or participants are known as “gatekeepers” and it is usual to seek permission to research from those in key authority before approaching other participants (Farrimond, 2013).

A blanket email was individually sent to all directors and heads of service on the 20th August 2014 and followed by a three week blanket follow-up (due to the time of year the first email was issued, August) (Appendix 18). A table of responses was developed (Appendix 19) recording: the names and contact details, dates when correspondence was issued, dates that consent had been received, contact notes and where consent had been provided on behalf of either the director or head of service. In some instances, permission was received by only the director or head of service and additional email correspondence was issued to secure the required consent from the
missing party. Outstanding consents were recorded and telephone contact initiated. Frequently, telephone messages were left with a personal assistant and all previous correspondence sent, so they could raise the request directly.

On the 13th October 2014, 14 full consents had been received from 22 LA’s. From the remaining eight outstanding, five had received permission from either the head of service (three LA’s) or director (two LA’s). ADSS clarified that if a director (but not the head of service) had provided consent, this would be sufficient to proceed. However, where a head of service (but not the director) had provided consent, contact should be initiated with the LA, to determine whether head of service permission was sufficient to proceed. Where no consent was received, ADSS confirmed the research could not take place within that LA.

All additional correspondence issued was recorded and 19 full consents received. Support to seek the three outstanding permissions was provided via a member of the Research Advisory Group, namely Professor Joyce Kenkre. Subsequently, all 22 LA’s in Wales provided the required permission advised by ADSS.

**Initial data scoping exercise**

Prior to formal data collection commencing, an initial data scoping exercise was undertaken to gauge whether the information provided by the CSEW gave a true picture of male victim prevalence in Wales. DACs across Wales were contacted and asked to provide male victim service data from their LA. Responses from DACs were recorded (Appendix 20). Email correspondence was initiated with the WG, the ONS and the Home Office. The WG advised there was no set organisational structure for domestic abuse provision in Wales (Appendix 21). Moreover, the WG confirmed that specific data on male abuse was not routinely requested from DAS in Wales (Appendix 22). The ONS advised that whilst police data regarding domestic abuse across the UK is fed back into the Home Office, it is not differentiated by gender (Appendix 23). The Home Office further confirmed that gender specific police statistics for domestic abuse are not available (Appendix 24) with advice to contact Welsh police forces directly. Subsequently, a freedom of information request (FOI) was submitted to all four forces (Gwent, Dyfed Powys, South Wales and North
Wales). The FOI sought data pertaining to the number of incidents recorded, the number of reports/logs and the number of arrests/charges as a result of male domestic abuse victimisation. Responses from each police force are provided in Appendix 25 and are discussed in greater detail in chapter six.

Pilot of domestic abuse questionnaires

A pilot of the service description and data questionnaire and specific service information questionnaire was administered on 30th September 2014. A pilot report for each questionnaire was completed (Appendix 26). Following receipt of feedback from the pilot, modifications were made to the specific service information questionnaire and re-submitted for chair’s actions as per the guidelines specified by the University of South Wales Ethics Committee.

4.7 Data Analysis

Data analysis within mixed method research is similar to that of mixed method research designs, in that they are not exhaustive and may evolve (Teddlie & Tashakkori, 2009). Parallel mixed data analysis was implemented at the first stage requiring two separate processes: quantitative data analysis and qualitative data analysis (Teddlie & Tashakorri, 2009). Parallel mixed data analysis consisted of data derived from: service questionnaires and in-depth interviews (Phase One and Two). Inferences from the parallel data analysis informed the development of the interview schedule for Phase Three semi-structured interviews. Data from Phase Three was therefore analysed sequentially.

Figure 7: Phases of data analysis
Phase One and Two – Analysis of service questionnaires

Data derived from Phase One - service description and data and Phase Two – specific service information were transferred directly from the BOS to SPSS. Responses from questionnaires received via email were manually inputted into SPSS. The expertise of a statistician (Dr. Paul Jarvis) was sought for support to analyse quantitative data. Some responses from Phase One and Phase Two required clarification from participants. In these instances, the DAS was contacted directly and asked to clarify their answers.

Phase Two – Analysis of in-depth interviews

Interviews were audio-recorded. Recordings were transcribed verbatim and non-verbal communication (long pauses, gestures and laughter) given consideration (Smith & Dunworth, 2003). Transcribing interviews is an interpretive process (Smith et al, 2009), which aided becoming immersed in the data for preparation of analysis. The activity of transcribing facilitated the opportunity to return to the interview and recall the emotion and intensity of each interview. Ensuring the safety and wellbeing of all participants, all names and any potentially identifiable data within each transcript were anonymised. This included participant names, locations (including LA, towns and regions of Wales), names of services accessed and the names of professionals who had provided support.

In-depth interviews were conducted and analysed using IPA (Smith et al, 2009). There is not one prescribed method for analysis using IPA and researchers are encouraged to be innovative (Smith et al, 2009). However, Smith et al (2009) propose a six-step process to analysis designed for novice IPA researchers to enhance and support the process of analysis. The steps act as a general set of flexible guidelines that are adaptable according to the aims of the study (Smith et al, 2009). The six-step process was followed within this study. This method of analysis was deemed as most appropriate and fitting for aim one: ‘To identify the needs of men experiencing domestic abuse’ met by objective four: ‘Establish the met and unmet needs of male domestic abuse victims’. During analysis, the six-steps helped to maintain focus on the participant and capture the uniqueness of their personal experience.
(ideographic). In this way, it worked towards an understanding of the meaning of human experience of domestic abuse. It helped provide an appreciation of their lived world (phenomenology) and helped with the interpretation of what their experiences meant to the individual involved (hermeneutic). The analysis involved making sense of the participant making sense of their individual experience of the phenomena (hermeneutic/double hermeneutic/interpretive).

The full six-step process and the actions completed are presented below. Analysis was conducted case-by-case with each participant transcript before integration occurred. Appendix 28 offers an example of participant analysis from raw data through to developed themes (accompanied by a reflective diary for each step).

**Table 5: Six step process to IPA analysis (Smith et al, 2009)**

<table>
<thead>
<tr>
<th>Step 1 Guidance</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Reading and re-reading the data</strong></td>
<td></td>
</tr>
<tr>
<td>Owing to the idiographic focus of IPA, the transcripts should be read and re-read to facilitate the researcher becoming immersed in the data and ensure focus remains on the participant. This process also supports in securing familiarity with the data, which is the first stage of any qualitative method of analysis (Shaw, 2010, p. 183). Through their own words and from their own perspective, the researcher is maintaining a focus on the individual. Such detailed reading achieves a holistic perspective and works towards future interpretations remaining grounded in the participants story (Smith &amp; Eatough, 2012, 450).</td>
<td></td>
</tr>
<tr>
<td><strong>Actions</strong></td>
<td></td>
</tr>
<tr>
<td>Individual transcripts were read and re-read and the original recording played back on several occasions. Words or phrases that “stood out” were highlighted. A brief summary of each participant story was completed and brief reflections noted anything of interest or importance to the participant.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2 Guidance</th>
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</thead>
<tbody>
<tr>
<td><strong>Initial noting (exploratory notes)</strong></td>
<td></td>
</tr>
<tr>
<td>This step examines the meaning of the content and language used on an exploratory level. The key is to ensure an open mind and note anything of interest, this process works towards a growing familiarity with the data. The aim is to produce a comprehensive, detailed collection of notes and comments on the data. At this stage, there are two main focuses; writing a descriptive summary and writing initial interpretations. Within the descriptive summary focus on describing the content of what is said, what feelings are spoken and what issues are identified. Content descriptions within small sections (i.e. 4-5 lines at a time) are essential to ensure analysis is data driven and not theory driven (Shaw, 2010, p.184). Initial interpretations should centre on what these feelings and experiences may mean. Shaw (2010, p.184) notes that these too should be completed in small sections; initial interpretations are linked directly to the data and forge the first steps towards interpretative work. Keywords, explanations and phrases should be recorded with a clear phenomenological (what matters to the individual and what it’s like to be them) and interpretive focus</td>
<td></td>
</tr>
</tbody>
</table>
(what is the meaning of such, how do they aid in understanding the phenomena being investigated).

**Actions**

Transcripts were formatted with large margins to allow for handwritten notes. Descriptive commentary (noted in the right-hand margin of the transcript) considered what experiences and concerns were being described by the participant, what the key features of the experiences were and what was important about the experience to the participant. Reflections/thoughts were recorded. For interpretive comments the transcript was re-read in small sections and notes written within the left hand margin. During this process, descriptive comments were re-visited and consideration given to what the word, phrase or sentence meant to the researcher, what it meant to the participant, what was important about the experience to the participant and how is it related back to the research question. Imagery, patterns, keywords, metaphors, emotional responses and distinctive phrases were captured. All thoughts and notes were recorded within the reflective diary.

**Step 3 Guidance**

**Developing emerging themes**

This stage requires more of a focus on the researchers’ notes/exploratory comments and a move away from the transcript. The aim is to transform notes into emerging themes. The process of identifying emergent themes requires a move from the whole to the part and is seen as one expression of the hermeneutic cycle. Themes are intentioned to not only reflect the participant’s original words and thoughts but also the interpretation of the researcher (Smith et al., 2009).

**Actions**

Initial noting and coding (exploratory notes) were reviewed with a focus on what key issues/topics that had been identified. Abstracts from transcripts were collated to represent each topic identified; extracts were reviewed to aide with determining the name of the theme. The key messages of each initial theme were provided in a written tabled summary with supporting extracts from each participant story. An additional column was added to the table which considered the need identified within each initial theme. Thus linking directly back to the research question: ‘What are the needs of men experiencing domestic abuse?’

**Step 4 Guidance**

**Searching for connections across emergent themes**

This step requires the development of a charting or mapping exercise outlining how the researcher believes the themes may connect together. Some emergent themes can be discarded dependent on the research question and scope of the project. The aim is to organise the emergent themes and produce an arrangement of the most interesting and important aspects of the participant’s story. Identifying patterns between emergent themes, developing a new name for the cluster and arranging like with like. Once preliminary themes are clustered together, super-ordinate themes are established, these represent the central concepts. Super-ordinate themes should have a title assigned to them and should be represented with extracts from the transcripts to support each theme.

**Actions**

All emergent/initial themes were placed in a list according to chronological occurrence within the transcript. The list was printed to provide a hard copy to visualise connections between themes. Themes were moved around and clustered with brief notes on what each theme meant and ideas about how they were connected. A table: ‘connections across themes’ was developed to represent the grouping of emergent themes into super-ordinate themes. Super-ordinate themes were named in accordance...
to what need(s) had been identified. A written summary was provided on the actual process and for each super-ordinate theme to detail the thought process of connecting the initial themes. A further table was developed ‘table of themes’ this provided a collection of the super-ordinate theme, the initial themes within the super-ordinate theme and key extracts from the transcript to support each particular theme. Line and page numbers were also included for ease of reference. Super-ordinate themes were represented in the context of what the most important aspects of each participant’s story and were linked back to the research question. When considering ‘need’ and how they were interpreted within participants’ accounts, it was necessary to consider firstly what was meant by need and secondly at what point did participants’ experiences translate into a need. The emerging themes within the clusters were therefore underpinning concepts that drove the need identified within the super-ordinate themes.

**Step 5 Guidance**

**Moving to the next case**

Before moving onto the next participant’s transcript, there needs to be a full analysis completed on the preceding transcript (Shaw, 2010, p.180). Once this has been completed, the steps outlined above are repeated with the next participant transcript. Each case is analysed individually, any ideas emerging for the analysis of previous interviews should be put aside and this is in keeping with the ideographic aspect of IPA. New themes should be allowed to emerge within each individual story.

**Actions**

Each transcript was analysed individually on a case-by-case basis using the four steps outlined above. Previous completed cases were not referred back to and a conscious effort was afforded to treat each individual as a new story on its own merit. The rigour of following the proposed steps works to ensure there is scope for new themes to emerge within each participant account (Smith et al, 2009).

**Step 6 Guidance**

**Looking for patterns across cases (Integrative analysis)**

Re-examine identified themes from all participants and compare them across the whole data set. Consider what themes are most powerful. This can result in a reconfiguration of themes. Results of this step can be illustrated in a number of ways, however the most common is use of a table of themes for the group of participants.

**Actions**

To aide with analysis of data collected, NVivo data management and searching programme was initially implemented with emergent themes (step three) and super-ordinate themes (step four) all added to the data management programme. Given (2013), notes the use of NVivo for analysis demonstrates the robustness and integrity of a research paper. However, the practical steps of printing the tables of themes and having them as physical copies facilitated a clearer picture of patterns across cases. Smith et al (2009) do not recommend that novice researchers conduct analysis on computer software and instead advocate working largely with hard copy material. All super-ordinate themes were printed and cut out individually. Super-ordinate themes were moved round according to patterns identified. Alongside this exercise, hard copies of the tables of themes from all participants (as created in step four above) were also spread out to serve as a reminder as to what each theme within each super-ordinate theme represented to the participant. Four overall tentative super-ordinate themes were developed: Safety, Acceptance, Impact and Rebuilding. A table ‘Integration of super-ordinate themes’ was created to illustrate each participant’s super-ordinate theme and the emerging themes within that super-ordinate theme. These were placed according to where a connection was identified with the four tentative final themes.
Some emergent themes were revisited to check the reasoning and interpretation of what participants had said. As a result some changes were made relating to P1 and P6. Master themes were represented with key abstracts from participant accounts. Revisiting emergent theme descriptions, participant extracts and the original transcript, amendments were made to the ‘Integration of super-ordinate themes’.

Reflective diary

Throughout the process of analysis, the researcher maintained a reflective diary detailing thoughts and notes. Use of a reflective diary assists in recalling analytical decisions in the latter stages of analysis whilst illustrating the processes completed to produce the analysis (Shaw, 2010 p. 182). All notes, key abstracts and themes identified at each stage of the analysis were kept. Extracts from a participant transcript, reflective diary and notes of developing themes are provided (Appendix 28). Recording such details throughout analysis demonstrates trustworthiness whilst providing an audit trail of the progress from raw data to the interpreted results (Shaw, 2010, p.182).

Phase Three – Analysis of semi-structured interviews

Analysis of semi-structured interviews was undertaken using thematic analysis (TA). Thematic analysis is a method used by qualitative researchers for identifying, analysing and reporting patterns/themes within a data-set (Braun & Clarke, 2006). This is in contrast to the in-depth interviews in this study which used IPA. The difference between IPA and TA is that IPA focuses on the lived experiences (phenomenological) of the participant, via the particular (ideographic) and hermeneutics (interpretation) of said experience. TA is concerned with understanding at group level or a descriptive portrayal, as opposed to the ideographic account produced by IPA. In essence, TA aides to identify patterns across the entire data set. TA is best suited to working with larger samples (unlike IPA) where the aim is developing a patterned meaning across the data-set, not within individual data-set. For service interviews, individual focus and meaning was not sought.

Semi-structured interviews sought a general understanding from those charged with supporting male victims and to consider challenges and practices of professionals
within the topic field. However, the primary focus of this study was the exploration of men experiencing domestic abuse. Additional components of data collection (service questionnaires and semi-structured interviews) served to inform knowledge of the needs of men; inform knowledge of existing service provision for men in Wales and to answer the research question: ‘Is current service provision meeting those needs?’

There is no set procedure or established guidelines for undertaking TA. However, Braun & Clarke (2006) developed a six phase analysis guide. Steps from the Braun & Clarke (2006) guide informed the basis of analyses of semi-structured interviews. The guide provided a framework to follow and supported consistency across the dataset. However, the guide is not meant to be followed rigidly and requires flexibility to fit the research questions and data (Patton, 2002). A summary is presented in the table below and a more detailed description is presented provided in Appendix 29. An audit trail of analysis is provided within Appendix 30.

**Table 6: Six phases of Thematic Analysis (Braun & Clarke, 2006)**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description of the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familiarising yourself with your data</td>
<td>Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas</td>
</tr>
<tr>
<td>Generating initial codes</td>
<td>Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code</td>
</tr>
<tr>
<td>Searching for themes</td>
<td>Collating codes into potential themes, gathering all data relevant to each potential theme</td>
</tr>
<tr>
<td>Reviewing themes:</td>
<td>Checking in the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis</td>
</tr>
<tr>
<td>Defining and naming themes</td>
<td>Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.</td>
</tr>
<tr>
<td>The final report</td>
<td>The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis</td>
</tr>
</tbody>
</table>
4.8 Triangulation using a meta-matrix across data-set

The process of triangulation refers to the view that findings from quantitative and qualitative methods might be combined or “triangulated” to mutually corroborate one another (Creswell & Plano-Clarke, 2011). ‘Data triangulation techniques are among the most important for assessing and improving the quality of (data and) inferences’ (Teddlie & Tashakkori, 2009, p.297). Triangulating findings is one way to establish validity. Data drawn from several sources (questionnaires, in-depth interviews and semi-structured interview) from several individuals (abused men, managers and practitioners) are triangulated across the data-set. The meta-matrix construction (Wendler, 2001) occurs following traditional quantitative and qualitative data analysis. When used for triangulation, it is a means to undertake secondary level analysis. Data emerging from all methods are noted and considered whether findings agree (convergence), offer complimentary information on the same issue (complementarity) or contradict one another (discrepancy) (O’Cathain et al, 2010). Within this study, whole data-set triangulation was undertaken to determine convergence, complementarity and discrepancy. Findings from triangulation are not meant to replace/disprove or contest but rather to work towards a more holistic understanding of the research topic from several methods and sources of information.

4.9 Quality and trustworthiness in qualitative research

IPA is interpretive and for validation strategies for studies using multiple participants, it is preferable to use sample validation (people eligible to participate, but did not), peer validation (fellow researchers) or audit (Larkin & Thompson, 2011). This study used the latter two. Peer validation was conducted via team supervision meetings and additional discussion with the director of studies, and an audit trail of analysis was maintained. An example of participant analysis from raw data through to final themes (accompanied by a reflective diary for each step) is provided in Appendix 28.
Yardley (2000) developed four broad characteristics of what a good quality piece of research should contain to support with assessing the quality and trustworthiness of qualitative research. These characteristics are not prescriptive and are open to flexible interpretation. The four qualities were employed as a guide to consider the quality and validity of this study.

**Table 7: Characteristics for quality and trustworthiness (Yardley, 2000)**

<table>
<thead>
<tr>
<th>Sensitivity to context</th>
<th>Commitment &amp; rigour</th>
<th>Transparency &amp; coherence</th>
<th>Impact &amp; importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical; relevant literature; empirical data; socio-cultural setting; participants perspectives; ethical issues</td>
<td>In-depth engagement with topic; methodological competence/skill; thorough data collection; depth/breadth of analysis</td>
<td>Clarity/power of description/argument; transparent methods and data presentation; fit between theory and mixed method; reflexivity</td>
<td>Theoretical (enriching, understanding); socio-cultural; practical (for community, policy makers, health workers)</td>
</tr>
</tbody>
</table>

**Sensitivity to context**

Good quality research demonstrates sensitivity to the theoretical and socio-cultural context (Yardley, 2000). An awareness of existing literature via the subject of investigation and the theoretical underpinnings of the method is one such way to demonstrate sensitivity to context (Smith et al, 2009). This study undertook a comprehensive ‘good quality’ literature review. Knowledge of existing literature has been demonstrated and the rationale for choosing IPA provided. Ethical issues were a key consideration of the study. Given the emotive and sensitive topic, detail was paid to the development of information sheets, informed consent and recruitment posters. Prior to interviews commencing, participants were reminded of their choice to leave or stop the interview at any time. The researcher’s own experiences of providing support to victims of domestic abuse meant empathy and understanding was demonstrated, encouraging an open discourse. Sensitivity to context continued throughout analysis via use of a ‘considerable number of verbatim extracts from the participants’ and therefore ‘giving participants a voice’ in the study whilst enabling the reader to ‘check the interpretations being made’ (Smith et al, 2009 p. 180).
Commitment & rigour

Commitment & rigour refers to the degree of thoroughness and engagement applied during the process of data collection and analysis (Yardley, 2000). Through IPA, commitment is demonstrated via the degree of attentiveness paid towards the participant during data collection and analysis. In-depth interviews require personal commitment and investment in the participant and “doing IPA” requires certain skills (Smith et al., 2009). The researcher completed the University of South Wales Post Graduate Research Methods award and attended external IPA and qualitative interview training. Additional training included: Good Clinical Practice and Valid Informed Consent in Research. Commitment in this study is further demonstrated through the researcher’s persistence in accessing and recruiting participants via gatekeepers and thorough analysis of each participant. Participants were selected to match the research question and were either men who had experienced domestic abuse or were those tasked with providing support to them. For in-depth interviews, analysis was conducted rigorously focussing on the ideographic and the interpretive. The presentation of themes has been supported with quotes from participants to support findings and draw upon the narrative.

Transparency & coherence

Transparency is achieved through detailing each stage of the research process clearly and including: the selection process for participants, the development of the interview guide, how the interview was conducted and the steps used for analysis (Yardley, 2000). This study has explicitly discussed the research methodology and design, data collection methods/procedures and steps of analysis for in-depth and semi-structured interviews. Throughout the analytical process a paper trail has been maintained, thoughts and ideas throughout analysis were documented within a reflective diary and a four-step process of reflexivity is presented in chapter six. Findings have been clearly articulated but remain grounded in the lived world of participants.
Impact & importance

Referring to the usefulness of findings for advancing theory, application and future research impact and importance constitutes ‘the decisive criterion by which any piece of research must be judged’ (Yardley, 2000, p. 223). This research contributes to an area which is considerably underdeveloped: there is little qualitative research in existence that places the abused male at the centre, or seeks to explore the knowledge and thoughts of those at the forefront of service provision. Findings from this study challenge the dominant gendered positioning of domestic abuse. Consequently, this research has the potential to advance understanding of a very serious issue from what is largely an invisible perspective, generate future research and increase recognition.

4.10 Chapter summary

This chapter has discussed and presented the design, methods and tools for analysis used to undertake this study. The decision to merge two existing mixed method designs and the process of amending the initial design as one best suited to meet the aims of the study has been justified. Limited prior research of this topic meant little guidance was available. Hence, an exploratory approach was used. This study was designed in a particular fashion that sought to capture information relating to men’s needs in the context of domestic abuse and existing service provision in Wales. DAS questionnaires were best placed to inform the landscape of male domestic abuse provision and to support in determining the numbers of men accessing and needs being identified. To truly engage with the topic and understand the needs of abused men required a method that captured rich, in-depth accounts from those who had directly experienced domestic abuse. Semi-structured interviews with managers and practitioners added further insight into the needs of men and the existing service provision. Data collection and analysis was completed via three consistent linear phases.

Chapter five presents results within three sections corresponding to each of the three phases of data collection:
• Section A – Results: Service description and data questionnaire.
• Section B – Results: Specific service information questionnaire and in-depth interviews with abused men.
• Section C – Results: Semi-structured interviews with managers and practitioners.

Chapter five concludes with triangulation of findings from across the whole data-set using a meta-matrix.
Chapter Five  
Results: Section A

5.1  Phase One - Service description & data questionnaire

This section presents the responses to the service description and data questionnaire (Appendix 31) sent to domestic abuse and sexual violence (DA&SV) organisations, which support abused men in Wales to elicit information about their provision of support and data collection practices. The questionnaire consisted of two sections; section one, service description and section two, service data. Service description sought information pertaining to; demographical service information, the types of support provided, what other services respondents may refer to and service availability times. Section two asked respondents; the type of data collected, what methods were used to collect data, how often data was gathered, who was responsible for data management and who data was shared with.

A total of 48 DA&SV services were identified as providing support to male victims of domestic abuse. Statutory provision accounted for four services whilst third sector services accounted for 44 services. One organisation had four outlets across Wales supporting men. Thirty-seven services (77%) responded to the service description questionnaire of which three were statutory and 34 were third sector. One service is no longer in existence following discontinuation of funding.

5.1.1  Section one - Service provision

Section one of the service description and data questionnaire focussed specifically on the details of the service itself; name, contact details and services provided.

Q1) Your organisation’s name

Q2) Your organisation’s full contact details (Please include; address, telephone and email address and where applicable, your website address).

Q3) Your organisation’s manager’s contact details

Responses from this section were used to develop a unique interactive service map of DA&SV provision for men in Wales (Appendix 32). For services who did not
participate, initial information was obtained through either the organisation’s website or via telephone query. Prior to finalising the map, all service information was confirmed via direct telephone contact with organisations during October and November 2016.

The link can be accessed via
https://www.google.com/maps/d/edit?mid=zAV88zLPt4Lk.kVycmA6JTRTc. The map is also available via the Prime Centre Wales website:
http://www.primecentre.wales/news.php

*Figure 8: Interactive service map of Wales*
Accompanying the map is a table of corresponding information (Appendix 33). The map was designed in direct response to the lack of a central database for DA&SV provision for men. The map fills the knowledge gap of male domestic abuse provision; offering information for abused men looking for help and concerned family and friends who may be looking for advice. For professionals working within and outside the domestic abuse arena, the map offers a direct source of existing provision and access to advice or information that can help with a referral. Although managers’ contact details have been excluded on the map, organisational contact details (telephone, email and web address) have been included.

In addition to the service information, the map offers a visual illustration of the spread of support services for men across Wales. The number of services within each region of Wales (Figure 9) range from 27 in South Wales to four in Mid Wales. These numbers broadly reflect the population distribution of Wales; South Wales accounts for more than 60% of the whole country’s population (1.8 million), North Wales (681,000), West Wales (377,000) and Mid Wales (133,000) (Institute of Welsh Affairs, 2016).
Q4) Are you a domestic abuse specialist?

In response to the enquiry, (n=33, 89%) stated they were DAS specialists and (n=4, 11%) advised they were not. Of the four respondents who did not consider their organisation to be DAS specialists, three were sexual violence/abuse support services and one was a service providing male refuge/safe house provision.

Q5) Do you provide services for men?

All 37 respondents (100%) confirmed they provided services for men.

Q6) If yes, what services do you provide? (Choose as many as apply)

Participants clarified what services they provided. Responses are presented in the table below.

Table 8: Types of services provided to men

<table>
<thead>
<tr>
<th>Service</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signposting</td>
<td>28 (76)</td>
</tr>
<tr>
<td>Floating support</td>
<td>22 (60)</td>
</tr>
<tr>
<td>IDVA</td>
<td>18 (49)</td>
</tr>
<tr>
<td>Counselling</td>
<td>14 (38)</td>
</tr>
<tr>
<td>Refuge</td>
<td>4 (11)</td>
</tr>
</tbody>
</table>

The most common type of service provided to men was ‘signposting’ (n=28, 76%) followed by ‘floating support’ (n=22, 60%). Floating support provides victims of DA with housing related/tenancy support. It can also encompass health and social care.
needs (promoting/ensuring access to health and social care services, employment, training & benefits), help with daily living skills and encourage social activity. IDVA provision was the third most common response (49%). Counselling was provided by 14 (38%) of respondents, however all three sexual abuse support services who identified themselves as non-specialist DA services stated they provided counselling.

Seven (19%) respondents stated that they provided a male refuge/safe house provision. Of those respondents two were part of the same organisation and were both referring to the one male refuge/safe house they provided. Clarification was sought from a further three respondents. One service confirmed they provided a male refuge/safe house in the form of a dispersed unit and ‘move on’ property. Two other respondents confirmed they did not provide male refuge/safe house provision. Table 8 represents the true number of male refuge/safe house provision in Wales which is four.

Cross-tabulation question six: What services do you provide?

The most common type of service provided to men was ‘signposting’ (n=28, 76%). Signposting was cross tabulated with each of the choice of services provided in question 6; IDVA, Refuge, Floating Support and Counselling to determine how many provided a dedicated form of domestic abuse support to male victims (and not only provide simply a ‘signposting service’).
### Table 9: Cross-tabulation Signposting against other types of provision

<table>
<thead>
<tr>
<th>Q6 Do you provide IDVA service?</th>
<th>Do you provide Signposting</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>35%</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>41%</td>
<td>11%</td>
</tr>
<tr>
<td>Do you provide refuge service?</td>
<td>Yes</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>11%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>65%</td>
<td>24%</td>
</tr>
<tr>
<td>Do you provide Floating Support services?</td>
<td>Yes</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>54%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Do you provide counselling?</td>
<td>Yes</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>32%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>43%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Thirteen (35%) respondents offered signposting and IDVA support whilst (n=15, 41%) of those signposting did not provide an IDVA service for men. There was no significance ($\chi^2=.227$, df=1, p=.634). There was an almost equal split of organisations providing a signposting and IDVA service and those providing signposting but no IDVA
service. Of 28 services providing signposting support, (n=4, 11%) provided a male refuge/safe house whilst (n=24, 65%) did not. Four would be the maximum number of services providing both a signposting and refuge service given there are four male refuges/safe houses in Wales. There was no significance ($\chi^2=1.442$, df=1, p=.230). All refuges provided signposting. Twenty (54%) services provided both signposting and floating support. Initially, services providing signposting were more likely to provide floating support services too ($\chi^2=6.841$, df=1, p= 0.009). The expected count within one cell was less than five, Fishers Exact test revealed no significance (p= 0.17). Eight (22%) respondents providing signposting did not offer a floating support service. Two (5%) of 22 services providing floating support did not provide signposting. Twelve (32%) services offering signposting also offered a counselling service for men and (n=16, 43%) did not. No significance ($\chi^2=1.233$, df=1, p=.267).

Of respondents offering signposting, 41% did not offer an IDVA service and were more likely to deliver a floating support provision (54%). However significance between the provision of signposting and floating support was not determined (p=0.17). No services provided all five types of support (IDVA, Refuge, Floating Support, Counselling and Signposting).

Cross-tabulation question six: what services do you provide.

The second most common response for ‘What services do you provide?’ was ‘floating support’ (n=22, 60%) whilst IDVA support was the third (n=18, 49%). IDVA support was cross tabulated with floating support, counselling and signposting to determine how many services provided both a short term and longer term support provision.
Table 10: Cross-tabulation IDVA against other types of provision

<table>
<thead>
<tr>
<th>Do you provide Floating Support services?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>% of Total</td>
<td>22%</td>
<td>38%</td>
</tr>
<tr>
<td>Do you provide counselling?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>n</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>% of Total</td>
<td>14%</td>
<td>24%</td>
</tr>
<tr>
<td>Do you provide Signposting?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>n</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>% of Total</td>
<td>35%</td>
<td>41%</td>
</tr>
</tbody>
</table>

Eight (22%) respondents providing IDVA also provided floating support. A trend could be seen but not to a level of significance ($\chi^2=3.278$, df=1, p= 0.07), whereby if an IDVA service operated, floating support did not run alongside that service (n=10, 27%). Five (14%) respondents offering IDVA support also offered a counselling service, revealing no significance ($\chi^2=1.508$, df=1, p=.219). For the majority of IDVA services, counselling was not provided (n=13, 35%). Ten (27%) respondents provided neither an IDVA nor counselling service for men. Thirteen (35%) participants providing IDVA support also offered signposting and (n=5, 14%) did not. No significance was revealed ($\chi^2=.227$, df=1 p=.634).

Other services provided.

‘What services do you provide?’ asked respondents to include any other services that they provided to men accessing their service. Twenty-one participants stated they provided an additional service(s) to the choices provided, 16 noted a second additional service and 10 advised a third available provision. ‘Other’ responses received were varied and are represented in Table 11.
<table>
<thead>
<tr>
<th>Service ID</th>
<th>Service Description</th>
<th>Associated Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Other service one</td>
<td>Other service two</td>
</tr>
<tr>
<td></td>
<td>All services offer a woman accessing our service but not able to provide refuge space as yet</td>
<td>Funding applied for to run a therapeutic programme for male survivors. This would complement the Freedom Programme currently offered to female survivors</td>
</tr>
<tr>
<td>2</td>
<td>Outreach</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Domestic abuse drop-in for information on Thursday's between 9:30-12noon weekly</td>
<td>We can refer to IDVA</td>
</tr>
<tr>
<td>4</td>
<td>Tenancy Support Unit</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Full holistic assessment of needs for persons aged 50yrs and above</td>
<td>Benefits check and support for claiming same/support for housing</td>
</tr>
<tr>
<td>6</td>
<td>Move on</td>
<td>Access to CYP services and parent/child group work</td>
</tr>
<tr>
<td>7</td>
<td>We will shortly be providing a shared house, temporary supported housing for young men between the ages of 16-24 years</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>We offer 24 hour All Wales helpline that offers support, information and signposting to anyone experiencing domestic abuse and/or sexual violence. This will include information on emergency accommodation, counselling, welfare and benefits rights, housing issues, legal issues, child welfare, perpetrator programs, sexual assault referral centres and other relevant support services. This also is for concerned others as well as other agencies phoning on behalf of callers experiencing abuse.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Drop in support service. These services can be accessed by men, the refuge is for women and children only.</td>
<td>DASH Domestic Abuse Stops Here, Support for children effected by DA</td>
</tr>
<tr>
<td>10</td>
<td>EPIC - Education, Prevention, Intervention in the Community - providing holistic programme for whole family including perpetrators helping families stay together safely or separate amicably it includes couples/individual and family work as well as an education programme</td>
<td>Specific for men: CHAT - Choosing Healthy Assertive Techniques - a 12 week programme awaiting accreditation - includes individual support where required</td>
</tr>
<tr>
<td>11</td>
<td>groups for victims - mixed gender</td>
<td>voluntary perpetrator programme</td>
</tr>
<tr>
<td>12</td>
<td>Move on support</td>
<td>Resettlement support</td>
</tr>
<tr>
<td>13</td>
<td>Tenancy support/prevention of homelessness</td>
<td>Child Protection/Children in Need/Contact issues WG</td>
</tr>
<tr>
<td></td>
<td>accredited parenting programme</td>
<td>esteem and confidence building</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>14</td>
<td>One Stop Shop, Early intervention and prevention services, CYP services</td>
<td>Freedom Programme, Recovery Programme</td>
</tr>
<tr>
<td>15</td>
<td>Short term/one off outreach support around safety planning and domestic abuse awareness. This can be provided via another supporting agency or concerned family member/friend</td>
<td>BRAVE EIP (Early Prevention Project) - beneficiary forum (participating in co-design) and service users under 25 benefitting from new service and programme development</td>
</tr>
<tr>
<td>16</td>
<td>Practical support, personal safety</td>
<td>Advocacy</td>
</tr>
<tr>
<td>17</td>
<td>Outreach support to victims of domestic abuse, honour based violence and human trafficking</td>
<td>Personal development programme for service users</td>
</tr>
<tr>
<td>18</td>
<td>ISVA service, Acute crisis support. Forensic examination/assessment of sexual health needs</td>
<td>ISVA support</td>
</tr>
<tr>
<td>19</td>
<td>Helpline - Mon, Tues and Weds morning</td>
<td>organisations website</td>
</tr>
<tr>
<td>20</td>
<td>SARC Support, crisis workers support male clients at the acute stage through the forensic examination process post assault and/or support for the ABE interview during the criminal justice process</td>
<td>ISVA support</td>
</tr>
<tr>
<td>21</td>
<td>Counselling for men who experience sexual abuse</td>
<td>counselling for boys (generic)</td>
</tr>
</tbody>
</table>

In some cases ‘additional services’ were; not services for male victims of DA (‘DASH Domestic Abuse Stops Here Support for children affected by DA’, ‘Voluntary perpetrator programme’), had not yet been confirmed via funding (‘Funding applied for to run a therapeutic programme for male survivors’) or were referrals to another service (‘We can refer to the MARAC meetings and the DYN project’). Despite some potentially misleading responses Table 11 provides examples of new approaches to supporting men; providing the opportunity for men to take part in support programmes originally developed for female victims (Freedom Programme and the Recovery Toolkit) and offering mixed gender group work. Irrespective of gender, also evident is the wide range of different services that DA&SV services are offering across
Wales. These range from early intervention, life skills, tenancy support, whole family programmes of support, one-stop-shops and outreach.

Q7) **If your organisation does not support men, what are the reasons? (Choose as many as apply)**

This question was left uncompleted by all respondents (100%); all stated they supported men.

Q8) **If a specific provision is not provided by your organisation, where does your service refer to?**

Nineteen services (51%) responded that they referred to other services. Responses varied and some provided more than one option of where they may refer to if they did not provide a specific provision.

**Table 12: Other service(s) referred to**

<table>
<thead>
<tr>
<th>Other services referred to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Partnership working with Dyn Wales, if any issues arise when supporting men and additional information is needed e.g. to source group work for male victims of domestic abuse</td>
</tr>
<tr>
<td>2  [Organisation] is based in Multi Agency Centres (MAC’s). Both MACs have IDVA service based in the building and one has BAWSO based. There are clear referral pathways between service user making contact and referral to appropriate specialist provision</td>
</tr>
<tr>
<td>3  We don’t work with perpetrators so we would refer any queries about this to Choose2Change</td>
</tr>
<tr>
<td>4  Female Refuge, Women’s Aid, Hafan Cymru, BAWSO</td>
</tr>
<tr>
<td>5  Dyn Project Cardiff, providing the clients with contact telephone numbers and email addresses</td>
</tr>
<tr>
<td>6  Signposting to the most appropriate agency</td>
</tr>
<tr>
<td>7  [Organisation] is based in Multi Agency Centres (MACs). Both MACs have IDVA service based in the building and one has BAWSO and New Pathways Outreach. There are clear referral pathways between service user making contact and referral to appropriate specialist provision</td>
</tr>
<tr>
<td>8  If male victims of DV require refuge - we signpost via the All Wales DV Helpline to seek space</td>
</tr>
<tr>
<td>9  We are a new service which has only been open 3 months. We currently refer to MARAC, the Tenancy Support Unit for housing related support and to the DYh project. We have supported two men since opening, one of whom has also accessed the legal advice and debt clinic here. We will soon be delivering the Freedom programme for men at the One Stop Shop.</td>
</tr>
<tr>
<td>10 IDVA services based locally - referral as necessary</td>
</tr>
<tr>
<td>11 Floating support services are signposted to the Oasis Centre, Pontypridd</td>
</tr>
<tr>
<td>12 In [LA] we do not provide temporary supported housing to males but in other counties we do</td>
</tr>
<tr>
<td>13 To the relevant agency that is best suited to support the issue in question</td>
</tr>
<tr>
<td>14 Relevant services/organisations/agencies</td>
</tr>
<tr>
<td>15 Dyn Project, All Wales DA&amp;SV Helpline</td>
</tr>
<tr>
<td>16 All Wales DA&amp;SV Helpline, Dyn Project, IDVA Service, Gwalia Housing Support Project, Montgomery Family Crisis Centre, Mind, plus relevant services</td>
</tr>
<tr>
<td>17 [Organisation] IDVA service is based within the flying start team in [LA]. Therefore any service users accessing support need to have children under 4. If [Organisation] are not able to work with families they will refer to Cardiff WA, Safer Cardiff and the Dyn Project</td>
</tr>
<tr>
<td>18 Other appropriate/relevant support providers (most likely Safer Wales)</td>
</tr>
<tr>
<td>19 We would refer to other domestic abuse agencies if domestic abuse was an issue</td>
</tr>
</tbody>
</table>
Responses provided illustrate the number of different organisations services refer to if they do not offer a specific type of support that is required.

**Table 13: Summary of other service(s) referred to**

<table>
<thead>
<tr>
<th>Other services referred to</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyn Project (Safer Wales)</td>
<td>6 (16)</td>
</tr>
<tr>
<td>‘Relevant agency/service’</td>
<td>4 (11)</td>
</tr>
<tr>
<td>All Wales Helpline</td>
<td>3 (8)</td>
</tr>
<tr>
<td>‘Appropriate specialist provision’</td>
<td>2 (5)</td>
</tr>
<tr>
<td>IDVA</td>
<td>2 (5)</td>
</tr>
<tr>
<td>Supported housing</td>
<td>2 (5)</td>
</tr>
<tr>
<td>Women’s Aid</td>
<td>2 (5)</td>
</tr>
<tr>
<td>Hafan Cymru</td>
<td>1 (3)</td>
</tr>
<tr>
<td>BAWSO</td>
<td>1 (3)</td>
</tr>
<tr>
<td>‘Most appropriate agency’</td>
<td>1 (3)</td>
</tr>
<tr>
<td>MARAC</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Tenancy Support</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Floating Support</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Refuge</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Mental health</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Other domestic abuse agency</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Female refuge</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Perpetrator programme</td>
<td>1 (3)</td>
</tr>
</tbody>
</table>

Where a specific type of support was not provided, respondents were most likely to refer males to the Dyn Project, (n=6, 16%). The Dyn Project is based in Cardiff and is a specialist service working only male with victims of domestic abuse. However, direct one-to-one support is restricted to the Cardiff area. Nonetheless, a telephone support service does operate which provides advice and guidance to those outside of the Cardiff area. Referral to ‘relevant agency/service’ was the second most common response, (n=4, 11%). Services who answered ‘relevant agency/service’ did not provide any examples of what this may constitute. Similar answers received were; ‘appropriate specialist provision’, (n=2, 5%) and ‘most appropriate agency’, (n=1, 3%) and examples of what this could mean were not provided. Misinterpretation of the question may have occurred with two respondents; one stated they did not provide perpetrator programmes and would refer to the Choose2change programme the other advised they would refer to a female refuge.
Q9) **What are the days/times that your support is available to men?**

Twenty-four (64%) respondents stated support was available weekdays between 9am and 5pm. Two services offered support from 8am to 5pm, one service until 5.30pm, and one service was available between 8.30am and 6.30pm. Six (16%) stated they could offer flexible support outside these hours if required. Sixteen (43%) services advised the provision of a staffed 24 hour helpline either via their own service or the WG’s Live Fear Free Helpline. All responses were added to the service map of Wales (Appendix 32) to provide men and professionals information on the times/days that support is available.

Support was predominantly provided during “standard” working hours (n=24, 64%). Where support was offered outside these hours it was largely provided via a telephone. A small number (n=6, 16%) of services offered flexible support outside standard operating hours if required.

### 5.1.2 Section two - Data Collection

Section two focussed upon data collection; what is collected, how often it is collected, what methods are used to collect, how it is recorded and who it is shared with. During the early stages of the study, contact with DAS across Wales indicated no consistent approach to the collection of data pertaining to male service users. Subsequently, questions relating to data collection were developed.

Q10) **What methods are used to record/collect data? (Choose as many as apply)**

All respondents recorded/collected data via electronic means. Twenty-nine (78%) selected written methods and electronic methods to record/collect data. Two (5%) services provided additional methods; 1) focus groups and surveys and 2) Website, statistics, Google analytics, helpline – on call handling.

Considering the additional methods noted by respondents pertaining to ‘**What methods are used to record/collect data?’ there appeared to be a misinterpretation of the question. Additional methods outlined would either be recorded/collected electronically (surveys, website, statistics, Google analytics, on-call handling) or via
written methods (surveys, focus groups, on-call handling). However, focus groups may also be audio-recorded.

Q11) How is data collected? (Choose as many as apply)

**Table 14: How is data collected? (Choose as many as apply)**

<table>
<thead>
<tr>
<th></th>
<th>Face to face</th>
<th>Telephone</th>
<th>Electronic (i.e. email)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>35</td>
<td>33</td>
<td>31</td>
<td>8</td>
</tr>
<tr>
<td>Percentage</td>
<td>95%</td>
<td>89%</td>
<td>84%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Collecting data via face to face, telephone and electronically received a similar level of response: (n=35, 95%), (n=33, 89%) and (n=31, 84%).

Other ways data is collected

‘How is data collected?’ received eight (22%) other additional ways in which data was collected.

**Table 15: Other ways collected data collected**

<table>
<thead>
<tr>
<th>Other ways to collect data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Police referrals are emailed and recorded on excel spreadsheet which is broken down on a summary page of the spreadsheet e.g. by risk level, victim and perpetrator gender, referral source, new or repeat referral etc</td>
<td></td>
</tr>
<tr>
<td>2 Via other partner agencies, professionals i.e. MARAC</td>
<td></td>
</tr>
<tr>
<td>3 We would also contact any other agency involved with the service user</td>
<td></td>
</tr>
<tr>
<td>4 Social media</td>
<td></td>
</tr>
<tr>
<td>5 Written</td>
<td></td>
</tr>
<tr>
<td>6 Post</td>
<td></td>
</tr>
<tr>
<td>7 Risk assessment, needs assessment, support plans, review plans and feedback from other partners</td>
<td></td>
</tr>
<tr>
<td>8 Paloma Database</td>
<td></td>
</tr>
</tbody>
</table>

Responses for ‘Other ways to collect data’ indicate misinterpretation of ‘How is data collected?’ Additional responses appear to relate to the tools used to collect data. All but one of those listed above would be either via face to face, telephone (‘risk assessment, needs assessment, support plans, review plans and feedback from other partners’, ‘other partner agencies, professionals i.e. MARAC’, ‘other agency involved with the service user’ or ‘written’) or via electronic means (‘social media’, paloma database’, ‘police referrals are emailed and recorded on excel spreadsheet....’). These
responses are useful for expanding the evidence base; however the only additional method for collecting data identified was data collected via post.

Q12) How often data is gathered? (Check box which applies)

This question asked respondents to provide only one answer. However, seven participants provided multiple responses to ‘How often is data gathered’. Four services selected ‘Monthly’, ‘Quarterly’ and ‘Annually’, two selected ‘Quarterly’ and ‘Annually’ and one selected ‘Monthly’ and ‘Quarterly’. For analyses, where a service provided multiple responses the most frequent ‘How often’ was assumed to be the most accurate answer. For example; if a service advised they gathered data on a monthly and quarterly basis, it was assumed that they gathered data monthly. Similarly, if a service advised they gathered data on all three of the options, it was surmised that they did so on a monthly basis (as this was the most frequent option provided).

### Table 16: How often is data gathered

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Quarterly</th>
<th>Annually</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>17</td>
<td>13</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Percentage</td>
<td>46%</td>
<td>35%</td>
<td>0</td>
<td>19%</td>
</tr>
</tbody>
</table>

Data was most commonly gathered on a monthly basis, (n=17, 46%), followed by quarterly, (n=13, 35%). No services gather data on only an annual basis.

Other how often data gathered

Seven (19%) respondents provided additional ways to how often they gathered data.
Table 17: Other ‘how often’ data is gathered

<table>
<thead>
<tr>
<th>Other how often data gathered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Ongoing throughout engagement</td>
</tr>
<tr>
<td>2  Spoken with our monitoring officer who states that data is collected at various times depending on the requirements of funders. Some is every two months, some every quarter and some every six months.</td>
</tr>
<tr>
<td>3  Project Admin places all referrals on an excel database daily, who will then allocate to the four current IDVA’s in Swansea</td>
</tr>
<tr>
<td>4  Daily</td>
</tr>
<tr>
<td>5  Currently transferring information from sign in forms and initial contact assessment form on to a database on a weekly basis.</td>
</tr>
<tr>
<td>6  Floating support monthly refuge support quarterly</td>
</tr>
<tr>
<td>7  As and when required depending on the individual</td>
</tr>
</tbody>
</table>

Table 17, highlighted that data gathering was an ‘ongoing process’, could be carried out ‘daily’ and can depend on the type of provision; ‘floating support monthly, refuge support quarterly’.

Q13) Who is responsible for managing data collection?

A range of responses were received which were grouped into seven categories: 1) Management (including managerial, co-ordinator or team leader positions in all remits - service manager, team leader, project manager, project leader, centre manager, management team etc.); 2) Support staff & IDVAs (including team members, support assistants, support workers etc.); 3) Data monitoring/protection/quality officer; 4) Admin workers; 5) Name provided (position unknown); 6) Individual workers and 7) All staff.

Table 18: Summary of who is responsible for managing data collection

<table>
<thead>
<tr>
<th>Who is responsible for managing data collection</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Management</td>
<td>27 (73)</td>
</tr>
<tr>
<td>2 IDVA’s &amp; Support staff</td>
<td>9 (24)</td>
</tr>
<tr>
<td>3 Data monitoring/protection/quality officer</td>
<td>3 (8)</td>
</tr>
<tr>
<td>4 Admin workers</td>
<td>3 (8)</td>
</tr>
<tr>
<td>5 Name provided (position unknown)</td>
<td>3 (8)</td>
</tr>
<tr>
<td>6 Individual workers</td>
<td>2 (5)</td>
</tr>
<tr>
<td>7 All staff</td>
<td>1 (3)</td>
</tr>
</tbody>
</table>
Data management was predominantly the responsibility of management (n=27, 73%). For nine (24%) respondents, the responsibility of managing data fell to those providing direct support to victims; IDVAs and support staff. Three (8%) services had a dedicated data monitoring officer.

Q14) What type of data is collected? (Choose as many as apply)

Table 19: What type of data is collected

<table>
<thead>
<tr>
<th>men accessing/referred</th>
<th>Demographics</th>
<th>source of referrals</th>
<th>number of men engaging</th>
<th>other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>36</td>
<td>27</td>
<td>34</td>
<td>36</td>
</tr>
<tr>
<td>Percentage</td>
<td>97%</td>
<td>73%</td>
<td>92%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Nearly all services collected data on the number of men accessing and the number of men engaging with support, (n=36, 97%), followed closely by source of referrals, (n=34, 92%). Twenty-seven (73%) collected demographic data.

Other type of data collected

Fourteen services provided additional responses to ‘What type of data is collected?’ Responses received included multiple answers demonstrating the breadth of additional data that DA&SV services collect.

Table 20: Other types of data collected

<table>
<thead>
<tr>
<th>Other types of data collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Data is available in relation to number of Public Protection Notifications received inclusive of all 3 levels of risk - standard, medium and high (though not broken down this way) where the victim was male</td>
</tr>
<tr>
<td>2. Distance travelled for every service user, unmet needs, type of abuse</td>
</tr>
<tr>
<td>3. Details of Children, outcomes, support plans</td>
</tr>
<tr>
<td>4. Age, sexuality, repeat victim, risk level, access to refuge or other support providers</td>
</tr>
<tr>
<td>5. Sexual orientation/religion/age/marital status/gender</td>
</tr>
<tr>
<td>6. Distance travelled for every service user, unmet needs, type of abuse</td>
</tr>
<tr>
<td>7. Equality</td>
</tr>
<tr>
<td>8. Lead needs, number of children</td>
</tr>
<tr>
<td>9. I am not sure ‘d’ (number of men engaging) is applicable as we are the first point of contact that then refers to other services for on-going support.</td>
</tr>
<tr>
<td>10. Progress to Support Plan /Contract /number of couples remaining together /separating</td>
</tr>
<tr>
<td>11. Distance travelled for every service user, unmet needs, type of abuse</td>
</tr>
<tr>
<td>12. Types of abuse, quality data, where possible perpetrator information, levels of risk, immigration status, assessment data and information from partners</td>
</tr>
<tr>
<td>13. Incident details, physical, emotional, mental health, risk and needs, support, police involvement, on-going support, involvement of other services</td>
</tr>
<tr>
<td>14. Signposting, sexual orientation, age, MARAC, Court data, restraining order, refuge, substance misuse, safety packs, legal advice</td>
</tr>
</tbody>
</table>
To ascertain with greater clarity, the ‘other’ types of data collected, responses were grouped into 10 main categories: 1) Outcomes (Distance travelled, Outcomes, Number of couples remaining together/separating, Court data, Restraining order.); 2) Needs (Unmet needs, Lead needs, Physical/emotional/mental health, Substance misuse.); 3) Risk (Types of abuse, Repeat victim, Risk level, Perpetrator information, Assessment data, Incident details, Risk.); 4) Support (Public protection notices, Support plans, Progress to support plan/contract, Support, Police involvement, Signposting, MARAC, Refuge, Safety pack, Legal advice.); 5) Demographics; 6) External service information (Access to refuge/other provider, Information from partners, Involvement of other services.); 7) Children (Details of children, Number of children.); 8) Equality; 9) Immigration status and 10) Quality data.

**Table 21: Summary of other types of data collected**

<table>
<thead>
<tr>
<th>Other types of data collected</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Outcomes</td>
<td>6 (16)</td>
</tr>
<tr>
<td>2 Needs</td>
<td>6 (16)</td>
</tr>
<tr>
<td>3 Risk</td>
<td>5 (14)</td>
</tr>
<tr>
<td>4 Support</td>
<td>5 (14)</td>
</tr>
<tr>
<td>5 Demographics</td>
<td>3 (8)</td>
</tr>
<tr>
<td>6 External service information</td>
<td>3 (8)</td>
</tr>
<tr>
<td>7 Children</td>
<td>2 (5)</td>
</tr>
<tr>
<td>8 Equality</td>
<td>1 (3)</td>
</tr>
<tr>
<td>9 Immigration status</td>
<td>1 (3)</td>
</tr>
<tr>
<td>10 Quality data</td>
<td>1 (3)</td>
</tr>
</tbody>
</table>

Data pertaining to outcomes and needs (n=6, 16%) were the most common types of ‘other’ data collected, followed by risk and support (n=5, 14%). Despite being cited as an option in the first instance, demographic data (age, sexuality, gender) was noted by three of the 14 responses as additional types of data collected. All three were cross checked to clarify whether this influenced the initial result and number collecting demographic data. Cross checking revealed no additional number and (n=27, 73%) of services that collected demographic data stands.
Q15) What organisations/services/individuals do you share/communicate your data with?

Thirty-six respondents answered, one participant did not complete. Numerous and varied responses were provided demonstrating the wide range of organisations that services shared their data with. Responses were grouped into nine main categories: 1) Funders (Commissioners of service, Funders, Supporting People, Stakeholders, DASG, Home Office, Ministry of Justice, Comic relief & Lottery.); 2) WG (Welsh Government, Welsh Assembly); 3) WA (WA, WWA.); 4) Police (CJS agencies, Police, National Probation Service, PCC.); 5) Safeguarding (Community safety, Local Safeguarding Board, MARAC, MASH.); 6) Trustees (Board of trustees, Management committee); 7) LA (Local Authority, Local County Council.); 8) Domestic abuse & Sexual Violence agencies/partners (Gwalia, DAC, DA forum, DA/SV partners, Hafan Cymru, Domestic abuse unit, Victim Support, BAWSO.) and 9) Other organisations (Housing, Education, Mental health/substance misuse, Community rehabilitation company, Gibran, Health, Other agencies, GPs.)

<table>
<thead>
<tr>
<th>Who data is shared with</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funders</td>
<td>26 (70)</td>
</tr>
<tr>
<td>WG</td>
<td>14 (38)</td>
</tr>
<tr>
<td>Women’s Aid</td>
<td>10 (27)</td>
</tr>
<tr>
<td>Police</td>
<td>8 (22)</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>8 (22)</td>
</tr>
<tr>
<td>Trustees</td>
<td>6 (16)</td>
</tr>
<tr>
<td>Local authority</td>
<td>6 (16)</td>
</tr>
<tr>
<td>DA &amp; SV agencies/partners</td>
<td>6 (16)</td>
</tr>
<tr>
<td>Other organisations</td>
<td>6 (16)</td>
</tr>
<tr>
<td>Depends on individual circumstances</td>
<td>1 (3)</td>
</tr>
<tr>
<td>None at present</td>
<td>1 (3)</td>
</tr>
</tbody>
</table>

Respondents were most likely to share data with their funders’ (n=26, 70%). Fourteen (38%) services shared data with the WG, followed by WA (n=10, 27%). Sharing data with other DA&SV agencies/partners accounted for (n=6, 16%) of participants.
Q16) How is information which is collected by your organisation shared/communicated with other organisations/services/individuals? (Choose as many as apply)

Table 23: Methods used to share data

<table>
<thead>
<tr>
<th></th>
<th>Email</th>
<th>Reports</th>
<th>Publications</th>
<th>Briefings</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>20</td>
<td>31</td>
<td>13</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Percentage</td>
<td>54%</td>
<td>84%</td>
<td>35%</td>
<td>27%</td>
<td>24%</td>
</tr>
</tbody>
</table>

The majority of participants (n=31, 84%) shared their data with other organisations via reports. The least most common form of data sharing was via briefings (n=10, 27%). Nine (24%) services advised additional ways to how they shared data. Responses were grouped into two categories; 1) Verbal (including meetings, presentations & training) and 2) Online (including SNAP tool, twitter & websites).

Table 24: Summary of other methods used to share data

<table>
<thead>
<tr>
<th>Other types of data collected</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Verbal</td>
<td>3 (8)</td>
</tr>
<tr>
<td>2 Online</td>
<td>1 (3)</td>
</tr>
</tbody>
</table>

The following responses received as other ways to share data were omitted as not being relevant to what was asked:

‘Online SNAP tool used to record quarterly figures of those engaging with the service’ – refers to how data is recorded and not how it is shared.

‘Depends on the information and sensitivity and what the service user has given consent to share’ – this response did not advise anything new/additional to how data is shared.

‘c’ and ‘d’ are applicable to WWA as a whole when they use the helpline data’ – ‘c’ and ‘d’ relate to the initial choices provided for ‘How is information which is collected by your organisation shared/communicated with other organisations/services/individuals?’ ‘c’ (shared via publications) and ‘d’ (shared via briefings). The participant had already selected ‘c’ within their answer but not ‘d’. The respondent was confirming WWA as a collective share data in this way.
5.1.3 Summary of findings

Service provision

- The most common support provided to male victims is ‘Signposting’ (n=28, 76%).
- Over half of all respondents providing signposting to men did not provide a dedicated IDVA (n=15, 54%) or a counselling service (n=16, 57%).
- Services providing signposting were more likely to provide a floating support service (n=20, 71%) rather than IDVA (n=13, 46%), Counselling (n=12, 43%) or Refuge (n=4, 11%) provision. However significance between the provision of signposting and floating support was not determined (p=0.17).
- No one service provided all five types of support (IDVA, Refuge, Floating Support, Counselling and Signposting).
- Four (11%) provided refuge/male safe house provision.
- Eighteen (49%) provided an IDVA provision to men – of which (n=10, 56%) did not provide a floating support service.
- Services were most likely to refer to the Dyn Project (n=6, 16%) if they did not provide a particular type of provision.

Data Collection

- Services shared their data with a multitude of different agencies/organisations.
- Sharing data with funders (n=26, 70%) was the most common practice.
- Three (8%) had a dedicated data monitoring/protection/quality officer responsible for managing data collection. More often, this was the responsibility of managers (n=27, 73%) whilst for (n=9, 24%) it was the responsibility of IDVAs and support staff.
- Nearly all services collected data on the number of men accessing (n=36, 97%) and the number of men engaging with support (n=36, 97%), followed closely by source of referrals (92%).
- Outcomes (n=6, 16%) and needs (n=6, 16%) were the most common ‘other type’ of data collected.
Chapter Five  Results: Section B

5.2 Phase Two - Specific service information questionnaire

This section presents the responses from the specific service information questionnaire (Appendix 34). The questionnaire was distributed to all services that had completed and confirmed they were domestic abuse specialists via Phase One’s service description and data questionnaire. The three sexual violence services that did not identify as domestic abuse specialists were not sent the specific service information questionnaire. Sexual violence services would refer service users to DAS, if domestic abuse was an issue identified. Specific service information sought to determine data pertaining to; the number of men accessing/referred, the number who engaged with support, source of referrals, what needs were identified, the type and number of times a type of support was provided and what (if any) additional support a DAS would like either itself or another organisation to provide. Specific service information asked for data from the time period April 2013 – March 2014.

Thirty-seven (77%) services responded to the service description & data questionnaire. As a result, 33 specific service information questionnaires were distributed (three sexual violence services had confirmed they were not domestic abuse specialists and one organisation had lost their funding and no longer provided a service). Twenty-six (79%) of a potential 33 DAS completed the specific service information questionnaire. One service that had completed Phase One was unable to complete the service description & data questionnaire due to an ‘insufficient data system’ (Appendix 35).

Q1) Your organisation’s name

Q2) Your organisation’s full contact details (Please include; address, telephone and email address and where applicable, your website address).

Responses from questions one and two were cross-referenced with the service description and data questionnaire to confirm the contact details of participating DAS.
Q3) How many referrals has your service received in the last 12 months (April 2013 to March 2014)?

Q4) From referrals received, how many men have engaged with your service? (Please include total number from telephone and one to one support).

Some respondents provided total referrals (male and female) and others total referrals (male only). The question may have lacked clarity; its purpose was to derive the number of referrals for men only. Those responding with total number inclusive of gender (n=8) were contacted and asked to provide clarification of the actual number of male referrals. One participant confirmed via telephone contact that no data was available for the number of referrals received.

Table 25 demonstrates the wide variance of male referrals from as little as “3” to as high as “635”. Figures provided were not differentiated by risk level (standard, medium and high) and account for all male referrals received by a service in the 12 month period from April 2013 to March 2014. The figure of ‘226’ was provided by the Live Fear Free Helpline and accounted for calls from across Wales. One respondent had four outlets across Wales and their response of ‘112’ was for all four services. Referral figures of ‘264’, ‘635’ and ‘373’ were all services based in South Wales. Three respondents were not supporting male victims during the specified time period and had no data to provide. Two services received no referrals for the specified time period. One service response accounted for referrals to their male perpetrator programme and was not included.

Not all referrals (regardless of gender) result in engagement with service. Question four ‘From referrals received, how many men have engaged with your service?’ sought to determine the number of men who actively engaged with the support of a DAS following referral. Some respondents provided the same figure for referrals and engagement and were contacted to clarify their response. Two respondents did not provide data for the number of men who had engaged. Contact with both participants confirmed no data was available. This question would not be applicable.

---

1 These services have widened their remit and are now supporting men.
to the Live Fear Free Helpline; the helpline offers telephone support and information for victims and/or family and friends and is not a provider of on-going one-to-one support.

The number of referrals received and the engagement rate for respondents are presented as one data-set.

**Table 25: Number of male referrals and engagement**

<table>
<thead>
<tr>
<th>Number of referrals</th>
<th>Number of engagement</th>
<th>Percentage uptake of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>226</td>
<td>N/A (Live fear free helpline)</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>6</td>
<td>No data available</td>
<td>No data available</td>
</tr>
<tr>
<td>7</td>
<td>59</td>
<td>14</td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>11</td>
<td>no referrals received</td>
<td>N/A</td>
</tr>
<tr>
<td>12</td>
<td>59</td>
<td>25</td>
</tr>
<tr>
<td>13</td>
<td>31</td>
<td>14</td>
</tr>
<tr>
<td>14</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>15</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>16</td>
<td>264</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>635</td>
<td>No data available</td>
</tr>
<tr>
<td>18</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>19</td>
<td>no referrals received</td>
<td>0</td>
</tr>
<tr>
<td>20</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>21</td>
<td>112</td>
<td>112</td>
</tr>
<tr>
<td>22</td>
<td>373</td>
<td>172</td>
</tr>
</tbody>
</table>

Nine (35%) of 26 respondents stated the number of referrals and the numbers of men engaging with support were equal. Eight (31%) services had an engagement rate of 50% or less. One service was unable to provide the number of referrals or engagement, however they did respond to question five (below) and provided the source and number of male referrals received which totalled 98. The respondent was contacted to clarify whether 98 was the total number of referrals or engagements (or both). Due to a change in data monitoring systems, this information could not be determined.
Q5) Please indicate how many referrals you have received in the last 12 months (April 2013 to March 2014) from each of these sources: Police, MARAC, Self-referral, Housing, Health.

Four (15%) respondents were unable to provide any details on the source and number of their referrals. Clarification to this question was sought from eight participants.

**Table 26: Source and number of referrals**

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of times cited by respondents (%)</th>
<th>Total number of referrals from all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>8</td>
<td>790</td>
</tr>
<tr>
<td>Self referral</td>
<td>12</td>
<td>126</td>
</tr>
<tr>
<td>Housing</td>
<td>8</td>
<td>60</td>
</tr>
<tr>
<td>MARAC</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Health</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

The highest number of referrals originated from the police (790). However, the most common source of referral was self-referral with (n=12, 46%) respondents citing this source. Considerably fewer referrals were received from MARAC (14) and Health (9).

**Other sources of referrals**

Question five asked respondents to include any additional sources from which they received male referrals. Some ‘other’ referral sources were re-occurring (social services, DA organisations/helpline and friends & family) and were added for analyses.

**Table 27: Updated source and number of referrals**

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of times cited by respondents</th>
<th>Total number of referrals from all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>8</td>
<td>790</td>
</tr>
<tr>
<td>Self referral</td>
<td>12</td>
<td>126</td>
</tr>
<tr>
<td>Housing</td>
<td>8</td>
<td>60</td>
</tr>
<tr>
<td>DA org/helpline</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>Social services</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>MARAC</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Friends &amp; family</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Health</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>
Table 27 is the final summary of referral source and number. Police and self-referrals remain the most frequent number of referrals, whilst health remains the agency with the least number of referrals.

Eleven participants provided an additional source and number of referrals, four provided a second additional source and number and one advised a third additional source and number.

**Table 28: Other sources and number of referrals received**

<table>
<thead>
<tr>
<th></th>
<th>Other source one</th>
<th>Other source two</th>
<th>Other source three</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We received 10,767 calls from other agencies inc health, police, Social services, local authorities, Women’s Aid, Domestic abuse partners etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>supporting people team 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>victim support 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>solicitor 1</td>
<td>Mental Health Resource Centre 1</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>victim support 1</td>
<td>drugs alcohol support 1</td>
<td>rise 1</td>
</tr>
<tr>
<td>6</td>
<td>Voluntary groups 2</td>
<td>statutory organisation 1</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Probation -12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>1 Learning Difficulties Advocate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>1 third sector organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Local authority, 8</td>
<td>Wales Refugee council 5</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Probation, 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The first response is from the Live Fear Free Helpline and refers to the total number of calls received from a variety of sources but with no definite reference to numbers relating to male victims or the reduction of number from each individual source. Other source of referrals included: probation (n=15), victim support (n=1), drug & alcohol (n=1) and mental health (n=1).
Q6) How many men who have used your services in the last 12 month (April 2013 to March 2014) have identified as Heterosexual, Gay, Bi-Sexual, Transgender, Information not provided.

Nineteen (73%) participants responded, (n=2, 8%) did not have the data, (n=2, 8%) had not received any male referrals and (n=3, 12%) were not supporting men at that time.

**Table 29: Sexual orientation of male service users**

<table>
<thead>
<tr>
<th></th>
<th>Heterosexual</th>
<th>Gay</th>
<th>Bi-sexual</th>
<th>Transgender</th>
<th>Info not provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>226</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>3</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>86</td>
<td>7</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>25</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>55</td>
</tr>
<tr>
<td>11</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>19</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>14</td>
<td>10</td>
<td></td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>12</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
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<tr>
<td>17</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>87</td>
<td>2</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>25</td>
<td>5</td>
<td>1</td>
<td>141</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>355</strong></td>
<td><strong>27</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
<td><strong>472</strong></td>
</tr>
</tbody>
</table>

Ten (38%) respondents cited a total of 472 male referrals that did not provide information regarding their sexual orientation. Where information was provided, men accessing services were heterosexual (n=355), gay (n=27) or bi-sexual (n=3). One male was transgender.
Q7) How many men accessing your service in the last 12 months (April 2013 to March 2014) had the following needs identified by your organisation (where men had more than one need, please include all needs in the figures).

Nineteen (73%) respondents provided data for the identified needs of men accessing their service. Seven (27%) participants did not complete this section.

**Table 30: Identified needs of men accessing support**

<table>
<thead>
<tr>
<th></th>
<th>Safety</th>
<th>Housing</th>
<th>Refuge</th>
<th>Mental health</th>
<th>Emotional</th>
<th>Substance misuse</th>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3</td>
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<td>1</td>
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<td></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>98</td>
<td>22</td>
<td>1</td>
<td>52</td>
<td>98</td>
<td>21</td>
<td>98</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>5</td>
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<td>7</td>
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<td>7</td>
<td>5</td>
<td>3</td>
<td></td>
<td>5</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>4</td>
<td></td>
<td>12</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td>1</td>
<td>2</td>
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<tr>
<td>10</td>
<td>59</td>
<td>59</td>
<td>44</td>
<td></td>
<td>59</td>
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<td></td>
</tr>
<tr>
<td>11</td>
<td>31</td>
<td></td>
<td></td>
<td>7</td>
<td>3</td>
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<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>13</td>
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<td>5</td>
<td></td>
<td>10</td>
<td>11</td>
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</tr>
<tr>
<td>14</td>
<td>6</td>
<td>4</td>
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<td>3</td>
<td>1</td>
<td></td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>3</td>
<td>3</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>73</td>
<td>31</td>
<td></td>
<td></td>
<td>35</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>19</td>
<td>172</td>
<td></td>
<td>15</td>
<td>44</td>
<td>311</td>
<td>72</td>
<td>179</td>
</tr>
<tr>
<td>Total</td>
<td>499</td>
<td>148</td>
<td>62</td>
<td>126</td>
<td>311</td>
<td>72</td>
<td>179</td>
</tr>
</tbody>
</table>

Safety needs were the most frequently identified (n=499) by respondents (n=18, 69%). Fifteen (58%) participants identified emotional support needs (n=311). Financial needs were identified 179 times and housing needs 148 times. Refuge was the least identified need, (n=4, 15%) totalling 62 cases.

**Other identified needs**

Question seven asked respondents to include any other identified needs. Eleven participants provided an additional need; six provided a second additional need and three a third additional need. Responses reflect a variety of additional needs identified by services.
Table 31: Summary of other identified needs of men accessing support

<table>
<thead>
<tr>
<th>Other identified need</th>
<th>Number of times cited by respondents</th>
<th>Total number of times identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Legal advice (inc. legal)</td>
<td>3</td>
<td>64</td>
</tr>
<tr>
<td>2 Court support (inc. civil remedies, restraining order, SDVC &amp; Crown court)</td>
<td>3</td>
<td>61</td>
</tr>
<tr>
<td>3 Counselling</td>
<td>1</td>
<td>44</td>
</tr>
<tr>
<td>4 Tackling isolation</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>5 Child contact (inc. family court, legal matters regarding children)</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>6 Education &amp; employment (inc. basic skills, voluntary work)</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>7 Learning disabilities (inc. disability advice)</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>8 Alcohol misuse</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>9 Child protection</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>10 Relationships</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>11 Perpetrators</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>12 Health needs</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>13 Needs not separated by gender</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

The need for legal advice and court support were the most common additional needs identified (n=64 and n=61 cases respectively). Counselling and tackling isolation were additional needs cited once but with 44 and 35 men needing this type of support. Child contact support was required by 30 men and was cited by four respondents. ‘Needs not separated by gender’ was the response received from the Live Fear Free Helpline. The organisation was unable to provide the identified needs of 226 male callers to its helpline. Initial analysis indicated 21 responses to question seven; ‘How many men accessing your service in the last 12 months (April 2013 to March 2014) had the following needs identified by your organisation?’ However with data unavailable from the helpline, the number has been adjusted to accurately reflect responses received; (n=20, 77%).

Q8) **Please state how often your organisation directly provided the following services in order to meet the needs of the men who accessed your service in the last 12 months (April 2013 to March 2014) (Do not include figures where referral to another domestic abuse organisation has been made).**

Eighteen participants completed this question and provided data on the number of times a specific type of support had been provided directly by their organisation.
Table 32: How often a type of service was provided

<table>
<thead>
<tr>
<th>IDVA</th>
<th>Refuge</th>
<th>Floating support</th>
<th>Counselling</th>
<th>Signposting</th>
<th>Target hardening</th>
<th>Legal advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>14</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>56</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>6</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>4</td>
<td>11</td>
<td>2</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>53</td>
<td>11</td>
<td>35</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>172</td>
<td>60</td>
<td>6</td>
<td>217</td>
<td>11</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>245</td>
<td>19</td>
<td>60</td>
<td>217</td>
<td>11</td>
<td>39</td>
</tr>
</tbody>
</table>

Signposting and floating support was the most common types of services provided with (n=11, 42%) respondents citing both provisions. However, there was a large difference between the number of times signposting was provided (n=217) compared to the number of times floating support was provided (n=60) by those 11 respondents. IDVA services were cited by eight (31%) respondents and provided to men the highest number of times (n=245). Least frequent services provided were refuge (n=19 times) and counselling (n= 6 times). This supports results from the service description & data questionnaire that determined refuge and counselling services were the least most common support provided by respondents.

Other service & how often provided

Question eight asked respondents to include any other service and the number of times provided. Five participants (19%) provided an additional ‘other’ service. No respondent provided a second or third ‘other’ service.
**Table 33: Other services and number of times provided**

<table>
<thead>
<tr>
<th>Other service provided</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CAB - on going contact</td>
<td></td>
</tr>
<tr>
<td>2 Housing 4 Solicitor 4</td>
<td></td>
</tr>
<tr>
<td>3 Direct contact providing emotional and practical support</td>
<td></td>
</tr>
<tr>
<td>x 60</td>
<td></td>
</tr>
<tr>
<td>4 Outreach – 12</td>
<td></td>
</tr>
<tr>
<td>5 Immigration advice – 9</td>
<td></td>
</tr>
</tbody>
</table>

Q9) Please identify what types of services could not be provided (unmet need).

Six (23%) participants completed this question and 20 (77%) left it blank.

**Table 34: Services sought but unable to be provided**

<table>
<thead>
<tr>
<th>Services sought but unable to be provided</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 befriending service</td>
<td></td>
</tr>
<tr>
<td>2 within our organisation - refuge accommodation for male victims of DV</td>
<td></td>
</tr>
<tr>
<td>3 Refuge and male one to one support</td>
<td></td>
</tr>
<tr>
<td>4 None</td>
<td></td>
</tr>
<tr>
<td>5 temporary supported housing but available in other Counties for young men</td>
<td></td>
</tr>
<tr>
<td>6 Refuge</td>
<td></td>
</tr>
</tbody>
</table>

Refuge and some form of supported housing were cited by four of the six respondents as a service sought but unable to be provided. The response ‘none’ came from the organisation working with male perpetrators but not male victims.

Q10) Which of the following reasons led to needs not being met? (choose as many as apply).

**Table 35: Reasons for unmet needs**

<table>
<thead>
<tr>
<th>Number Percentage</th>
<th>Provision unavailable</th>
<th>Service to capacity</th>
<th>Funding unavailable</th>
<th>No identified need</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>11</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Percentage</td>
<td>42%</td>
<td>15%</td>
<td>8%</td>
<td>8%</td>
<td>12%</td>
</tr>
</tbody>
</table>

The most common reason for unmet needs of men accessing DAS was the provision they needed being unavailable, (n=11, 42%). Four (15%) respondents selected ‘service to capacity’; whilst two (8%) did not have available funding and two (8%) selected ‘no identified need’.
Other reasons needs not met

Three (12%) respondents cited ‘other’ reasons for needs not being met: 1) ‘client out of area perpetrator refused offer’; 2) ‘At this time we only supported women and children fleeting domestic abuse’ and 3) ‘Refuge provision for male victims of domestic abuse and lack of funding’. Cross-checking the third response ‘no provision’ and ‘no funding’ revealed the participant had already selected these options.

Q10) If your service uses assessment tools, please indicate which tools are used. (Choose as many as apply).

Table 36: Assessment tools used with men accessing support

<table>
<thead>
<tr>
<th></th>
<th>CAADA DASH RIC</th>
<th>Male Screening</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>26</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Percentage</td>
<td>100%</td>
<td>50%</td>
<td>23%</td>
</tr>
</tbody>
</table>

All respondents (n=26) used the CAADA DASH RIC assessment tool and 13 (50%) used the male screening/assessment tool. Screening refers to the process where service users are assessed to determine whether they are a ‘victim’, ‘perpetrator’ or ‘co-offending partner’ (Robinson & Rowlands, 2006). The male screening or assessment tool (as it is also referred to) was designed for use with men presenting as victims to DAS.

Other assessment tools used

Six (23%) participants cited the use of other assessment tools. Three responses came from the same organisation from each of their 3 branches across Wales.

Table 37: Other assessment tools used with men accessing support

<table>
<thead>
<tr>
<th>Other assessment tools used</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  [Own organisation] assessment of need</td>
</tr>
<tr>
<td>2  Floating Support Assessment</td>
</tr>
<tr>
<td>3  [Own organisation] assessment</td>
</tr>
<tr>
<td>4  Own referral and risk paperwork</td>
</tr>
<tr>
<td>5  [Own organisation] Assessment of Needs and Risk Assessment</td>
</tr>
<tr>
<td>6  [Own organisation] risk and needs assessment,</td>
</tr>
</tbody>
</table>
All six ‘other’ assessment tools used were respondents own “in house” organisation’s assessments.

Q12) Are there any services that are not currently provided in your area that you would like either your organisation or another service to provide in the future? (choose as many as apply).

**Table 38: Types of support services would like to provide**

<table>
<thead>
<tr>
<th>Service</th>
<th>Own organisation n (%)</th>
<th>Other organisation n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Counselling</td>
<td>9 (35)</td>
<td>2 (8)</td>
</tr>
<tr>
<td>2 Group work/ programmes</td>
<td>9 (35)</td>
<td>2 (8)</td>
</tr>
<tr>
<td>3 Internet/ social media</td>
<td>6 (23)</td>
<td>2 (8)</td>
</tr>
<tr>
<td>4 IDVA</td>
<td>4 (15)</td>
<td>1 (4)</td>
</tr>
<tr>
<td>5 Refuge</td>
<td>3 (12)</td>
<td>2 (8)</td>
</tr>
<tr>
<td>6 Legal advice/support</td>
<td>3 (12)</td>
<td>1 (4)</td>
</tr>
<tr>
<td>7 Floating Support</td>
<td>2 (8)</td>
<td>0</td>
</tr>
<tr>
<td>8 Other</td>
<td>4 (15)</td>
<td>1 (4)</td>
</tr>
</tbody>
</table>

Nine (35%) respondents would like to provide counselling and male group work programmes, six (23%) wanted to offer internet/social media support. Participants preferred to want to provide a new service themselves rather than another organisation.

**Other services respondents would like to provide**

Four (15%) respondents highlighted other services they would like to see provided.

**Table 39: Other types of support services would like to provide**

<table>
<thead>
<tr>
<th>Own organisation</th>
<th>Other organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Perpetrator programme</td>
<td>There are no refuge’s for men in the area.</td>
</tr>
<tr>
<td>2 Healthy relationship programme for men.</td>
<td></td>
</tr>
<tr>
<td>3 Money advice</td>
<td></td>
</tr>
<tr>
<td>4 Perpetrator intervention programmes</td>
<td></td>
</tr>
</tbody>
</table>

Two (8%) participants wanted their own organisation to provide perpetrator programmes; it was unclear whether respondents are referring to programmes for male perpetrators, female perpetrators or both. One response desired to provide a ‘healthy relationship programme for men’, the organisation to which the participant
belonged provided this programme to men aged 16-24 years but not to men above this age range.

Q13) From the services you do provide, are there any improvements that you would like to see based on the level of need?

Thirteen (50%) participants offered improvements they would like see offered to male victims.

**Table 40: Suggestions for improvements to services for men**

<table>
<thead>
<tr>
<th>Improvement</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To build up and advertise our services to men (only just started)</td>
<td></td>
</tr>
<tr>
<td>2. More sustainable financial resources to safeguard future delivery of service and to give security to clients</td>
<td></td>
</tr>
<tr>
<td>3. More timely Mental health provision</td>
<td></td>
</tr>
<tr>
<td>4. Further funding to increase staffing levels</td>
<td></td>
</tr>
<tr>
<td>5. A lot of legal advice required re child contact and separation from partner</td>
<td></td>
</tr>
<tr>
<td>6. Increased funding to allow for intensive support</td>
<td></td>
</tr>
<tr>
<td>7. We would like to have more Facilitators so that we can expand the service to other areas</td>
<td></td>
</tr>
<tr>
<td>8. Temporary supported housing for male victims Respect training for staff</td>
<td></td>
</tr>
<tr>
<td>9. Increased number of frontline support staff i.e. IDVA. MARAC co-ordinator funding.</td>
<td></td>
</tr>
<tr>
<td>10. Improvements re provision of a robust and free service for counselling accessible to male and female victims of DA in RCT</td>
<td></td>
</tr>
<tr>
<td>11. More information for male service users to access</td>
<td></td>
</tr>
<tr>
<td>12. Easy access to legal aid, provision of language support by support providers</td>
<td></td>
</tr>
<tr>
<td>13. More resources particularly IDVA and maybe specialist GBT service</td>
<td></td>
</tr>
</tbody>
</table>

Responses were categorised into three sections of desired improvements; resources, provision and promotion.

**Table 41: Summary of suggestions for improvements to services for men**

<table>
<thead>
<tr>
<th>Improvement</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resources</td>
<td>7 (27%)</td>
</tr>
<tr>
<td>2. Provision</td>
<td>5 (19%)</td>
</tr>
<tr>
<td>3. Promotion</td>
<td>2 (8%)</td>
</tr>
</tbody>
</table>

Seven (27%) participants wanted increased resources to facilitate; ‘expanding service’, ‘to increase staffing levels’ and offer ‘intensive support’. Five (19%) respondents desired an increase in provision e.g. ‘counselling’, ‘supported housing’ and ‘legal support’. Two (8%) wanted more information and awareness directed at men.
Q14) With regard to service provision for men who experience domestic abuse, is there anything you would like to add?

Nine (35%) respondents offered additional comments regarding service provision for men experiencing domestic abuse.

Table 42: Anything to add regarding provision for men

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Specific service to be provided in the North Wales area for male victims of domestic abuse</td>
</tr>
<tr>
<td>2</td>
<td>Domestic Abuse should not be considered as a gender issue - the support offered to all victims should be consistent. To date too much emphasis is placed on male/female differences - everybody needs to recognise that domestic abuse has no boundaries.</td>
</tr>
<tr>
<td>3</td>
<td>Men often like to contact by email and also privacy when speaking to someone</td>
</tr>
<tr>
<td>4</td>
<td>We are a very new service and I am aware of a need for myself and the partners involved in service delivery to gain a better understanding of identifying and supporting men who experience domestic abuse. Also to know what support is available for men.</td>
</tr>
<tr>
<td>5</td>
<td>More information to be made available to males</td>
</tr>
<tr>
<td>6</td>
<td>We would like two dedicated workers to provide this service</td>
</tr>
<tr>
<td>7</td>
<td>As IDVA intervention is short term, we would like to see long term interventions in place</td>
</tr>
<tr>
<td>8</td>
<td>A small proportion of identified male victims agree to accept support. Research needed to investigate why this is and what can be improved in order for numbers to rise.</td>
</tr>
<tr>
<td>9</td>
<td>BME male victims of domestic abuse find it extremely difficult to disclose the abuse due to feeling shame and embarrassed. There are no routine opportunities for men where they can disclose the abuse</td>
</tr>
</tbody>
</table>

5.2.1 Summary of findings

- The date range for the specific service information questionnaire was March 2013 – April 2014.
- The number of male referrals being received by DAS ranged widely from as little as 3 to as high as 634.
- From referrals received, 31% of respondents had an engagement rate of 50% or less.
- Police constituted the highest source of referrals (n=790).
- Self-referrals were the second highest source of referrals but represented a considerable drop (n=126 referrals) compared to police referrals.
- Referrals from social services (n=21), probation (n=15), health (n=9), drug and alcohol (n=1) and mental health (n=1) were particularly low.
‘Information not provided’ was the most common response in relation to male victims’ sexual orientation. Heterosexual men accounted for the highest number (n=355). The numbers of men identifying as gay (n=27), Bi-sexual (n=3) and Transgender (n=1) were much lower.

Safety was the most frequently identified need (n=499) and cited by 18 (69%) of respondents. Emotional needs were identified 311 times, financial needs 179 times and housing needs 148 times.

Refuge was the least identified need selected by four (15%) respondents but accounted for 62 cases².

The most common reason for unmet needs was ‘provision unavailable’ (n=11, 42%).

All respondents used the CAADA DASH RIC to assess victims risk status.

Thirteen (50%) used the male assessment tool.

Nine (35%) participants wanted to provide counselling and male group work programmes. Six (3%) wanted like to offer internet/social media support.

In terms of improvement, respondents would most like to see increased resources become available to them (n=7, 27%).

5.3 Phase Two - In-depth interviews

The following section presents the four master themes and 13 subthemes developed from analysis. Central to the analysis process was the aim to answer the research question: ‘What are the needs of men experiencing domestic abuse?’ The master and subthemes represent needs as expressed by the men in this study. The master themes are; a need for recognition (of male victims and the impact of domestic abuse on them), a need for safety, a need to accept the abusive experience, a need to rebuild. Master themes facilitate greater knowledge and understanding of the needs and experiences of abused men from their own perspective. Analysis identified a dominant, overarching master theme: a need for recognition (of male victims and the impact of domestic abuse on them) which all subsequent master themes were

² Whilst this may appear low, there aren’t 62 male refuge spaces available in the whole of the UK.
influenced by. Without recognition, participants were unable to recognise and accept their victimisation hindering the rebuilding and recovery process. Subthemes are not necessarily independent and will have similarities or common ground between and within each of the four master themes.

**Presentation of IPA results**

The presentation of results in this section has been informed by Smith *et al* (2009). A map and table of themes offers an overview of what was identified and illustrates the relationship between themes. Definitions of each master theme are provided. Extracts from transcripts constitute a large proportion of text and begin with a brief account/summary followed by the researcher’s interpretation. The aim is to provide ‘a full narrative evidenced by a detailed commentary on data extracts to guide the reader through interpretation, theme by theme’ (Smith *et al*, 2009, p80). Providing an account of the data, communicating a sense of the data and offering interpretations all work towards making a case for what they mean. The numbers presented after each extract represent the line and page number of the participant’s transcript. The evidentiary base should be transparent and the reader should be able to check the evidence and agree or disagree with interpretations.

To maintain the ideographic focus of IPA, this section presents an interpretive account of participants’ stories without any reference to existing literature. Findings are placed within the wider context in chapter six (Smith *et al*, 2009). A pen picture of participants (below) provides a brief summary of each participant experience and a participant summary table is provided at the end of this chapter.
### Table 43: Pen picture of participants

| Participant one | Participant one experienced domestic abuse from his previous partner who he says was ‘considerably younger’ than himself. He is registered as disabled due to suffering from Chronic Cluster Headaches which he takes regular medication for. He and is ex-partner have a young son who now resides with him. Prior to his illness rendering him unable to work, he was a successful businessman and well thought of. Throughout the interview was a distinct sense of loss. This related to what he had lost in terms of the stature his business afforded him and to how he felt now following his experiences with his abusive partner. His isolation throughout the interview was palpable. He has lost friends, lives in a very isolated area. The only regular social contact he appeared to have was with his elderly mother. He had experienced various what he described as ‘phases’ of violence that included threats to kill. His ex-partner was caught trying to buy a gun and paying someone to break his legs. Post-abuse continued with telephone threats and the police became involved for harassment. However he was left very disillusioned by the help he received from the police, he feels the same towards the family court system following poor experiences with CAFCASS. Throughout the interview he used words such as ‘weakness’ and ‘shame’ when talking about how it felt to open up and talk about his experiences. |
| Participant two | Participant two experienced physical, emotional, financial and sexual abuse. Emotional and financial abuses were dominant but he did not provide specific examples of the abuse he experienced directly. P2 was unable to disclose any details of the sexual abuse saying that he did not want to talk about it. This clearly still created very deep feelings of shame and distress. His primary focus throughout the interview was his children and it was a further physical assault to his son that was the deciding factor of him leaving, not the abuse he experienced himself. When he left he had no idea that help was available and instead presented himself and his children at the housing office as homeless. P2 had minimal expectations of support believing there nothing existed to help him and so has been overwhelmed at the support he did receive. His own abuse developed and escalated over time. He did not recognise domestic abuse and confided in no-one. Destruction was a key theme in P2’s account, he referred to having lost everything and having to rebuild a home for him and his children. He likened the impact to a ‘bomb’ going off and his focus was reduced to one of survival and little else. The impact of living with domestic abuse on P2 was evident through his manner and his tone of voice and he was still very much coming to terms with his experience. |
| Participant three | Participant three’s relationship appeared to have developed quickly from children to marriage in a short space of time. He described his partner as being “quite abrupt and very straightforward” but noted that this was part of her personality. He accepted her personality, that she had a quick temper and that was the way she was. He predominantly experienced emotional abuse that was not confined to their home but also outside their home. However this escalated to physical abuse where injuries sustained included bruising and a bleeding nose. Despite the physical violence, P3 said he wasn’t afraid. During the interview he frequently referred to his previous alcohol problem and seemed to use this to almost justify his ex-partners actions. At the point of interview he still appeared to be working through conflicts of his drinking and his ex-partners abusive behaviours. He did not confide in anyone, however, his sisters suspected abuse and approached him about it. It was his sisters who encouraged him to leave although he himself was still very much in denial about the seriousness of his situation. He did not recognise domestic abuse and without the advice of his sister would not have accessed a domestic abuse service. P3’s journey since he left the relationship has very much been coming to terms with and accepting his victimisation. The support from the domestic abuse service is helping him come to terms with and accept the seriousness of the abuse. However, through his use of language, there is still an element of P3 still not fully accepting or believing that it really was domestic abuse that he experienced. |
Participant four

Participant four was abused by his ex partner, her son and her ex-husband. He experienced various types of abuse: physical (by both his ex-partner and her son), emotional, psychological, financial and controlling behaviours. His relationship developed quickly with his partner at a time when he was particularly vulnerable following the death of his mother. It was his ex-partner who suggested she move in with him a day after his mother passed away. The impact of domestic abuse on P4 was evident throughout his interview. He talked about losing his identity and no longer feeling like himself. The controlling abuse he experienced was extensive, he was not allowed a key for his own home, his clothes were bought for him, he was not allowed a mobile phone, he was forced to destroy book/music collections that held real importance to him. The emotional and psychological abuse was extensive. P4 was abused as a teenager and he confided in his ex-partner but she used this against him, frequently calling him a paedophile in the street when he was going to work. Sex was used against him as was his mother’s death who his ex-partner said P4 was responsible for. He was repeatedly accused of having affairs. He worked long hours and was often denied sleep by having to do other household chores. His ex controlled the finances and his wages were paid into her bank account. P4 spoke of real fear following a serious assault from the ex’s son which resulted in significant injury (a double fracture in his cheek bone). In the midst of this abuse, his ex-partner was an active and highly respected member of the community involved with helping others. He did not recognise his experiences as domestic abuse. Clear in P4’s account was the determination to rebuild his life and recover the person he felt was lost through domestic abuse.

Participant five

Participant five was a young male in his twenties, described as having a mild learning disability by his support worker. Prior to living at the safe house P5 lived with his family and endured numerous attempts to force him to marry against his will. These attempts were perpetrated by numerous family members including his mother, sister and aunt although from P5’s story the abuse was predominantly perpetrated by his father and brother. In first attempt of forced marriage P5 was expected to go to Bangladesh and marry a girl of fourteen. Between that time and coming into the safe house now, P5 advised there were at least four or five further attempts to force him to marry. P5 was completely alone in his experience, whilst he had a brother and sister; it was only he that was being subjected to attempts of forced marriage. P5 did not experience physical abuse, however, his father and brother would become angry and verbally abusive when he would refuse to marry and P5 felt fear. He was also threatened to be taken to Bangladesh where black magic would be used on him. P5 told no-one and did not know about anywhere being able to help him. He eventually received the help he needed when he disclosed what was happening when he began accessing his jobcentre/employment office from here he was referred for support. Since receiving support P5 says he is much happier and expresses the chance to tell somebody as a ‘release’. However, he continues to worry about his family finding him. P5 says he felt angry and sad about his experiences and sometimes considered ending his life. He continues to be affected by the abuse. He has trouble sleeping and fears returning to his previous situation, having recurring dreams about his family chasing him. What was important to P5 is feeling safe and having someone to talk to.

Participant six

Participant six began his interview recalling a specific incident of physical abuse whereby he did contact the police but did not press charges. He was with his wife for 18 years and throughout that time experienced abuse but advised the abuse had escalated during the last 4 years with the last 2 being the worst. He experienced a range of abuse that included; physical, emotional and control. Throughout the years, P6 called the police once, he says that he could have called them a number of times and cites his reason for not doing so was to protect his wife. He did not want others to think badly of her. P6 experienced real conflict in his decision to call the police; coming to terms with the person he loved hurting him and a desire to protect her. P6 did not confide in anyone, only during the last 2 years did he access a domestic abuse service and disclose what had been happening. P6 would not have sought help (he didn’t know what help existed) without a mental health worker providing him with the information and advising P6 to go there. Before accessing the provision, he felt shame and embarrassment; he didn’t believe these services were for men. P6 also felt weakness at not being able to ‘sort his wife out’ or stop what was happening. P6’s help-seeking experiences have been extremely positive. He felt supported and believed by the police, the domestic abuse service and the safe house where he was staying. Being and feeling safe is important, so too is being able to talk freely without feeling apprehensive and fearful of how his wife might react. P6 feels safe in the safe house but is fearful of the time when he has to leave worrying how he will cope alone. It was evident from the interview that P6 had a long way to go before fully coming to terms with the abuse and be confident enough to live independently.
Participant seven was subjected to extensive control throughout his 11 year relationship and has been greatly affected by the abuse. He feels his life has been destroyed referring to this term on a number of occasions. He feels he has lost his identity and despite the support of the safe house feels he is a long way from recovery. P7 only confided in his manager at work who was understanding. The police became involved at the end of the relationship. They identified him as a high risk victim and referred him to MARAC. P7 had never considered that it was domestic abuse he was experiencing and even when identified and told by the police that he was a victim, struggled to accept his victimisation. He didn’t want to accept the woman he loved was an abuser. There were numerous and extensive abusive behaviours experienced by P7. From physical, emotional, control and manipulation. His wife had regular affairs that she blamed him for and he was made to feel that everything was his fault. Despite the abuse he still focused on wanting to protect and defend her to others and lost many friends and supporting relationships from doing this. P7 was angry with himself for allowing the abuse to happen, he felt he should not have put up with it. His upbringing was very much the ‘man the man’ and he is in conflict with accepting he was a victim. He felt shame and like a ‘wimp’ P7 talks about loss, both of his own identify and the loss of friends having to leave the area where he lived. The abuse continued after he had left with severe threats, the first refuge he accessed he had to leave as his ex located him. The blame he feels for allowing the abuse to happen was extensive. He self harmed throughout the relationship to punish himself and to help frame the emotional and psychological abuse. Following the relationship ending, he attempted suicide. He lived on the streets for some time before accessing the support of a domestic abuse service. Despite the support he is receiving, he faces a wait to access additional support and is on the waiting list for counselling.

**Figure 11: Map of master and subthemes - Male participants**
Table 44: Recurrent master and subthemes male participants

<table>
<thead>
<tr>
<th>Master and subthemes</th>
<th>Participant One</th>
<th>Participant Two</th>
<th>Participant Three</th>
<th>Participant Four</th>
<th>Participant Five</th>
<th>Participant Six</th>
<th>Participant Seven</th>
<th>Present in half or more of sample?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition</td>
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<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Impact of abuse</td>
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<td>YES</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>Men are victims too</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Awareness/Promotion</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Safety</td>
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<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Manipulation &amp; control</td>
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<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
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</tr>
<tr>
<td>Living in fear</td>
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<td>YES</td>
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</tr>
<tr>
<td>Abuse as a continuum</td>
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<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Acceptance/abuse</td>
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<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
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<td>Gender &amp; help-seeking</td>
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<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Avoidance &amp; denial</td>
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<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
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</tr>
<tr>
<td>Love &amp; relationships</td>
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<td>YES</td>
<td>YES</td>
<td>YES</td>
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</tr>
<tr>
<td>Rebuilding</td>
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<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>More support</td>
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<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Gratitude</td>
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<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Belief &amp; recognition</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

5.3.1 Definition of master themes

**Master theme one** – A need for recognition (of male victims and the impact of domestic abuse on them) represents two aspects: firstly that men need to receive greater acknowledgement from wider society, an acceptance that men can and do experience domestic abuse which can be extensive and cause real fear and harm. The second aspect is the need for recognition of the impact of domestic abuse including the physical and immediate and longer term psychological damage.

**Master theme two** - A need for safety describes the wide range of abusive behaviours experienced by participants. Abuse incorporated physical, sexual, psychological, emotional and financial abuse and coercive control. Participants were submerged in a relentless world of fear, unpredictability and manipulation. They were immersed within the control of their abusers and consumed with meeting the demands of their abusers. They would not have felt safe in either a physical or a psychological sense.

**Master theme three** - A need to accept the abusive experience explores participants’ inability to accept or recognise their experiences as domestic abuse. Gender norms and domestic abuse constructs hindered the ability to accept their victimisation
delaying help seeking. No participant sought the support of a DAS; all were directed by other professionals (police, housing, mental health) or in the case of P3, his family. This suggests participants needed the validation of others to confirm it was acceptable to seek the support; that their experiences were serious enough to warrant accessing a DAS.

Master theme four: A need to rebuild portrays the road to recovery for participants and their desire to move on and rebuild their lives post abuse. Participants were at different stages of the recovery process and some were able to identify additional support they needed whilst others were only just beginning to accept the abusive experience, their male victim status and the seriousness of their abuse.

5.3.2 A need for recognition (of male victims and the impact of domestic abuse on them)

A need for recognition from wider society of male victimisation and its impact is the overarching theme and is supported by three subthemes: impact of abuse, awareness/promotion and men are victims too.

Subtheme: Impact of abuse

This subtheme denotes the immense impact living with domestic abuse has had on six of the seven participants ranging from physical injury, psychological harm (immediate and longer term) and loss.

Still struggling with the longer-term impact, P1’s abusive experience centred heavily on loss:

She [ex partner] did so much damage. We’d lost all our friends over there, I’ve got no friends here anymore, er, because of the disease people don’t, they’re frightened of you because I’m a [age] year old, disabled, geriatric old fart with a [age] and half year old I am not the norm when I got to the kiddies toddler groups I’m the only bloke there eerrrrrr!! Do you get, get the drift? You know I am not normal, er, very very difficult for me and yeah, I feel very isolated, er, I feel very lonely (pause) er, to try and (pause) talk about it isn’t easy (13, 98:4).

Loss of friendship, loss of self-worth, the loss of a mother to his young son and the loss of a partner contributed to feelings of intense isolation. P1’s words presented a
negative focus of himself; he did not fit the “norm” and feared others perceived him the same. As an older single father his isolation was exacerbated; services are aimed towards mothers, towards the “norm”, towards the assumed/expected caregivers.

Loss of self-worth was mirrored by P2 who experienced relentless emotional and psychological abuse:

“You’re a loser, all of that stuff all the time every day for years (pause). Where does it leave you? It leaves you feeling like a loser you start to believe it (21, 96:7).

“You’ve had a bomb dropped on you, you know? If you set off a nuclear blast in your head and it just stayed in your head and a puff came out of ears then that would be it, but your brain would be destroyed, your mind would be destroyed, you just cannot think, all you can think is feed the kids, clothe the kids, shelter the kids (27, 134:2).

Comparing the devastation to a nuclear bomb illustrates the complete destruction felt by P2. He was left unable to consider anything other than the basic needs of his children. In the aftermath of a bomb the focus is on survival. P2 was driven by his desire to protect his children, not his own need to survive.

For P4, his whole identity and his individuality had disappeared:

Through those ten years my identity had been felt like to me slowly erased (1, 2:14).

Loss of himself was coupled with extensive injury from the abuse experienced. In the theme: a range of abuse, P4 highlighted the severe injury caused by his ex-partners son. Below he noted the injury obtained from his wife assaulting him with a Kendo stick:

She [ex-partner] smacked me straight in the face, um, my eye ballooned up within, I could see the lump in my eye in literally about half a second (18, 44:11).

Continually trying to second-guess his environment and his abusers intensified the psychological impact for P4. He compared his position to that of a social worker, trying to ‘analyse’ every eventuality. P4 felt no rest or reprieve from his abusers. The
impact of having to be continually alert was mental exhaustion and feeling on the brink of a breakdown:

I’d have to consider their situations first and like, like a social worker that’s what it felt like. I was, I was working in my own home, you know, I was having to analyse every single situation and it was draining and feeling myself mentally cracking coz I was losing myself and I had to be like that to protect myself and I knew I couldn’t keep it up (20, 44:40).

P5 had a mild learning disability and was the only participant of Black and Minority Ethnicity (BME). Responses to questions within his interview were much more minimal, often via one word or one sentence. The abuse experienced by P5 was not perpetrated by an intimate partner, his family and in particular his father and brother were his abusers. The abuse P5 experienced was in the context of forced marriage with several attempts to force him to marry against his will. Following interview, the researcher completed a reflective account (Appendix 37). P5’s transcript remained in the analysis as it raised questions regarding the needs of abused men who have learning/intellectual disabilities and the needs of BME male victims. P5’s interview is discussed using the same approach as other participants. However, excerpts are much more limited and include the interviewer’s questions/comments restricting analysis from the interpretive to descriptive.

The effect of abuse from his family resulted in feelings of sadness and anger for P5. His knowledge that the abuse was restricted to him only and not his brother or sister might have fuelled these feelings.

I: How did you feel about that?
R: Sad and that, angry

I: Sad, angry

R: Sometimes I wanted to end my life and that (5, 107:1).

The impact of persistent abuse meant P5 contemplated suicide as his only escape and illustrates the despair he felt during his time of abuse.
P6 desired affection from his wife but instead he was rejected and abused. He recalled his feelings of being denied even the slightest sign of physical affection and reassurance:

*Oh it felt terrible, she wouldn’t let me go near her, she wouldn’t let me put my arm around her anything like that, erm, she just won’t, she won’t let me get close to her* (2, 14:1).

There were longer-term health implications for P6 that he believed was a result of living with abuse:

*It’s just awful really, you know, I’ve got high blood pressure and I’m on blood pressure tablets and everything* (pause) (4, 34:3).

Similar to P2, P7 the impact of abuse was the complete destruction of himself:

*She [ex-partner] would feed that self-hatred of myself and it, it’s I think the only word I can use is soul destroying it really does destroy who you are as a person. You’re left with no self-esteem, no pride, self-worth nothing, you know, you exist and looking back now I can say I existed daily to do whatever she wanted whenever she wanted* (18, 28:30).

As a person he felt annihilated, completely destroyed. P7’s insecurities and self-loathing were used as another weapon to abuse. His self-loathing may have existed through repeatedly forgiving his wife’s behaviour and “allowing” her to treat him in such a manner. P7 believed his only purpose was to be completely subservient. As a consequence of the abuse, P7 self-harmed and made several suicide attempts.

This theme has highlighted the significant impact of domestic abuse on men. To name but a few, effects of abuse were of loss, despair, isolation, injury and destruction. All participants within this theme continued to be affected psychologically and faced an on-going journey to recovery.

**Subtheme: Awareness/promotion**

A lack of awareness/knowledge of male domestic abuse and provision magnified the isolation felt by participants. They felt utterly alone. The need here is promotion of the issue and of available support. Raising awareness and bringing the topic to the
forefront will provide men knowledge of the signs of abuse, the confidence to come forward, access the help they need and importantly, know they are not alone.

P1 felt disorientated; he did not know where or how to access support:

I didn’t know what I was looking for, I didn’t know where to go, I didn’t know what I needed, what I wanted, you are, you don’t know what exists, you don’t know how it exists (23, 174:1).

An inability to recognise his experiences as abuse (presented in the subtheme avoidance & denial) may have contributed to P1 not knowing what he was looking for. Without knowing what his experiences were at the time, how or where would he begin to seek out appropriate help?

Reflecting upon feelings when leaving his abusive relationship with his two children, P2 was also unaware of what support he was looking for:

I didn’t know what I was looking for I didn’t know what I was doing, I was just in a big spin my head was going round and round. I didn’t know where to go I was completely disorientated [...] It’s just absolutely overwhelming, it’s on the scale of, I don’t know a huge tidal wave rolling over you, you’re absolutely powerless, there’s nothing you can do you just know that you’ve gotta do this (10, 44:2).

Having made the decision to leave but not knowing where to go or who could help he felt completely bewildered and overwhelmed. P2’s reference to being overwhelmed and powerless was exemplified with his description of a huge tidal wave consuming him. The need to protect his children was his only motivating factor. Ironically, the evening prior to leaving, P2 had contacted police for advice:

I called the police and they advised me to leave and that’s it. I don’t feel safe in this house, this is what’s happened he’s [son] been attacked again and I said she’s given the little one [daughter] a lot of grief as well and they said well we can’t put you anywhere tonight (pause) but just go tomorrow, leave tomorrow in the morning and I said ok I will. They said don’t say anything to her whatever you do just keep quiet and when she’s gone to work just go (9, 36:13).
P2 was not afforded an option to leave immediately; he had to wait and continue to risk his safety and the safety of his children. Nor was he advised of any information of where to go when he did leave.

P5 had no knowledge of services that might have been able to help him:

I: Did you know where to go? To get help? Was there any adverts, posters or telephone numbers?

R: No (7, 129:1).

P6’s wife was receiving support from a mental health worker who provided him a leaflet about the DAS. Prior to this P6 had no awareness of available support:

Until I got the leaflet and I phoned them [DAS] up, I didn’t know [...] No, no it was only when I phoned them up and they told me where it was and, and then I knew where it was (15, 116:1).

I thought well the mental health teams asked me to go there, there must have been a reason why they wanted me to go there, so I just thought I had to go (17, 134:1).

If not for the awareness of the mental health worker, P6 would not have had the opportunity to disclose and access much needed help. A professional confirming to him that his experiences were serious; that help was needed and was available reassured P6 it was acceptable for him to seek help. This links to the subthemes gender & help seeking and belief & recognition.

P7 was unaware that men could experience domestic abuse. Prior to being identified as a victim his views and understanding had been formed upon the belief that only women could be victims:

The [police] officers I dealt with that night were well, you know, amazing. I’d never come across it before, I’d never even heard of male domestic abuse [...]. I can’t fault their professionalism but had she [police officer] come out right at the beginning and said “you’re a victim of domestic abuse we need to investigate this now”, I’d have just clammed up because I’d have thought there was something wrong with me (41, 94:12).
P7 felt very positive about the approach used by the police that helped him to identify his own victimisation. A lack of awareness of men as victims resulted in an inability to relate his own experiences to abuse, preventing help seeking and fuelling his isolation and belief that there was something wrong with him. Believing he was the only one, that there was something wrong with him, was touched upon several times throughout his interview:

*I felt like a freak, I felt like there was something wrong with me* (14, 22:1).

*I can’t fault [name of service] for what they did, they were very on the ball, very proactive and didn’t make me feel like I was weird or odd, because at that point I thought I was the only victim* (13, 20:22).

*I thought I was on my own until I came into the refuge service and met others. I thought I was the only person going through this* (40, 92:20).

P7 felt frustration that his abuser had never been reprimanded. He felt an injustice, believing the voices of abused men are easier to ignore:

*Unfortunately it seems like, you know, as victim our voices are quieter than those who do the damage in the first place* (5, 4:25).

...*there was no laws against what she did. Apparently, you can destroy somebody mentally, you can destroy them emotionally, and you can destroy them psychologically and you can get away with it* (45, 108:8).

P7 reinforces the devastating impact abuse can have. He felt emotionally destroyed. In spite of the damage his abuser caused she was not made accountable. The offence of coercive control might have been a charge the police could have pursued had it been available at the time.

This theme has raised the distinct lack of awareness and promotion that exists for male victims and service provision. Greater acknowledgement supports men to recognise their experiences, to not feel shame and work towards an acceptance that men can be vulnerable; they can be victims. Men need to be aware of services to access appropriate and timely support; which can only be made possible via a wider promotion of provision.
Subtheme: Men are victims too

Two participants voiced a direct plea for a greater acknowledgment of male victimisation.

Referring to a time when he had realised he needed help and called the police, the response was not what P1 had hoped for:

*I’d dialled 999, the police came and they threatened to arrest me and gave [son] back to her, said I’d been drinking and threw me out of the house* (7, 32:3).

Seeking help for victimisation led to assumptions of perpetration whilst a misplaced trust in the police meant a potentially dangerous outcome for his son. P1’s expectations of the police as a form of protection were unmet; he was not listened to or believed.

Another poor experience, this time from the family court, illustrates the uphill struggle P1 was faced with:

*They [CAFCASS] don’t look at what is best for the child and the best thing for a child is the stability for the child’s future. Their only aim is to get the child seeing both parents regardless of whether that is good or bad for the child. They are not an organisation that is looking out for the best interests for the child. They are looking at what’s in the best interest for a result for CAFCASS* (19, 150:3).

Concerns regarding contact arrangements for his son were ignored. P1 felt let down by the professionals tasked with protecting victims and children. Consequently, he believed men are ignored and not provided the same level of support as female victims.

*They [men] need exactly the same as the women. They don’t need to be treated any differently than the women* (pause). *Don’t forget we live in a land of equality but at the moment it’s the other way around, the women are treated the men don’t exist* (29, 218:1).

Being ignored implies something exists to ignore in the first place, but not existing suggests a complete absence of being. Referring several times to the ‘establishment’,

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3 CAFCASS is the Children and Family Court Advisory and Support Service.
P1 felt those within the establishment with the authority to make and influence decisions do not consider the existence of male victims.

Seeing no regard for abused men in existing legislation, P7 also struggled to see how those within the ‘establishment’ acknowledged their existence:

I think the biggest problem is most of these laws are directly aimed at female victims and the wording is for female victims (12, 18:3)

It’s not just women who are the victims [...] The laws are gender biased and until politicians address this and realise that there is huge problem out there and that they’re papering over the cracks to try and hide it [...] Something like 1.1 million men will be victims, that’s a huge part of the population who are being ignored. They’re too scared to come forward, they’re too embarrassed to come forward, too ashamed [...] I thought I was on my own until I came into the refuge service and met others. I thought I was the only person going through this (39, 92:12)

For P7, the lack of recognition attributed to his feelings of isolation, he was not aware that men could be victimised by domestic abuse. He believed he was the only one and felt ashamed of his experiences. The responsibility for increased recognition is placed on those with the power and influence to instigate change. Continuing to ignore and deny male victims fuels shame, isolation and fears to come forward and access the help needed.

A need for wider recognition of male victims from the police, the family courts and through legislation/policy has been presented within this theme.

5.3.3 A need for safety

A need for safety is supported by four subthemes shared across participant accounts. These are: a range of abuse, manipulation & control, living in fear and abuse as a continuum.

Subtheme: A range of abuse

A range of abuse was shared across six participants and portrays the extensive range of abusive behaviours perpetrated against them. However, leaving their partners did not mean an end to the abuse for everyone with some experiencing post-relationship
abuse. A range of abuse seeks an understanding of the multitude of abusive behaviours experienced by the men within this study.

P1 relayed two separate occasions (the first during his relationship and the second following separation) that included physical violence and a real threat to his life:

She [ex-partner] removed the car keys at 80, the ignition keys from the car at 80 miles an hour, she tried to jump out of the car, she was belting hell out of me, she pulled the handbrake on (pause) the, the instances of aggression and attacks. She got caught trying to buy a gun, she got caught paying somebody to break my legs (pause) she was violent and she has the ability to be very violent (5, 26:5).

The first aspect of his excerpt suggests P1 believed his ex-partner was out of control of her actions and highlights the high levels of physical abuse he was subjected to. He moves onto a time when his ex-partner was very much in control planning a violent attack. At this stage, P1 appeared to comprehend the seriousness of the abuse and accept his ex-partner was dangerous and capable of extreme violence.

P2 experienced a whole range of abusive behaviours from physical, psychological, financial and sexual abuse:

Sometimes it was very very physical as well. It was (pause) it was sexual abuse as well I’m not really gonna go into it but [...] there was that aspect of it as well [referring to sexual abuse] and that was partly psychological too. But I don’t really want to give you lots of detail of that its, erm, quite unpleasant (6, 26:1).

The physical aspect of abuse was emphasised, although throughout his interview, P2 provided little detail as to what the physical abuse would entail. He was unable to discuss the sexual abuse and this was the only stage of the interview where he referred to experiencing this type of abuse. Financial and psychological abuse frequently co-occurred. P2 felt he was being deliberately set up to fail, all too aware that the consequences of failing meant further abuse:

She [ex-partner] would say that I could have a certain amount of money each week, which was a pittance bit of money, and I was supposed to do more than I possibly could with it [...]. But then if I couldn’t run the car it was my fault and if I couldn’t do this it was my fault and if I couldn’t do this it was my fault and if I couldn’t do this it was my fault and it would lead to sort of berating and
arguing and more trouble at home. So it was a real catch 22 you know? (5, 24:1).

P3’s experiences culminated from subtle verbal abuse escalating to more extensive verbal and emotional abuse progressing to physical violence:

*In terms of the way that she spoke to me and the way she, in front of other people as well, she, she didn’t just do it when we were on our own (4, 24:1).*

*...the sort of verbal abuse and control and things that’s how it was for quite a while and then, erm, at the beginning of last year, that was when, that was when she started hitting me (11, 26:1).*

The first extract, identifies P3’s struggle when the verbal abuse and “put downs” were in front of others, suggesting an acceptance of the abuse when perpetrated behind closed doors. When others “couldn’t see”, it was easier to ignore, avoid and accept.

P4 had several abusers; his partner and her son whilst her ex-husband colluded with the abuse. The four shared a house secured through a substantial deposit from P4’s inheritance from the death of his mother.

*Violence was increasing, within that September I got a double fracture in my face, in my cheek bone, um, and had received a cut on my eye about a month before and I’d been punched a couple of times. Now the violence, that violence wasn’t brought on by my, by my ex-partner, it was brought on by her son (1, 2:8).*

The escalation of violence perpetrated by his ex-partner’s son was highlighted by P4 from the outset of his interview. Initially, P4 placed full responsibility for the violence to his stepson and was unable (or reluctant) to hold his ex-partner accountable. However, as his story developed it became evident that his ex-partner was as much a perpetrator as her son:

*She [ex-partner] used to say something quite regularly she’d, she’d call me a paedophile and she’d be shouting I’m a paedophile and I’m sleeping around in the street when I was going to work (11, 24:24).*
The public degradation of P4; naming him as a paedophile and cheat was a regular occurrence from his partner. P4 had disclosed he was sexually abused as a child but his disclosure was ridiculed. He was publicly accused of being a paedophile and P4 feared being labelled the same as the person who abused him as a child. Labelling him as a paedophile had the potential for serious abuse and harm from those who may have accepted/believed the allegations. The consequences of being viewed as a paedophile caused P4 to feel worried, distressed and afraid.

P6 considered how quickly a calm situation could become an abusive one:

_Sometimes I could and I’d try and avoid it but sometimes, erm, she would just, you know, sometimes if ever I was not eating me dinner or tea fast or fast how she wanted, she used to say “what’s up with the food?” and I’d say nothing and then the next minute she just used to get up and chuck the food at me [...]. There was nothing wrong with the food I was just taking me time and it was things like that she used to do to me and all the shouting was really bad. She just made me feel, erm, little, you know, and that, that kind of thing (pause) (20, 163:1)._ 

The control held by P6’s wife was clear. P6 lived in continued unpredictability, never knowing when he would inadvertently provide “justification” for the abuse. Initially, he attempted to excuse his wife’s behaviour instead blaming himself. As thoughts on his experience continued he attempted to reason with himself and began to resonate that there was no justification. From this point, he recalled how the abuse, coupled with ‘really bad’ shouting left him feeling belittled and diminutive.

P7 had begun the process of moving from blaming himself to identifying the abuse. Echoing P2’s account of being deliberately set up to fail, P7 felt no matter what he did he was always wrong:

_Everything I did was wrong, almost every time I opened my mouth it would lead to an argument. If I didn’t have the house spotless, if I hadn’t cooked dinner there’d be an argument if it was done, you know, half an hour later that it should have been there was an argument. No matter what I did I was in the wrong um the, the what you call it, the embarrassing of me would be worse as well, go out shopping and there was constant put downs in front of the staff (4, 4:4)._
Expectations and goalposts were continually moved and placed out of reach, ensuring they were impossible to achieve. Despite experiencing a host of abuses, for P7 the worst for him was abuse and belittlement in public. This resonated with P3 who accepted the abuse when perpetrated in private. Public displays of abuse and humiliation and not being seen to do anything about it, as demonstrated by P3 and P7, exacerbated feelings of humiliation and an inability to conform to masculine gender stereotypes.

_Two months after I left with the manipulation, lies still going on, she’d also been getting her friends to make online threats against me, um, and quite serious threats (9, 14:7)._ 

When the relationship ended, the abuse for P7 continued with threats to his physical safety. Feelings of safety did not return upon leaving the relationship; for some time post-relationship abuse via threats and harassment continued.

The range of abusive behaviours experienced by participants has been illustrated in this theme. To determine the needs of abused men, understanding the experiences that constitute abuse are vital. Building toward the master theme a need for safety, the theme serves to interpret individual experience and acknowledge that whilst experiencing any form of domestic abuse, the victim will not feel entirely safe.

**Subtheme: Manipulation & control**

Manipulation and control is another form of abusive behaviour. The decision to not incorporate this sub-theme into a range of abuse was a direct result of the extensive control and manipulation experienced by four participants. Manipulation and control extended to the manipulation of others outside the home, resulting in a lack of credibility for participants’ experience. _Manipulation & control_ depicts participants’ abuse as going beyond physical, sexual, financial and emotional abuse and demonstrates tactics used by perpetrators to maintain complete power and control.

An incident fashioned by his wife resulted in P2 being perceived to have mental health problems by his GP:
The doctor thought I was going crazy because that’s what my wife was suggesting to him and put me on anti-depressants [...]. She’d started spreading rumours round the village that the doctor in the village had examined her, her private parts and had decided that he really fancied her. So I went up to the doctors to say, you know, what’s going on let’s talk this out man to man and the doctor thought I was crazy and they put me on anti-depressants (4, 20:1).

Effectively ostracised, any opportunity to disclose to his GP were diminished by his wife’s manipulation and lead to his GP questioning his mental health. P2 approached his GP in a bid to ascertain his masculinity. P2 felt a need to do this that was coupled with his own self-expectations; to act and defend the honour of his wife. P2’s abuse took place behind closed doors and so the outward appearance of him being the strong, capable male may have been something he felt he had to uphold. However, his actions led to him being perceived as what P2 described as ‘crazy’ and uncertainty as to whether a disclosure of abuse would now be believed by his GP.

P4 was consumed with the controlling behaviours of his abusers and unable to make independent choices. For some, a television is a means to escape or a distraction from the outside world. Yet, for P4 there was no escapism:

I wasn’t even allowed a TV in my bedroom. If her son wanted to do something with me it was OK but if I wanted to do something it wasn’t. So I was kind of led by the son, he was in charge of the house (7, 16:1).

Moreover, P4’s ex-partner was perceived by others to be a kind and generous member of the community:

My ex-partner was a wonderful person and the work she did for the community helping people (pause) and just basically keeping busy, she kept me busy for so long that I never actually had time to put my feet on the ground and sit down or think (2, 2:23).

His ex-partner was a caring and helpful person, committed to helping those in need; a valued member of the community and a secret perpetrator. Despite his abusive experiences, P4 described his ex-partner as ‘wonderful’. He was manipulated into believing she was someone who was good and he wanted to be a part of that. Only looking back was P4 able to realise that he was consumed with meeting the needs
and wants of his partner. There was no time to pause and consider what was actually happening.

P5’s abusive experiences centred upon repeated attempts from his family to force him to marry against his will:

I: Ok. And what would happen when you said no?
R: They try different ways and that
I: So they’d try different ways. What sort of ways?
R: They buy me things [...] Food and that or clothes and that (13, 267:1).

P5’s experience of manipulation was less subtle and hidden, with his family being open about rewards of clothes and food if he did marry. Rewards are often used to encourage good behaviour from children and P5’s mild intellectual disability might have meant he was regarded more as a child than an adult member of the family. P5 identified the intent behind the bribes and continued to resist his family’s attempts to force him to marry.

For P7 the control from his wife was unrelenting, there was no reprieve, it engulfed his home and work life:

Every single break I was expected to ring. She knew that depending on the number of hours I was doing in a day whether it would be a 15 minute break or a lunch break and a 15 minute or lunch and two 15s. So I was expected to ring every break time and at the beginning of lunch and at the end of lunch just to let her know where I was and what I was doing [...]. I’d ring her at the beginning of the lunch and at the end if I didn’t there’d be string of text messages, you know, “I take it you’re not going to ring, I take it you’re not working today, I take it you’ve just lied about your shifts”. She rang the company a few times to make sure I was actually in work (8, 12:7).

P7 was required to account for every moment of his break time and was constantly monitored. He was all too aware of the consequences of not meeting demands; a tirade of abuse, accusations and on occasions calls to his employer. Not being allowed personal calls at work, his wife demonstrated the power and control she had
over him, if he did not do as she demanded; she could cause difficulty by ringing his employers.

This theme has illustrated the extensive controlling and manipulative behaviours perpetrated by participants’ abusers, all with the intent of gaining and maintaining power and control. In particular, there is a lack of psychological and emotional safety for those who would experience such behaviours. However, during the depths of such control participants would be unlikely be able to recognise a threat to their psychological safety; such a threat is likely to have remained unknown to them.

Subtheme: Living in fear

Living in fear encapsulates the real fear felt by five participants; a direct cause of their victimisation. Feelings of fear were felt during the relationships, for some, fear did not always end with the relationship and continued post-separation.

It was only when his relationship ended that P1 began to feel real fear. It was the unknown and not the physical violence from his ex-partner which ignited his fear:

_The physical abuse from [ex-partner] I could cope with (pause). When it became psychological abuse and threats and the threats were things that could be carried out by purchasing it from an unknown factor that became much more because it was an unknown, and I knew that it could be carried out and I didn’t know what I was looking for (16, 120:1)._ 

P1 being able to cope with the physical abuse is discussed within the following master theme; _a need to accept the abusive experience_. However, the extract here demonstrates that he was no longer able to “cope”. When he was with his ex-partner, he knew her; he felt familiar with the abuse and his abuser. P1 was not familiar with threats from an unknown source; this was something or someone he did not know. P1’s fear emanated from his belief that the threat was very real, he knew how dangerous she could be. His fear was exacerbated by not knowing how or when the threat could be carried out.

Fear was experienced by P2 during and post-relationship. P2’s fear was not for himself but for his children (and in particular his son from a previous relationship):
He [son] told me that he had been attacked again by my wife and that he hadn’t told me before because it would upset me and it did upset me. I went through the roof, it just made me completely afraid of everything again and I’d tried to settle things down but it, it was always that current there then. Once it’s there you can’t rid of it, you can’t un-ring a bell, you know, it’s there and it’s done and it never goes away, it just gets worse in my opinion and I just thought that’s it that’s enough nobody’s gonna do that to my kids (8, 36:3).

Feelings were focussed on his son who had disclosed another physically abusive incident perpetrated by his stepmother. P2 had tried to manage, tried to believe and convince himself that the situation with his partner had calmed down (possibly avoiding the truth). But he was faced with the fear of realising that it would never stop, it would never improve. The disclosure from his son and his realisation was the motivating factor in making the decision to leave with his children. However, leaving and no longer living with abuse did not mean his fear subsided:

I wouldn’t go out of the house, I wouldn’t go round town or anything. If I went round town I’d only go with my son and my daughter all of us together even to the shop. I was even scared to let my son go to the shop on his own for quite a long time (16, 70:3).

Following separation, P2 developed a heightened fear for the safety of his children. Consequently, this impacted on their social interactions with others and their freedom of movement. His anxiety accumulated into a persistent form where he described himself as becoming ‘hyper vigilant’:

It’s like that, you think that if someone’s gonna take your children away or kidnaps them or something like that and they make threats of that nature then you’re vigilant and eventually you become hyper-vigilant and when you become hyper-vigilant (pause) you’re not really approaching the subject very realistically but you can’t help it. If you’re hyper-vigilant then you’re always looking over your shoulder and somebody harming your kids will make you hyper-vigilant, there’s no way round it (16, 74:6).

The real fear felt by P2 was the potential for harm to come to his children which he perceived to be a very real threat post-separation. His fears consumed him. Reflecting back, he was able to consider that he was overreacting but was unable to
achieve any perspective on his situation. P2’s inability to protect his children whilst in the relationship heightened his need to protect them post-abuse. The impact of abuse is presented within the master theme: a need for recognition (of male victims and the impact of domestic abuse on them).

After a particularly violent assault from his ex-partners son, P4 was afraid of living in his home. For the first time he was able to see the abuse escalating. He linked his fear directly to the number of physical abuses perpetrated by his ex-partner’s son:

I said I had the fear of danger in my house and I could see it escalating, um, (pause) and, er, I had been hit quite a few times by my partners’ son. Now I did have fear (16, 40:1).

However, P4 felt uncomfortable with feeling afraid. To manage these feelings, he reasoned he needed to confront his fear “head on” believing the only way of doing so was to fight violence with violence:

I was thinking a few days before that I’ve got a fear and I have to get over it and so I gave him [partners son] an upper cut on the chin […]. I must admit I was quite happy I got a punch on him coz he’s good but I didn’t hit him hard it was only a tap and he reacted he stepped back and gave me a jab in the face. I have got glasses on, my eye cut and blood started pouring from my face and he ran off I went upstairs to calm down. Half hour later I went back into the back garden wanting him to come out coz I wanted to speak to him perfectly calm coz I was kind of relieved, you know, it was like I got over a fear […]. I realised I was free and I realised what I did was right and well, not right to hit someone but it was right for me at that time to get over that fear. (17, 40: 13).

Being bound by a fear was not a feeling P4 was prepared to accept and he chose to fight back. He expressed satisfaction from hitting his abuser, for a brief moment he was not weak, had had fought back and felt he had regained some status. Yet his attempts to confront and overcome his fear resulted in further injury and violence to himself. Nonetheless, P4 believed the physical damage was a price worth paying if it meant no longer being afraid.

P5’s experiences of fear were directly from his family's’ attempts to force him to marry.
I: *How did you feel? Being asked or forced to marry a younger girl?*
R: *Scared and that (2, 25:2).*

Whilst there was no physical violence, his father’s temper and verbal abuse/threats were enough to make him feel afraid.

R: *Dad tried to force me [can’t distinguish]*
I: *Sorry?*
R: *Temper, angry*
I: *His temper? Ok was there any so did he ever hit you or?*
R: *No*
I: *Was there shouting?*
R: *Shouting*
I: *A lot of shouting? Ok and did you ever feel scared?*
R: *Yeah*

The fear P5 felt was exacerbated by the threat to take him to a country where he had never been, that was unfamiliar to him and to use ‘black magic’ on him:

R: *Put black magic on me*
I: *Sorry?*
R: *Magic on me*
I: *Magic?*
R: *In Bangladesh (14, 290:1).*

P6’s fear stemmed from the unpredictability of living with abuse on a daily basis:

*You never knew what, what she, she drunk a lot, um, you never knew what mood she was gonna be in and when each day like, you know, one she could be ok then she’d just turn (2, 16:1).*

*I was just scared of her all the time coz I didn’t know how, how she would be from day to day, you know, erm, sometimes she was ok, sometimes she’d just turn on me and you just didn’t know what was going, was going to come at you (21, 167:1).*

Living in fear meant P6 felt a constant heightened state of anxiety. Feeling fear and uncertainty on a daily basis, never knowing what to expect, how his wife was going to be. ‘All the time’ and ‘day to day’ suggests he felt no reprieve from these feelings and is likely to have felt mentally drained and exhausted.
Living with feelings of fear to safety is emotionally draining. A psychological feeling of safety, of being safe and secure away from harm was not afforded to the participants. Home is where we consider we are most safe, but for participants home was a place of abuse and fear and uncertainty.

**Subtheme: Abuse as a continuum (blame, unpredictability)**

The abuse experienced by four participants represents relentless feelings of blame and unpredictability. Accusations, blame and guilt were all used to place responsibility for the abuse firmly on the shoulders of participants.

The continuum of blame and humiliation he was subjected to throughout his relationship was raised by P2:

> You hear it so many times you’ve done this wrong, everything you’re doing is wrong, what you’re doing is wrong, wrong, wrong, wrong, wrong, wrong, not right, wrong. Everything you do is wrong. You’re crap, you’re a loser, all of that stuff all the time every day for years (pause) (21, 96:5).

P2 was repeatedly told he was a failure; he was useless and nothing he did was right. These behaviours were not a one off occurrence, they were persistent and perpetrated with the intent to cause harm and distress.

Abuse as a continuum is represented by the unpredictability P3 lived with from his wife’s reactions:

> Because I didn’t want to have to turn around and say to her I don’t want to do that because I was, you know, I’d be thinking God I got, I got no idea how she’s is going to react to that (9, 40:1).

> I think like I say looking back because maybe that just made things easier for me because that meant that I didn’t have to confront her about things. And whenever I did confront her about anything, it was, it was a major, it was major thing (9, 42:12).

The solution for P3 was to avoid any potential confrontation with his wife. He feared the repercussions and subsequently developed avoidance tactics. Becoming compliant, avoiding particular subjects meant a reprieve from the abuse. Yet, it was not a reprieve from his continued need to be continually aware. Questioning his
wife’s reaction was a recurrent concern that created instability and uncertainty impacting his psychological safety.

P6 was the only participant who accessed a DAS whilst in his relationship. He was encouraged by the DAS to report incidents to the police. However, when he eventually did, he was continually reminded and blamed by his wife as being the cause of her arrest:

*She [ex-wife] tried to make me feel awful coz I phoned the police up but, um, I just had no choice then, I think it was going getting out of hand (6, 50:8).*

*She never forgive me for it [calling the police] and every day she would say about the police and if it, if a police film come on the telly [...] she said that’s where I, where you put me and all this (12, 110:3).*

Continually reminded of his betrayal, every available opportunity was used by his wife to place responsibility and blame onto him. Despite separating from his wife, P6 continued to accept elements of blame, attempting to reason with himself that he had no other choice but to report her. Contacting the police on the advice of the DAS resulted in additional blame and manipulation.

Blame was used as justification for the numerous affairs P7’s wife had:

*Every time she had an affair there’d be massive arguments, make me feel guilty and then when the affair had finished she’d then turn on the charm again um, blame me for it if I felt guilty. So I’d go back and then [she would] tell me what I had to do to change, what I’d done wrong, why I had to change, what she wanted different in me (6, 6:6).*

P7 was manipulated to feel guilty and to believe that his shortcomings were justification for his ex-partner’s affairs. He was the one who needed to change which further intensified his humiliation and his failure as a husband and a man.

*I’ve broken a fair number of light switches where I’ve misjudged where I was punching (laughs). Punched a light switch instead and actually broke the light switches on the box behind them just because I wanted to feel something you know? I needed to hurt too because the way she made me feel that I’d done something wrong. I thought I’d caused the argument that I’d done this, I’d done*
that, I’d done the other. I suppose a way to punish myself was she hurt me mentally, she hurt me inside, I could hurt myself physically (21, 34:10).

The response to continual blame was self-harm. P7 was manipulated to believe he was a failure and that everything wrong within his marriage was his fault. The emotional turmoil he felt was something he was unable identify with. Feeling physical pain helped him relate to the anguish and confusion he felt inside.

This theme has presented abuse as a continual process; the abuse is perpetrated, the victim is blamed, abuse continues and the process is sustained. A culmination of control, manipulation, abusive behaviours, fear and victim blaming meant the pattern was a difficult one to break free from. Together the emergent themes; a range of abuse, living in fear and abuse as a continuum (blame, unpredictability) represent a lack of physical and psychological safety for the men within this study.

5.3.4 A need to accept the abusive experience

The master theme represents a need for participants to be able accept and relate their experiences to domestic abuse and is supported by three subthemes: gender & help seeking, avoidance & denial and love & belonging.

Subtheme: Gender & help seeking

The concept of gender and the expectations of what being a man entails weighed heavily on participants’ ability to be able to disclose and seek help for the abuse.

P1 went as far as to say the idea of a man seeking help and admitting abuse from their female partner is as shameful and degrading as a woman talking about being raped:

It takes so much for a woman to talk about rape and being raped (pause). You’re breaking a bloke down, you’re going into the same area of a bloke [...]. Blokes aren’t perceived to be weak, they, they can’t, the male persona is perceived to be strong and this is a perceived weakness [...]. A bloke can’t possibly admit that a woman can do that to him, a woman doesn’t want to be perceived that she’s weak enough to let a man do that to her, er, and its more to do with the psychology than the physical act. (14, 100:1).
The act of rape is a violation and one that many women do not disclose for fear of blame and disbelief. Disclosing abuse, P1 felt violated, sharing the same concern that he may not be believed. To admit that as a man you have experienced domestic abuse was for P1 a serious weakness; he defied the societal expectations of male gender. He believed that women are unequal and are the weaker sex. Therefore, the notion of a strong capable man evaporates upon divulging abuse perpetrated by the “weaker sex”.

P2 shared a similar view to P1. His perspective of men as the stronger dominant sex created an enormous invisible barrier that he had to overcome before being able to admit he was being abused and to accept he needed help:

[Help seeking is] A massive barrier, yeah I’d say it wasn’t a barrier, I’d say it was a cliff about 2000 feet down. Massive, you know, from a male perspective (pause). A women getting the better of you as well is very, very difficult for a man in the sense of, you know, calling an abuser a man, a man can accept that he’ll abuse a woman because we are meant to be sort of ruffy toughie and all this. But then a woman can abuse a man and he can be abused by the weaker sex and can’t stand up for himself or fight for himself (28, 146:1).

P2 believed it is more acceptable for women to be abused by their male partners than the other way around; men are expected to be ‘ruffy toughie’. However, for women to abuse a man and for a man to let himself be abused was very wrong. P2’s perceptions of domestic abuse and gender were turned on their head. The concept of help seeking was compared to being on the edge of a huge cliff looking down; a huge and terrifying notion. He feared help seeking would endanger his male status, that his inability to protect himself meant he risked being labelled weak or inferior.

The threat to masculinity and gender norms from admitting and accepting the experience of victimisation was echoed by P3:

There’s this whole male thing isn’t there about guys are strong and guys you know tough it out and we don’t, we don’t say much coz we not very emotional and we keep our, you know, and we carry on and all that sort of thing [...]. Maybe its seen as kind of like, that sort of weakness on men’s part and that maybe they don’t want people to know that their wives or girlfriends knock them about because, you know, [...], because it is naturally the other way round
That’s traditionally, I wonder whether men might feel that way, they might feel kind of, I want to say emasculated (42, 165:7).

P3 referred to the stoicism of men, they are tough, conditioned to be strong not emotional like women. Accepting victimisation meant no longer sharing the qualities associated with being a man. P3 reaffirmed “traditional” domestic abuse norms that it is men who abuse their wives/partners. Male victims defy those norms. Using the term ‘emasculate’ suggests the impact of acknowledging you are an abused male can be substantial, one that eradicates the very essence of a man’s identity and his position in society.

Thinking about his childhood, P4 recognised the occurrence of social conditioning according to gender from a young age:

I’m from [name of place] and it’s always been a bit of, erm, you know, you just get on with it [...]. When I were a lad we used to have to eat broken glass and duh duh duh (laughs) dad used to thrash us, you just be like, just get on with it [...]. You’ve had the worse day of your life, you know, [name of place] expression sorta say you alright and you go yeah yeah fine and you make a joke and you’ve just had the worse day in your life. That’s what I was doing (25, 64:1).

As a child he was expected to cope with tough times and a beating from his father was the norm he did not complain about he just got ‘on with it’. The views instilled in him coupled with his past experiences were used to avoid accepting his victimisation. Gender norms associated with his upbringing and how he was expected to behave meant P4 hid his true feelings and used humour to make his reality. Childhood experiences were used as a comparative; if as a boy the expectation of masculinity was to deal with abuse and hardship, then as a man that expectation was even more pronounced.

P6 referred to the internal conflict created from being afraid of his wife and accepting he needed to seek support:

It’s hard really coz being a bloke you shouldn’t be scared of your wife really and, and that’s another thing what, you know, should I go to these places [DAS], you know, is it right for me to go to these places? As a man going in, you know, a woman went to that place fair enough but a man, a man should be able to sort his, his wife out but I just couldn’t (24, 179:3).
To receive the support he needed P6 had to accept he was being abused, accept he was afraid and that he needed support. He then had to suffer the indignity of accessing a service he knew was meant for women. In P6’s mind, it was acceptable for women to seek help for abuse, but for him to access ‘these places’ left him feeling weak, vulnerable and exposed. He felt he should have been strong enough to stop the abuse.

Similar to P4, P7 revisited the stereotypical values instilled upon him throughout his childhood:

> I grew up in [name of area] where the mentality is the man’s the man and the women’s the women and yes, it is a very sexist upbringing and suddenly you don’t want to tell anybody that your wife was the way she was, that, you know, she’d rip you to pieces, she could make you feel like something on the bottom of your shoe, um, that she was violent, that you couldn’t defend yourself (14, 22:1).

P7 acknowledged his upbringing maintained traditional “sexist” views of how men and women should behave and that women are unequal to men. Allowing himself to be abused, humiliated and made to feel worthless by a woman meant P7 was defying the characteristics of a man. His inability to defend himself was the root cause of his reluctance to disclose.

This sub-theme has consistently demonstrated the impact of gender norms and stereotypes on participants’ ability to accept their victimisation and need for help. The foundations and perceptions of gender are deep rooted. Thus, for participants seeking help acknowledging abuse posed a real threat to their whole construction and meaning of masculinity. Accessing support meant they had to deny their own established norms and the established norms of society and face potential ridicule/shame for admitting they needed help.

**Subtheme: Avoidance & denial**

Living in denial that the abuse was serious, that they could cope and that seeking help was unwarranted was a thread that ran through four participant interviews.
Describing incidents of physical abuse as ‘phases’, P1 suggested he did not perceive them as serious or long lasting. With his help, he thought he could support his ex-partner overcome her addiction and violence:

*She went through phases and sometimes those phases would get quite violent but she’s, she was very slight and thin and erm, the violent side I could cope with relatively easy, er, the alcohol side I could cope with and we’d talk. She’d have (pause) sessions, she was drinking [...] and she would get aggressive, but I could protect myself* (1, 2:16).

Despite these ‘phases’ becoming violent, P1 was keen to express that he could cope with the violence. This overlaps with his notion of gender, he was the stronger male and his ex-partner was ‘very slight and thin’. Despite the violence and aggression he was able to protect himself. P1 resisted fully accepting his experience as serious abuse.

In spite of being confronted by his family, P3 continued to deny the seriousness of his abuse. Using avoidance as a strategy, he used his time as a rugby player as a comparator to the injuries his wife inflicted upon him:

*I mean one of the other things I used to say, coz my sisters, you know, said to me about, about her hitting me and one of the things I used to say was “oh I used to play rugby and I had far worse things happen to me on a rugby field”. So it was another kind of coping thing and another way of explaining things away* (13, 53:15).

Here P3 reasserted the stereotypical male role of playing in an aggressive high physical contact sport where injury was inevitable. If he could withstand the injuries sustained in a game of rugby, then in comparison an injury from his wife was insignificant and harmless. Furthermore, physical injury sustained through playing a masculine sport was much more acceptable than physical injuries sustained from being assaulted by his wife. At this point, P3 began to recognise that his excuses served to avoid the truth of what was happening.

When P4 first accessed help it was because he was homeless and not because he had accepted or recognised his victimisation:
You had to go to housing and you have to say your situation. Now I didn’t consider myself to be domestic abuse [...] So I said my situation and of course they [housing] asked me questions then so I elaborated that I, I didn’t say the details and they put me down as being in an abusive relationship, that I was in danger and I never considered myself to be (24, 62:2).

However, in order to access housing provision, P4 was required to disclose the reasons why he had intentionally made himself homeless. His experiences were identified as abuse and his situation dangerous. P4 reiterated that he had not considered himself to be in an abusive relationship. Even at the point of being identified as a victim, he still struggled to accept his status.

Although P7 had experienced 11 years of abuse, at no point did he consider he was a victim. The realisation of his victimisation only began once the police had identified him as a victim at high risk of serious harm:

*I didn’t actually think I was a victim until it was pointed out to me I was a victim and then when I looked back over 11 years of marriage I realised I’d been a victim from day one* (1, 2:1).

Nonetheless, the process of accepting his victimisation was difficult and he continued to hope that a mistake had been made, that the police were wrong, that it could not be true:

*I was even still at that point, was still hoping that, you know, it wasn’t what the police had said, that it wasn’t that way that, you know, they’d made a mistake they were in the wrong, um* (28, 58:4).

The hope of mistaken victim status was a consequence of not just denial. P7’s reluctance stemmed from not wanting to accept (or believe) the woman he loved was capable of perpetrating harm and with such intent. The process of acceptance is linked to a desire to be loved and is discussed within the next theme.

The act of acceptance and no longer denying themselves as victims is one that requires recognition of what constitute abusive behaviours and recognition that all forms of abuse are serious and unacceptable.
Subtheme: Love & relationships

The desire for love and to be part of a relationship overrode potential warning signs and contributed to denial and hiding abuse. Participants did not want to accept or believe the woman they loved was the person who had hurt them the most and was an abuser.

The result of living with a debilitating illness meant P1 had been living in solitude prior to meeting his ex-partner:

*I’d just had three months um where I’d gone chronic with my, er, brain disorder [...]. So I was just starting to go out again and [ex partner] had just come back to the UK after 10 years abroad and she’d spent three months in an enforced coma for alcohol abuse (1, 2:5).*

A new relationship developed very quickly following a period of illness for them both. From the outset of the interview, P1 made connections; they had both spent three months recovering and both were beginning to socialise again. There was a sense that upon meeting one and another, P1 felt a shared connection which he used to justify the relationship.

P3 appeared to continually negotiate with himself when he referred to the initial stages of his relationship with his wife:

*Initially she was kind of, she was quite placid, well she wasn’t placid but she was alright and like I say I put her behaviour down to the fact that, that’s kind of the way she is with everybody. Coz I had seen her be like that with other people and of course people who knew her quite well it was ok, but she could be like that with somebody who she had just met (5, 28:1).*

Using a comparator helped P3 avoid considering that his wife’s behaviour was not acceptable. Verbal abuse was not restricted to him which helped him to avoid the reality of his experience. Although for P3, he experienced more than verbal abuse. P3 began to realise that his wife’s abusive behaviour was not just restricted to those with whom she was familiar.

P4’s relationship developed very quickly at a time when he was particularly vulnerable:
I knew her six months before we actually had a relationship but my, erm, mother unfortunately passed away she committed suicide, um, through to, er, bad family matters and (pause). My partner then the person who came to me, um, literally came a day after to me and said she wanted to move in with me (pause) which I did say it’s a bit soon, you know, but (pause) I said give it a couple of weeks. I gave it a couple of weeks and she moved in. It was all rollercoaster, all very exciting (1, 2:17).

The speed of their relationship was justified by the time in which P4 had known his abuser. Yet the manipulation from his ex-partner was evident, he was approached the day after his mother’s death. P4 attempted to question the haste but was conflicted by the excitement of a new relationship. The desire to be loved, the excitement he felt and the vulnerability of losing his mother meant P4 was unable to recognise the manipulation. When asked how he coped with the abuse, he replied:

*Oh that [coping] was quite difficult, um, I was like I said I was happy because I thought I’d found someone who I could be with for life (21, 48:1).*

Coping was difficult and despite the range of abusive behaviours perpetrated against him, P4 rationalised that everything was ok, he was happy and he was with the woman he loved.

P6 struggled with feelings that he had betrayed his wife by disclosing the abuse:

*It’s not easy to, you know, talk about, you know, the woman you’re supposed to be in love like and telling them [DAS] everything what was going on and it, erm, it does get you upset about it (15, 122:1).*

To access support, P6 not only had to overcome his internal conflict with masculinity and help seeking but also the distress of betraying the woman he loved. Throughout their 18-year marriage he was his wife’s carer, his role was to love and protect her. However, disclosing meant he was no longer her protector. He worried believing he was responsible for her having to cope alone now that he had left. P6 felt disclosing the abuse was a betrayal to his wife and throughout his interview had to reassure himself on several occasions that seeking help had been the right thing to do.
...erm get upset (pause) you know, how [ex-partner] is like, how she’s coping and I shouldn’t really be getting upset like that but I do, I just care about her (29, 209:3).

The desire to protect their abuser was raised by P7:

*An officer went through or she was just asking random questions and I was still trying to defend my ex, still trying to be the husband, you know, be the one who won’t speak outside the marriage* (3, 2:43).

Protection and denial was linked to traditional expectations of the husband as protector. P7 continually defended his ex-wife’s “honour” to the police and others around him. A consequence of repeatedly denying and defending was isolation from sources of support:

*No matter what she did I’d forgive her for it I’d defend her. I’d fall out with people just to protect her* (18, 28:17).

Protecting his wife at all costs, forgiving his wife ‘no matter what she did’ demonstrates P7’s need to be loved and his hope that the relationship would improve.

*Love and relationships* represent the shared desire amongst participants to be loved and to have meaningful relationships with those they loved and cared about. The three subthemes discussed here support the need for abused men to accept their experiences. Denying and avoiding what was happening through either gender norms and subsequent feelings of shame and weakness, an inability to recognise their victimisation or simply through a longing to love and protect their abusers, meant participants lived with abuse for lengthy periods, delaying help seeking and exposing themselves to continued harm and risk to their safety.

### 5.3.5 A need to rebuild

A need to rebuild represents a need to move on from the abusive experience. Three themes: *more support, gratitude* and *belief & recognition (that male DA is serious)* each illustrate what was important to participants to aid them to move on and rebuild their lives post-abuse.
Subtheme: More support

Participants identified a need for additional support, not necessarily provided by the DAS they had accessed. They felt additional support would help them to recover fully from their own abusive experiences and help others.

P1’s support had come to an end, he was no longer at risk. However, he was a long way from fully recovering. His experiences of loss were still very real:

There’s still a lot needed to, there’s still a lot missing in our lives because bear in mind, I hadn’t lived here for thirty years. I’ve been away for so long, all over the place and yeah I’m [age] now, I’m [age] disabled, I’ve got a [age] year old son. When I move up to the mountains each day at half past six, I’m isolated, I don’t know anybody up there, nobody (12, 86:1).

To ensure his safety, P1 had to return to an area he had left many years ago. He now lived in a very isolated area, not knowing anyone and felt completely alone. He viewed himself very negatively which was exacerbated through his sense of loneliness and lack of opportunity to create social relationships. P1 would have liked more support to help him create positive social networks to reduce his isolation.

During his 10 years of abuse, P4 felt a large part of his identity was lost. Attempting to look towards the future, he was seeking out additional support that he believed would help him to rebuild the person he once was:

I’ve just yesterday I signed up for counselling and I went to the and I self referred myself to the alcohol and drug abuse coz I could feel myself slipping and they said that’s really good that I recognised it which was, Yaay (32, 82:3).

P6 was very positive about the support he received from the male refuge/safe-house. P6 believed more of the type of support that he had benefited from should be available to other abused men:

I think more, more of these places definite [...]. Safe houses, probably more around, you know, different places like coz, erm, I think, I think it’s a fantastic idea coz I didn’t even know there was a men’s refuge and I think, I think there should be more [...]. Get more staff in to help to us, support us like yeah, yeah (30, 215:1).
P6 was not aware male safe houses existed. The need for more information regarding existing support links back to *awareness and promotion*. For P6 to access the safe house, he had to move away and leave friends and family. This factor may have been linked to P6’s desire for more safe houses in ‘different places’.

*I didn’t want to come up here [area] actually, erm, I said no its too far away from me family and that and well she said this is the only places where there’s a safe house* (13, 112:10).

Having more safe houses would have empowered P6 to have greater choice about where he could go to be safe and access the support he needed.

P7 was keen to try and move on and begin to rebuild his life from the destructive impact of 11 years of abuse:

*I think its coz I feel I’ll be quite honest I feel let down, um and its petty little things um (pause) things like, you know, waiting all this time to not have any counselling* (33, 76:1).

P7 also experienced childhood abuse. At the time of interview, he felt ready to begin working through his negative experiences and was keen to access counselling to support him with this process. However, waiting times to access counselling was hindering his recovery and his disappointment was acutely evident.

*It’s just a case of playing the waiting game and hopefully I don’t fall to pieces in the meantime* (35, 80:28).

Despite being ready to begin to rebuild his life, a lack of service provision meant it was something P7 had to wait for.

Participants were all keen to move on with their lives. However additional support was needed to achieve their goal. The availability of additional service provision would create more choice/options and facilitate a more holistic approach to recovery for participants.
Subtheme: Gratitude

Gratitude draws attention to the extensive amount of appreciation participants felt for the support they had received. At times, during interviews, gratitude was overly evident. This appeared to evolve from a lack of knowledge about male victims and available support. For some participants their expectations of provision were non-existent. Hence, when provided specialist support, they were overwhelmed and extremely grateful. This theme cuts across ‘awareness/promotion’ but has been included within this master theme. Without the help received, the process of recovery and rebuilding could not have begun.

Accessing the support of the DAS afforded P1 the first opportunity to tell his story and to be listened to. This was in stark comparison to his initial attempt to seek help from the police where he was the assumed perpetrator:

That’s when the story started to get told (pause) (11, 72:4).

P1 was extremely grateful for the opportunity to talk about his experiences and to receive support that he did not know existed:

[Support worker] has been absolutely unbelievably superb and you can see how much [son] thinks of her [...] and I think of her I, she’s just absolutely, I couldn’t have done, she’s helped me so much. (12, 82:1).

P1 desired to “give something back” and was his way of further demonstrating his immense gratitude and appreciation for the support:

The whole crowd at [DAS] want applauding, they want backing and they need more funding and they need their role model expanding and the, the way that they deal, [support worker] in particular coz she specialises with males, erm, and any support I can give them I will always give them (22, 168:1).

A desire to demonstrate appreciation for the help received for both himself and his children was mirrored by P2:

Having [support worker] to help me really made such a difference in my life and the life of my children and I can’t thank her enough. I bought her a bunch of flowers because I think she was marvellous but (pause) it’s the least I could do (22, 100:2).
We thought we’d be doing is camping in a field somewhere until we got things sorted out but that didn’t happen we got a lot more support than that. We got a house, we got a kitchen, we got beds and everything and we got the emotional support too (14, 66:3).

Expectations of support were non-existent for P2, consequently the help he received overwhelmed him. P2 was provided the practical tools and emotional support to begin to rebuild a safe and secure home for him and his children.

P4’s gratitude extended to those who identified his abusive experience and his need for specialist support and the DAS:

There was, er, psychiatric doctor I think called [name of doctor] and she’s the one who recognised me to put me in this place, you know, and she was really brilliant and supportive as well (26, 66:11).

You know so that, that’s what [support worker] did, you know, she does listen, she’s brilliant (38, 104:1).

The value P4 placed on the support he received was unmistakable and was a direct contrast to how he was treated by his abusers. He was listened to and supported, he was significant and his experiences were important.

Being listened to, no longer hiding the truth and like P4, being regarded as a valued individual was the type of support P6 felt privileged to receive:

They [DAS] was, they was so good with me and all this, you know, and they listened and they gave me hour session every week like and well they said I could go whenever I wanted but, erm, [...]. They was I must say, they was fantastic with me (13, 112:3).

‘An hour every week’ suggested that for P6 the time he spent in the DAS was a reprieve from the abuse. This was somewhere he could go where he was not made to feel useless, he was welcomed, valued and encouraged.

P7’s gratitude was evident when he considered the alternative:

I consider myself very lucky to actually have a refuge place, you know. If [name of refuge] weren’t there for me then I don’t know where I’d be now, well I do, I’d probably be back on the streets again (12, 18:13).
P7 was aware of a lack of service provision for men like himself. He deemed himself one of the lucky few to be afforded an opportunity to access a safe and supportive environment. Without the safe house, P7 believed he would have been homeless where survival, and not rebuilding, would be his only focus.

The positivity related to receiving support is important; it was the support of specialist DAS which enabled participants to begin their journey to recovery. However, the underlying issue is one of low expectations that impacts help seeking and disclosure. Believing there is no help available fuels the reluctance to come forward in the first place. The need to rebuild can only be met once support has been accessed and further highlights a need for ‘awareness/promotion’ of male victimisation and available provision. As victims of crime, we might expect or assume particular services or support to be available to us; to be listened to and to be believed by those you sought help from (police) and receive ongoing support (victim support, police liaison officer). However, none of these assumptions were afforded to participants; they believed there was nothing, that they were completely alone.

**Subtheme: Belief & recognition (male domestic abuse is serious)**

Accessing support meant participants were believed helping them to accept the seriousness of their experience. Without validation, without recognition (of abuse) and without accepting their experiences as serious, participants would have difficulty rebuilding their lives. Understanding the signs and the dynamics of domestic abuse enabled participants to no longer hold themselves accountable.

Throughout P3’s account he explained that he had been unable or reluctant to fully accept or comprehend the seriousness of his abuse:

> I certainly didn’t recognise it as domestic abuse, no way. I didn’t see it in those terms at all (33, 135:9).

However, specialist support enabled him to begin to recognise that his experiences were important, that it was serious:

> She [support worker] helped me to understand that, my circumstances were, were really quite serious and that I needed to understand that they were serious
whereas I think up until that point, I hadn’t really considered to be that serious (38, 149:23).

P3 linked his own inability or reluctance to view his ‘circumstances’ as serious to his gender. Once more highlighting the issue of gender and help seeking:

I needed to be told be told how serious it was [...]. I wonder the other reason, one of the other reasons why I didn’t take it so seriously is because I’m a man (41, 163:2).

Taking ‘it’ seriously translated into a threat to his masculinity fuelling his avoidance. Evading the seriousness of his abuse afforded the potential for P3 to return to the relationship. P3 left his wife and sought support only through the encouragement of his family; he did not view his experiences as serious enough to leave or warrant seeking help. Only through accessing support did P3 begin to come to terms and accept his situation was serious. Without the encouragement of his family, P3 would not have accessed a DAS and may not have left the abusive relationship. Potentially, he would still be living in denial within a volatile and dangerous relationship.

Beneficial to P4’s recovery was the opportunity to share his experiences with other abused men:

She’s [support worker] not a counsellor or anything like that. She’s been great and that and I think if it wasn’t for her and also being in the situation with the boys in the house [male refuge], my first two nights there, um, just speaking [...], just talking between, the both of them have had my experiences (28, 68:2).

Being listened to by his support worker and his peers meant P4’s voice was respected and his experiences believed. Sharing experiences meant P4 was no longer alone; he was free to talk and to begin to express himself again.

For P6 knowing he was believed and having his experiences validated by the police was very important to him:

That [being believed] was great, yeah it really was. I really was pleased that they [police] believed what I was saying and, erm, how helpful they was. Yeah and it was great, just great that they believed me like (28, 207:1).
The value of being believed was particularly poignant for P6 given the continued threat from his wife whilst in the relationship to report him for being the perpetrator. This was a very real threat to P6 and one that both he and the DAS took very seriously:

*The domestic abuse people told me just don’t, don’t, don’t go near her coz if you do she could get you arrested (2, 14:3).*

*She [ex-wife] threatened me with that yeah, she said she would, she said if you come near me I, I’ll get the police on you and that’s what it was like nearly every night she used to always say that to me, you know, “you come near me and I’ll get the police”. So I didn’t, well I just didn’t go near her, I just did what they [DAS] told me to do (25, 181:1).*

For P6 being believed by the police and the DAS was the first step to recovery, his experiences were important and the abuse was not acceptable.

These three subthemes provide the building blocks required to support participants to begin the process of recovery. Participants were at different stages of rebuilding and whilst affirming the receipt of such positive support was evident amongst many participants, the need for greater expectations or knowledge of services should not be ignored. To facilitate the initial steps to recovery participants needed to be believed and listened to; they required support to understand the dynamics, to recognise what constitutes domestic abuse and to accept their experiences were serious and important.

**5.3.6 Summary of results**

This section has presented four master themes and their subthemes, interpreted from interviews with male participants who experienced domestic abuse. One clear thread connecting all four master themes was evident: ‘the need for recognition (of male victims and the impact of domestic violence on them)’.
Figure 12: A diagram of the need for recognition

The diagram of a need for recognition reflects the needs of abused heterosexual men as identified within this study. Other victim groups (i.e. LGBT, BME, those with disabilities and women) might have differing or similar needs and face different or similar barriers to recognition.

Without a wider (genuine) recognition of abused men – if wider society, policy, government, communities cannot, do not or will not recognise them, then male victims themselves are unable to recognise and ‘accept the abusive experience’. Men need to know: that it is possible and completely acceptable to be a victim; that as a consequence they will feel vulnerable; and importantly that it is sensible to seek help, advice and support as soon as possible. Without recognition, male victims themselves are unable to accept and recognise their own experiences as abuse. The process of rebuilding is dependent on men accessing and engaging with the support of DAS. It is therefore imperative that abused men are recognised and fully informed and encouraged to access this type of support by all possible sources (e.g. police, housing, social services, mental health etc.). These services, plus those provided by the DAS must enable abused men to: accept their victimisation and accept they need help; know that help is available; know where to go and finally and probably most
difficult of all; overcome ingrained notions of gender and domestic abuse stereotypes.

Table 45: Summary of male participants

<table>
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<tr>
<th>Participant One (P1)</th>
<th>Age range</th>
<th>Ethnicity</th>
<th>Disability (medical, physical, intellectual)</th>
<th>Sexual orientation</th>
<th>Length of time in relationship</th>
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<td>40-60 years</td>
<td>White/British</td>
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<td></td>
<td></td>
<td></td>
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<td>White/British</td>
<td>No</td>
<td>Heterosexual</td>
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Chapter Five  

Results: Section C

5.4 Phase Three - Semi-structured Interviews

Analysis of Phase Three data revealed a number of key themes and subthemes. The dataset consisted of 20 interviews with managers and practitioners of DAS that supported men. The figure below represents the final thematic map. The map depicts the themes and connections that are discussed within this section.

Figure 13: Map of overarching and subthemes - Managers and practitioners

Analysis identified one central overarching theme; against the tide of recognition. This primary overarching theme impacts and feeds into all subsequent overarching themes. Subsequent overarching themes identified include; a need to recognise & accept domestic abuse, knowledge of provision, low numbers of men, resources (time & money) and rebuilding.
### Table 46: Recurrent overarching and subthemes semi-structured interviews

|                        | M1 | M2 | M3 | M4 | M5 | M6 | M7 | MP1 | MP2 | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 | P12 |
|------------------------|----|----|----|----|----|----|----|-----|-----|----|----|----|----|----|----|----|----|----|-----|
| **Against tide of recognition** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **WA barrier**         | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Female victim priority** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Children’s control** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Male victim support** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Recognise & accept DA** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Gender expectations** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Shame of victimisation** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Knowledge of provision** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Gratitude for support** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Lower numbers**      | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Resources**          | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Ideas for change**    | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Desire to support all** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Question of male worker** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Nowhere to go, huge gaps** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Peer support/programme** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Refuge space gold dust** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Rebuilding**         | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Horrendous wait**    | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Practical support**  | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| **Employment as barrier** | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |

### 5.4.1 Against the tide of recognition

*Against the tide of recognition* represents managers’ and practitioners’ frequent reference to the lack of recognition from wider society towards male victims. The lack of recognition is underpinned through embedded notions of domestic abuse; that it is an issue faced only by heterosexual women. The male is therefore the improbable victim. It is women who are victims, men are perpetrators. The impact of this perspective reduces men’s experiences, rendering them as inconsequential and less significant. A male experiencing domestic abuse defies prevailing norms and faces a battle against ‘*the tide of recognition*’ centred upon the female victim.
They are up against this tide of, “well it doesn’t really happen to men that much”. We acknowledge it does but in the main it’s women who are victims. So they got that tide of “well you’re a man you shouldn’t really be a victim” (M2).

Managers and practitioners identified the association between a lack of wider recognition and men being able to recognise and accept their experiences as domestic abuse:

I would like to see society’s opinions start to change um but I think until we raise awareness and label it for what it is, then um I don’t think anybody is going to recognise it. I think it’s always going to be seen as “under the thumb” or a bit of a joke or “he’s henpecked”, you know all these things (M5).

It’s almost like “oh they don’t exist men don’t exist its violence against women it’s a bigger problem um so let’s not identify them, that males are victims as well” and then how do you expect men to come forward? “I’m not going to be listened to anyway, I might as well stay where I am or get killed” (Prac1).

Highlighted above is the need to raise awareness, to increase wider recognition and challenge the inconsequential, more often humorous, perspective held towards male victims. These practitioners believed that Society’s primary focus upon VAW has a detrimental impact preventing men from disclosing, prolonging abuse with the potential of serious injury.

This theme is supported by six subthemes: Women’s Aid as a barrier, female victim as priority, children as a means to control, inequality of male assessment, mirror image of need and mirror image of support.

**Subtheme: Women’s Aid as a barrier**

WA was highlighted as a potential barrier to preventing wider recognition of male victimisation and for men accessing support. WA was established to support women and children, its services have been established for women by women. Despite some (not all) WA widening their remit to support men, this was not necessarily evident to the wider society or male victims:

I do think it’s very difficult for men to access um, um an old fashioned Women’s Aid service that you’d sort of, that’s how people still see us [...]. We’ve got some barriers to get over really to make it fully accessible (M6).
One practitioner noted the ethos of WA remained focused on women and children and appealed for a more encompassing approach towards all:

_They [WA] still are on in that old way of thinking where they’re safeguarding women and children which is fair enough but surely we should be safeguarding any victim of domestic abuse [...]. It just needs to be opened out a little bit more I think_ (Prac7).

The brand of WA as a barrier to others knowing that they support men was once more highlighted:

_Women’s Aid you wouldn’t think of a man going to Women’s Aid because that doesn’t sound what it’s made out to be however they can but in an ideal world it would be sorta like open access for everybody [...]. Women’s Aid is my main one because they do provide male services for men fleeing domestic abuse but you just wouldn’t believe it by the name_ (Prac9).

If WA continue to focus on women and children and their brand continues to appeal to only women (despite providing support to men in some areas), the lack of wider recognition and subsequent inability for men to accept victimisation is sustained.

**Subtheme: Female victim as priority**

The continued focus on women, results in a disparity of support. Justification for doing so was associated with women constituting the highest number of victims. DAS are “geared” towards heterosexual women in their promotion of service and the building itself presented as a female environment. The focus on domestic abuse as a female issue continued to fuel the lack of wider recognition:

_I do think that, um, as a society we promote it as women’s problem, a women’s issue not a man’s issue and everything, all the publication, you know, um violence against women and girls, I mean I know there’s been a massive amount of debate over that (pause) with it not being gender specific, what message does that send?_ (M4)

Despite widening their remit to provide support to men, one service was clear on its desire to be seen as focussing its support on women and children:

_I think the service sort of is, still wants to be seen as predominantly a service for women and children_ (M/Prac2).
The extract casts doubt on how committed this service was to offering a genuine gender inclusive provision.

A greater awareness, coupled by a more prominent media focus on abused women was compared to the lack of an equivalent for men:

*Domestic abuse is more in the newspapers for women and it’s on the news and it’s brought basically to everybody’s knowledge at the moment but again I think it’s just, it’s just women* (Prac5).

**Subtheme: Children as a means to control**

Children can be used as a weapon to control men, through threats to withhold child contact or controlling contact once they have left the relationship. This can mean that men remain in the relationship, resulting in prolonged abuse. Society’s assumptions and expectations of the mother as the assumed primary caregiver can collude with the female perpetrator and sustain the lack of wider recognition:

*Even though they [men] would be the victim, very much from the perspective of, you know, mother normally gets contact with the children and the male normally is the one who has to leave* (M2).

*I think possibly the child contact could be a bigger issue for men than women because I think um, stereotypically isn’t it it’s more often than not that the woman, the child resides with the women* (M/Prac2).

Use of children as a means to maintain control, once men have left the abusive relationship, was raised as an existing issue:

*We’ve got [male] victims that are seeing children and the [female] perpetrator has said “right well it’s got to be in an access centre”, you know, even though they’re the victim and they find that really difficult that they’re being supervised looking after their own children when they’re not a threat to their children* (Prac3).

Children being used as a weapon, or as a means to control a partner/ex-partner, are experienced regardless of gender. However, this subtheme highlights that for men this is an issue exacerbated by assumptions about the primary care role being the mother, a lack of recognition about male victimisation and, instead, an expectation
that the female is the victim. These factors can provide female perpetrators with an added leverage to abuse and control.

**Subtheme: Inequality of male assessment**

Male assessment is an additional tool used to assess male (but not female) victims accessing support. An assessment tool designed and used only for men has the potential to sustain notions of the female victim and male perpetrator. The tool is not used universally on all men accessing support and interviews revealed arguments for and against its use. Irrespective of opposing standpoints, several services highlighted the inequality in the application of its use to only men:

*I think why are we treating them [men] differently? Why are we screening them with this toolkit when we don’t screen women? So we don’t do it anymore. We don’t screen, we use our own risk assessments [...]. We felt that we were treating them differently and we were, you know, we were screening for lies well we don’t screen the women (pause) well the choice was, as I said, we can screen everybody or we don’t, so we don’t (M6).*

*We don’t ask women those questions but we ask men those questions and I think that’s really unfair because women can retaliate and they do retaliate, you know, women can be abusers so I just think that it’s really unfair that it’s not used in both sexes to assess a victim (Prac3).*

Some participants suggested the use of the tool had the potential to discourage men, with one manager citing the loss of a ‘genuine’ victim through its use:

*He [male victim] didn’t finish the assessment and he didn’t, he stopped engaging in support, um although I did abandon that assessment quite quickly (pause). I think he genuinely was the victim at that time, physically, emotionally, everything, he was, he was a broken man really (M4).*

Research behind the development of the tool suggests a number of men present as victims but are actually perpetrators, who intend to uncover details of their partner’s support and develop additional means to abuse. However, several participants noted that women had also presented as victims, and later been identified as perpetrators or were manipulating the system to their gain. It is important to note that what appeared to be conveyed amongst participants was not the issue of the assessment tool per se but the unequal approach and its application to only men.
Subtheme: A mirror image of need

When asked the question; ‘What are the needs of men experiencing domestic abuse?’, managers and practitioners responded that victim needs were the same. A comparison of need, dependent on gender, was not the research question this study sought to explore. Nonetheless, the belief amongst participants that victims have equal needs required acknowledgement.

Comparing the needs of abused men and women indicated a desire to demonstrate equality, that men were not perceived to be any different to the women they had supported:

From my, our experiences it can be just, it’s a mirror image of what women need (M1).

I’ve felt this for some time now that, you know, the needs of men that are victims are exactly the same as women (M6).

Exactly the same as women to be honest with you. It’s the sense of safety, could be a housing need, um debt, benefits it all, it’s all exactly the same doesn’t matter if it’s a male or a female (Prac2).

I think they are exactly the same as when women experience domestic abuse (Prac8).

However, in using female victims as a comparator, men were not recognised and discussed as victims in their own right. In attempting to position men on an equal footing as women in terms of need and experiences, a contradiction to the very notion to what they had tried to communicate occurred. If the question had related to the needs of women, would participants have answered by comparing them to the needs of men? This theme supports against the tide of recognition; attempting to position the needs of men as equal to those who are readily accepted as victims – women, highlights the exact lack of recognition that exists for abused men.

Subtheme: A mirror image of support

This sub-theme represents further reference amongst participants to female victims. When asked the question; ‘Can you tell me about the types of support your service provides to men?’ managers and practitioners compared the support they provided
to women. Similar to the subtheme ‘a mirror image of need’, comparing support provided to men with that provided to women was with the purpose of demonstrating equality, and an equal regard to all victims irrespective of gender:

\begin{quote}
If a male knocked on the door now they would be believed as a victim um, and they will be supported that way unless anything else, any other information comes along and that’s exactly the same as women (M2).
\end{quote}

\begin{quote}
We identify, um support needs with them and we also identify risk issues with them and what could be done around risk to protect themselves, things like that. So that is something that all service users get regardless of whether they’re male or female (Prac4).
\end{quote}

\begin{quote}
When we get referrals for men we treat them the same as women, um we offer the same services (Prac6).
\end{quote}

Participant’s desire to demonstrate the provision of equal support to all and using women as a comparator highlighted the existing inequality. Once more male victims were unrecognised as a group within their own right. Managers and practitioners sought to demonstrate the provision of an equal service to all and their commitment to do so was evident throughout all interviews. However, for some services providing that mirror image of support had not reached its full or desired potential and was contradicted by the subtheme: nowhere to go, huge gaps.

5.4.2 A need to recognise & accept domestic abuse

A need to recognise & accept domestic abuse represents men’s inability to accept/admit/recognise their abusive experience. Managers and practitioners noted that men who accessed their service needed recognition and validation to identify their experiences. The ability to recognise and accept their abuse was directly influenced by wider society’s lack of recognition (Against the tide of recognition):

\begin{quote}
If all the research and if all the sort of campaigns are aimed at that [VAW], I don’t think they’re [men] gonna recognise themselves as victims (M2).
\end{quote}

A lack of focus on abused men results in an inability to identify what behaviours constitute abuse. As one manager acknowledged, controlling behaviours are not recognised:
I don’t think that men recognise um, controlling behaviour or financial control or even sexual control within a relationship. So for me the primary thing for a man is for them to recognise it (M5).

Men seeking support did not necessarily mean acceptance or recognition of their victimisation. As highlighted by one practitioner, they required validation and confirmation from a professional that their experiences were abuse:

I’ve had a couple of men come in and they’ve sort of questioned me, “so is it domestic abuse?” I think it’s, they need the validation almost that (sighs) that they are suffering the way women are often perceived as suffering domestic abuse (Prac2).

This theme is supported by two subthemes: shame of victimisation and “man-up” (gender expectations).

Subtheme: “Man up” (gender expectations)

“Man up” depicts society’s notions of gender constructs and subsequent expectations of how men should behave. Strong, brave and capable, men are expected to cope and to protect. Yet a male victim does not conform to gender norms and stereotypes. Embedded gender constructs are barriers to accepting victimisation and help seeking:

For a man how do you go and begin to say what is happening without sounding like you’re being highly strung or, you know, and men are told aren’t they? “Be brave don’t cry get on with it”, so how can you come and say “oh she’s doing this to me or she’s doing that to me”? (M5)

Traditional gender roles become confused and the expectations of a man as the protector are in disarray:

For men there’s almost like a bit of chivalry that goes on that they should be the ones that protect the women and this [being abused] kind of goes against the male gender role. I think really that they kind of well, I’m supposed to be protecting but it’s the woman that’s hurting me so how can he protect the woman that’s hurting him? It’s a bit of a vicious circle, I think, more so for men (Prac1).
Admitting/accepting victimisation threatens a man’s identity and creates fears of how he will be perceived by others. So powerful is the threat to their masculine identity, male victims hide the abuse rather than face the prospect of being seen as weak or inferior.

Men think that they shouldn’t be suffering from domestic abuse, you know, it don’t happen. They’d rather hide it away rather than think “oh my God I can’t say that, what will they think of me?”, but it needs to change (Prac5).

Subtheme: Shame of victimisation

Shame was associated to being abused and a reluctance to seek help. Shame is not the sole domain of men; female victims also experience shame. Nonetheless, it remains a barrier to fully accepting victimisation. Shame often meant men continued to hide abuse:

Whereas a woman suffers shame when they’re living in a domestic abuse relationship I think that is the same for men […]. She punched him and gave him a black eye and when he went to work on the Monday he told his friends that um, he done it in football (M5).

The shame experienced by men is exacerbated by gender role expectations:

Like any victim of domestic violence it takes a lot of courage […]. But I do think that there are particular things about men about that, you know, them feeling ashamed that they were abused by their partner and how did they let it happen (M7).

Men that we talk to say it’s very difficult for a man to actually stand up and say “I’m being abused by my wife”, um. Shame, ridicule, fear of not being believed they have to overcome those things as well (Prac12).

The above extracts further represents the numerous barriers faced by men that they have to overcome before they even reach the decision to seek out support.

Prior to contemplating help seeking or considering what help may be available, participants highlighted the abundance of obstacles abused men have to navigate. These included: society’s inconsequential notion of the impact of their abuse; the continued focus on female victims and subsequent message that the male is perpetrator not victim. In addition, they have to acknowledge the likelihood of loss
of contact with their children; they have to defy embedded notions of gender expectations and overcome their own internal shame of victimisation. Finally at this point they can begin to consider where they can go and who might be able to help.

5.4.3 Knowledge of provision

Knowledge of provision draws attention to a real lack of knowledge and misconception regarding service provision for men. This theme suggests a real need for DAS supporting men to actively promote their provision to quell misconceptions and raise expectations.

Men, who have identified they need help, face a barrier of uncertainty regarding where to go and knowing what to expect:

*I think the, still the priority for men experiencing domestic abuse is to know where to go if they want somebody to help* (M1).

Misconception surrounding service provision and the belief that an identified provision serves only female victims presents a real barrier for men seeking much needed support:

*I’ve spoken to men about [name DAS one-stop-shop in LA] and they’ve said they thought it was female only, um I think they were told, one of them was told it was female, they wouldn’t be allowed in there [...]. I don’t know where that came from but [it’s] a huge misconception* (M4).

A male specialist provision was also highlighted as being ambiguous and not instantly apparent in its work with men:

*I just think there needs to be something a bit more obvious for male support like the Dyn Project unless you Google it you wouldn’t know what it was, well unless you’re in the service, you know, so something that’s more specific so men know that it’s the service for them if they need it* (Prac2).

This overarching theme is supported by the subtheme: gratitude for support.
Subtheme: Gratitude for support

Identified by practitioners, this subtheme portrays the expressed gratitude from male victims for the support they have received (however minimal). This subtheme points towards low expectations from services and a need to know what help is available and how to access it.

The value of being believed and listened to was made evident by an abundance of gratitude from men and demonstrates the degree of isolation they felt from believing they were the only victim. Practitioners who raised this topic appeared genuinely overwhelmed by the extent of the gratitude they had been shown by the men they had supported.

To open up and actually disclose that you are living in a hell, that you feel totally alone and totally secluded, thinking you’re the only man in the world ever going through that. To open up to somebody and for them to listen I think it’s just amazing for them, you know. I just, I get that impression that, I mean they say it to me “oh thanks so much for what you’ve done for me I’m really grateful for what you’ve done”. Even if it’s only been like maybe three calls by phone its “without you I don’t know where I would have, what I would have done without you, I don’t know where I would have gone” (Prac3).

The support provided, even the smallest action like making a telephone call (an action that was likely part of the usual course of supporting someone) was extremely significant and valuable.

Accessing support and much needed help meant a journey of recovery for one male would not have been possible without the support of the DAS:

He [male victim] is thankful for that journey because otherwise, like he said, he wouldn’t have, he probably would have been just a shrivelling shell that would have stayed in his flat and not known what to have done (Prac5).

5.4.4 Low numbers of men

Low numbers of men draws attention to the low number of men accessing DAS via self and agency referral. Managers noted a repeated low number of men accessing their service:
We’re not getting high, not high numbers but we’re not getting enough numbers to warrant I think specific services (M2).

Yeah it is much lower [male referrals] even the agency referrals are very low um, but yes self referrals are very low, really low especially in comparison to female referrals (M3).

I don’t think we see enough (pause) about the last five years dribs and drabs not, not many, um (M4).

The majority of males are quite small in comparison to the females that access that service. The other one, we have a floating support and that again is open to males but very few referrals really come into that (M6).

Despite the majority of participants noting very low numbers, there were exceptions with four services that had frequent referrals, calls of enquiry and engagement with men. All of these services had a dedicated provision for men. However, a higher number of referrals brought its own problems in terms of capacity:

Just on a weekly basis we get eight to ten referrals [...] but we obviously haven’t got room for them (Prac9).

For another participant, frequent referrals meant exceeding their caseload:

My caseload is 25, that’s my maximum caseload I can’t take anymore than that. I have had as many as 32 on a caseload because they needed that support (Prac3).

However, despite the greater number of referrals into the four services, the vast majority came via the police, followed by other agencies. Actual self-referral remained low:

The referrals we get are mainly, are from the police, they come in as high risk [...] so they would come in as high risk, um. Self-referrals are not that often (Prac3).

I’d say it’s about six or between six and nine [referrals] every two months something like that. I think there are more out there that would benefit from the support that we offer erm, and not many, like I said, with men they are mostly police referrals rather than any other agency referrals (Prac6).
The low numbers of men directly seeking help from provision is influenced by a lack of wider recognition, male victims’ inability to recognise/accept their experiences and limited knowledge of service provision. In turn, **low numbers of men** impacts the overarching themes **Resources (time & funding)** and **Rebuilding**.

Low numbers of men seeking support directly impacts the evidence of need required to apply for funding for the development of new or additional services for men:

> It’s really difficult because you can’t employ somebody specifically to run a male service if you haven’t got the numbers coming through. You haven’t got the evidence of need so it’s a bit like that catch 22 all the time (M2).

> I don’t think there’s, you know, we couldn’t say evidence that there’s enough demand coz we haven’t got the statistics to say there’s enough (M/Prac2).

An unsubstantiated need for additional funding fuelled by relatively few numbers of men coming forward, results in limited provision and feeds back into **against the tide of recognition**, creating a perpetuating cycle of a lack of recognition and provision.

**Figure 14: The perpetuating cycle of a lack of recognition and provision**
5.4.5 Resources (time & funding)

A lack of available time and funding was an issue raised by managers and practitioners. Limited time and funding creates restricted provision, promotion of the service and uncertainty of the longevity of future provision.

One manager highlighted cuts to service already received and voiced concern about impending future cuts. The pressures of managing budgets coupled with difficult decisions regarding future service sustainability were very real issues:

*We've had 25% cut in three years and we’re expecting 10-20% cut next year, you know, where, what do we do? What do we do? Where do you cut? So it’s difficult to find out who’s gonna fund it* (M1).

Despite desiring a similar investment to those of female services, there was little prospect of that becoming reality. Instead there was fear of female services being placed in jeopardy to accommodate male provision:

*If we’re talking about one in six for males you want something that’s not far from (pause) the investment that you’ve got for women, but you’re never gonna get that. There’s no extra money is there? What’s gonna happen is its gonna top slice money from women to fund services for males aren’t they? I think you’ve gotta be careful that one doesn’t jeopardise the other really, that’s my fear (pause)* (M6).

Pressures of time and caseloads as a result of reductions to budgets or limited funding meant a deleterious effect on the quality of support that some practitioners felt they were providing. These pressures not only affected the level and quality of support to victims but impacted those providing it. ‘Juggling’ caseloads and expectations (and desires) to provide a good level of service within a limited timeframe resulted in feelings of anxiety and being overwhelmed:

*I’ve got 23 people open to me, myself now and I’m finding it difficult. There’s only one of me for the [LA] […]. The IDVAs obviously take the high I’m medium and the low and I just sometimes think Arhh! I don’t feel that I’m offering a full service to these people because I’m trying to juggle everyone else and that’s again, that’s because the floating support was cut twenty something percent the year before last or last year* (Prac8).
There just isn’t the time or the funding allocated to chase all those things up. We personally don’t have that. We get paid 16 hours a week to support five individuals and that’s tenancy support as well as everything else that goes with it so it’s not a lot (Prac9).

Supporting subthemes are: ideas for change, desire to support all, question of a male worker and nowhere to go, huge gaps.

**Subtheme: Ideas for change**

Numerous ideas were proposed by participants to enhance services for abused men. These ranged from promotion/awareness, prevention work, expansion of existing support and client led development. However, all require wider recognition, funding, time, and evidence of need.

Overcoming the issue of low numbers and evidence of need to provide male peer support, one manager suggested a collaborative approach across neighbouring LA’s:

...*male groups etc. maybe looking across the across [neighbouring LA] and running one group with male victims from that area and this area, looking a bit more across regions rather than just in our own areas* (M2).

Acknowledging the limited amount of male provision may signify a call for an increase of services being developed. However, the practical issues of creating new services were highlighted. Instead, an alternative notion was proposed. One participant suggested service provision for men could be placed on the same par as WA though the use of a well established male specialist provider. Yet, with this suggestion came the acknowledgement that the Dyn Project are faced with restrictions to what they can offer men because they have far less resources compared to WA:

*I don’t know if we need more services to start up from the ground because as I know that takes a lot and you know, trying to get people aware of a new service and stuff can take time. Whether more money should just be given to places like the Dyn Project to expand their services, have more offices, more bases in more rural areas of Wales to be able to expand and to be able to have a 24/7 hour hotline to make their service the same as Women’s Aid. So basically just have more funding so that they have a Women’s Aid and you have a Dyn Project coz Women’s Aid can do so much whereas I don’t think that the Dyn Project have sort, have as much resources* (M/Prac1).
Promotion and exposure via campaigns might be a way of raising the profile and tackling the lack of wider recognition. However, recognition in one form or another has to precede all else in order to obtain the funding required for promotion:

_We need a big massive huge domestic abuse male campaign, national on the news every five minutes for about a week [...]. But whose gonna want to put their hands in their pockets to do that?!_ (Prac1)

Not forgetting that promotion of the issue is not sufficient on its own unless the provision is there for men to access:

_If you’re gonna actually make a difference in terms of getting men to come forward then you have to spend the money, you have to have refuges available. There’s no point saying to men we will find you a place of safety if there’s nowhere they can go_ (Prac2).

**Subtheme: Desire to support all**

Amongst interviews there was a shared ethos amongst managers and practitioners to support and provide a service to all, regardless of gender or sexuality. In some cases, services evolved from supporting only women to widening their remit, after identifying a need to do so. However, the reality of achieving the desire to support all victims is quite different; a lack of wider recognition, a focus on the female victim, fewer services, restricted funding and low numbers of men seeking out support all work against achieving this goal.

For one service, no longer recognising domestic abuse as a gendered issue required a move away from its former WA brand:

_We came from Women’s Aid so there was [name of areas] Women’s Aid that merged to become [name of service]. So we came away from the Women’s Aid brand because we didn’t recognise domestic abuse as only affecting women we recognised that obviously it was not a gender based issue so it was across the board and males could be victims as well_ (M3).

For another participant, working under the umbrella of WA had meant differentiating between victims and turning men away. Changing their name and the ethos of their organisation meant the provision of support to all regardless of gender:
We changed from Women’s Aid to Domestic Abuse Services because we were turning referrals for men away, um, we had to signpost because we weren’t working with men under the Women’s Aid umbrella we couldn’t work with men. So that’s why we as an organisation saw that all the referrals were being turned away when we had the expertise on board to help them so that’s a decision we made as a group [...] Coz the volume was coming through but at one time we were turning them away (Prac6).

Working within an organisation that wholeheartedly shared a desire to support all victims with no barriers or restrictions, was of particular value to one practitioner:

In our organisation I think that’s our strength really, um, is that there’s no difference if you’re a victim of domestic abuse you’re a victim or a survivor, you know, either way that’s it really, (pause). I don’t think there should be that difference really. Lots of people don’t agree with me but there you go and fortunately for me I come from that mindset and the group and our manager and the Supporting People Team that we work with, they embrace that as well which is good. So I’m lucky like that really coz I think I would struggle working with males one way and working with women the other way, coz why is that? (Prac7)

The practitioner recognised their outlook of supporting (and recognising) male and female victims equally might face resistance from others. Nonetheless, they struggled to understand why it would be any other way. They believed there was no justification for recognising victims differently.

Subtheme: Question of a male worker

Some participants considered the need for a male worker to support men. Some believed a male worker would encourage men to disclose whilst others suggested a male worker might act as a barrier. Nonetheless, for some services, a lack of funding, low numbers accessing and subsequent lack of evidence of need meant a male only worker was not an option. The choice of having a male worker is something rarely afforded to men even if they voiced a desire for one. Traditionally, DAS have been run for women by women and men have been exempt from applying. However, this is beginning to change. Some services were actively employing male workers to support men and women and believed doing so created equality and benefitted both genders:
We’ve spoken to women about how do you feel about a male worker coming to talk and they were like absolutely fine. They still disclose exactly the same as they would if it was two female workers and actually it seems a lot to hear from a male, you know, “it’s ok” and “it’s not your fault” and, you know, it seems to yeah be quite, quite powerful (M4).

However, a male worker supporting a male victim may unintentionally create additional barriers to disclosure:

I’ve found that I think with the man sometimes I think they’re more at ease talking to a woman about it because, that macho thing is not there. They don’t have to put on this act of being strong and being macho and I think if it was if it was a male worker, maybe, I don’t know (Prac7).

There was some disagreement about whether male workers might help or hinder with valid arguments for both. However, what might be considered most important is that the level of support provided is consistent and good quality irrespective of the gender of the person providing it.

**Subtheme: Nowhere to go, huge gaps**

Managers and practitioners felt there was a serious lack of provision for abused men. A disparity of support, having nowhere to go, and ‘huge gaps’ in provision indicated a real sense of abandonment and frustration regarding support options:

It’s very difficult. There’s no provision for anyone to leave a relationship with the children, there’s no emergency housing for them to go into unless there’s a refuge and there’s not any of those locally for males (M3).

There just isn’t the level of support for men as there is for women [...] there still isn’t the, where would a man go? (Prac12)

The provision for men was described as having ‘huge gaps’ and one that was simply ‘appalling’. Genuine engagement with abused men was substituted by some services providing “signposting” rather than active support:

If you look across the country, sure, it’s appalling. Some people are doing sort of bits of service aren’t they? I mean they’re doing sort of fairly low level stuff or they’re mostly, as you say, doing the signposting. But to actually provide a service, yeah there are huge gaps (M7).
The harsh reality of limited provision and having nowhere to go meant homelessness and addiction was common:

_There’s just not enough of it and there’s definitely not enough places for male victims to go [...]. A lot of male victims end up on the street or with drug and alcohol problems as a result of not having anywhere to go or anyone to support them. I just don’t think the provision’s there_ (Prac9).

The subtheme _nowhere to go, huge gaps_ links to the overarching theme: _resources (time & funding)_ and is supported by: _male programme & peer support and refuge space ‘gold dust’._

**Subtheme: Male programme & peer support**

This theme raises consideration of the need to provide a recovery programme and peer support for male victims. Some participants recognised the benefit peer support and group work recovery programmes had on women. Others advised male victims had directly enquired about the availability of peer support. However, in Wales, recovery programmes and peer support designed for men are non-existent. Furthermore, the logistics of establishing such were identified.

Recovery programmes for women have long been used and are well established. For one service manager, a male equivalent would aid recovery for abused men. However, the only option to date had been adapting existing female programmes, replacing the “he” with a “she”:

_There are parts of it [programme] we can use with men [...] but there’s other parts we can’t coz it is really around domestic abuse and women [...]_. Having a programme that men can take part in to give them time to think coz there’s no quick fix for anybody experiencing domestic abuse [...]. _There needs that for men and children and we just can’t keep changing the words over, changing the gender in a programme_ (M1).
However, the option of developing peer support for men was hampered by the low numbers accessing support and restrictions surrounding employment:

*I don’t think there’s anything currently and I think it’s, it’s time again to be able to set things up from scratch and then get participants to go. So as I said I’ve only had one that’s historical DV. A lot of the other men that I’ve had are in work so they can’t access nine to five hours so it’s very difficult to get them in, to meet initially to get them to then meet socially outside of support hours its, um, yeah* (Prac2).

The potential value of what a programme and/or peer support could offer a male victim was recognised. Group work and peer support create safe spaces to discuss and share abusive experiences without the fear of ridicule. These benefits emphasize the importance for men to know they are not alone and added to the frustration of their lack of availability and having to turn men away.

*When they [women] do the Freedom Programme together they really benefit from each other’s sort of anecdotes about what they’ve been through but you don’t see that dynamic with men because we don’t have any male groups* (Prac2).

*I’ve had several of my clients say to me, um, “are there any support groups?” “Is there anywhere we can go and talk to other men that have been through similar sort of things to me, you know, so that we can sort of just sit and offload to somebody else that’s been in that same situation that understands what we’ve been through?”*. But there’s nothing. There aren’t any support groups out there for men. Like we’ve got the Freedom Programme for women we’ve got the Recovery Toolkit for women, we’ve got nothing like that for the men at all, you know, which is really sad coz I’ve had several clients that have asked me* (Prac3).

**Subtheme: Refuge space ‘gold dust’**

Refuge for men was referred to as ‘the glaring gap’ and refuge spaces as ‘gold dust’. Men seeking to leave the abuse and access safe accommodation face the struggle of finding a space:

*Refuge space for men in Wales is gold dust and I think, er, only the Dyn Project has one in Cardiff and there is one in Montgomeryshire but apart from that I mean I think that’s about all the provision there is* (M7).
It is more female orientated, um, I’m not aware of any refuges [...]. There are refuges in I think all of the main cities and locations within Wales for women fleeing domestic abuse and violence but there isn’t the same thing for men (Prac12).

When space is available, men often face an impossible choice of securing their own safety and recovery or relocating and abandoning children, family and employment:

Male support is so sparse over the country it’s difficult to signpost a male who maybe phoning from, I don’t know, lets pick Yorkshire maybe for instance and then going “oh but there’s a male refuge in [region of] Wales”. It’s kind of like you have to up and move everything that you know and move completely to [region of] Wales and I mean for some people that works, um (pause) and for some people it’s just a flat no and they remain in their situation (Prac1).

Frequently, leaving children, family and everything that is familiar is a decision they cannot make. As a result, men remain in their situation or local area and are subsequently vulnerable to prolonged on-going abuse:

It’s [refuge] in Derby, [and] they’re like (sighs) “I was thinking Cardiff at the furthest like” and they’ve gotta go live in another country effectively and so that puts them off coz friends and family, you know, usually close communities around areas like this, then [they are] very reluctant to leave. For most men they’d rather go like to their local homelessness department and try to just get re-housed that way but that’s leaving them vulnerable then to sort of on-going abuse harassment (Prac2).

Limited availability of provision, refuge spaces and no existing male programme or peer support hinders the rebuilding process and reinforces the lack of wider recognition, in turn fuelling the low numbers coming forward. A shortage of refuge space is not unique to men, and women experiencing domestic abuse also face a lack of spaces and difficult decisions to move away from home to escape their abuser and be safe.

5.4.6 Rebuilding

Rebuilding denotes the need for men to rebuild and recover from their abusive experience. The theme identified the journey for men to recover and regain control
of their life. Participants raised the impact of abuse, including mental health and finances.

Loss of identity and the lengthy period to rebuild was captured by one practitioner:

> The situation that they’ve been in, they’ve lost who they are so, I think, part of their need is to find who they are again and that I think takes quite a bit of time because you can’t really, that doesn’t happen overnight (Prac1).

The process of rebuilding extended beyond regaining identity to rebuilding in a practical sense. The extract below illustrates the severe financial abuse experienced by one male and the journey to regaining control of his personal finances:

> The financial abuse, it’s actually caused him [male service user] to be bankrupt. He’s had two females who’ve used his card to the extent where he owes over like £25,000 still and so we’ve been helping him with, um, accessing bankruptcy and getting his benefits and that sorted (Prac4).

The long term serious impact for men was laid bare by one practitioner. All five service users they had supported had experienced mental health and substance misuse problems:

> There’s (pause) two suffering with PTSD as a direct result of the abuse […]. Yeah two of them are as a direct result of the abuse that they’ve had um, the other three are all on some sort of antidepressant medication (pause) and out of all five of them I’d say there’s (pause) four of them have got substance misuse issues (Prac9).

Subthemes supporting Rebuilding are: the ‘horrendous’ wait to rebuild, practical support and employment as a barrier.

**Subtheme: The ‘horrendous’ wait to rebuild**

There is a significant problem when attempting to access additional support services, such as mental health services and counselling. Long waiting lists ranging from 12 weeks to two years were common and hindered recovery:

> Waiting lists are horrendous the one for PTSD that’s going, that’s starting next month, he’s had a two year waiting list (Prac9).
The frustration felt by practitioners was abundant. Their role to support recovery was being prevented by long waiting lists:

*I’ve tried counselling services and I find there’s a massive waiting list there especially in GP surgeries, coz GP surgeries now offer a counselling service for lots of different kinds of support but for around like emotional support, you know, post traumatic stress the waiting lists they’re horrendous, absolutely horrendous. Yeah we can take them on, we can put them on the list but you’re looking maybe 12-16 weeks before they’re even contacted and that’s not what’s needed they need it now* (Prac3).

A distinct shortage of move on accommodation was highlighted as another barrier to rebuilding and regaining full independence:

*Move on accommodation is a nightmare […]. Since the bedroom tax came in there are no, you have to remember we are a rural area so we haven’t got many properties anyway but one bedroom, two bedded properties now are worth their weight in gold* (M1).

One practitioner raised a lack of a “joined up” approach amongst external support agencies, such as mental health and alcohol provision. Services appeared to pass responsibility from one another creating a “catch 22” with the existence of an extremely difficult and potentially harmful situation:

*Accessing the services for that [PTSD] is an absolute nightmare. He’s [male service user] been using alcohol to block out, that’s his way of coping with it but of course mental health services won’t look at him until he’s not drinking* (Prac9).

This subtheme illustrates that whilst DAS manage the immediate safety and emotional support needs of victims, full recovery is very much a multi-agency approach. Without external agencies such as counselling, mental health, substance misuse and housing having the resources and understanding to provide immediate support, the journey to recovery becomes disjointed and delayed.
Subtheme: Practical Support

Participants highlighted the need for men to receive practical support. This was made all the more apparent from previous subthemes highlighting the issue of children as a means to control and financial abuse. Frequently, practical support presents itself in the form of housing, financial, legal and child contact advice. The consequence of men being expected to leave the home (housing), assumed notions of the female as the natural caregiver to children (child contact issues) and financial hardship or obligations to the family home (financial).

_They come and say maybe need advice for divorce or need advice for accessing children, um, or if they were to leave the partner, what implications would that have on a, b and c so if they have a mortgage, finances things like that. So I think it’s practical support initially_ (M3).

_That’s where a lot of the financial um, you know, abuse and debt has come from coz they think the, their partner has been sorting all that side of things out [...] generally housing needs um, that’s predominantly why they’d come on support with me um, and debt issues isn’t it so, as well as the safety obviously_ (Prac10).

Despite being a victim, gender expectations often assume that the male leaves the family home and are financially independent:

_I think most men that I’m dealing with their needs are around, might be child contact. Housing is a? really big issue for men coz they’re the ones that normally leave the family home um, and obviously because they’re single males they’re deemed that they can go out support themselves, find a place it’s ok, you know, they’re capable and child contacts a really big issue if there’s children within the family_ (Prac3).

However, the ability to support themselves once they have left the home is dependent on individual financial commitments. Mortgage repayments and associated costs of running a home are key concerns for men seeking to leave:

_Nobody’s taken into account that their funds are limited, you might earn two thousand pound but you might be paying fifteen hundred pound into the family home and so what you’re left with is not sufficient to live and I think that’s a big thing that isn’t being recognised_ (M5).
I’ve had men who don’t know how to get out of the situation who share a home whether it’s a joint mortgage or a joint tenancy and not knowing really how to come out of that without being at a loss. So what I have been doing is going with them, supported them to go to the housing in the council here and exploring different ways of doing it (Prac8).

Subtheme: Employment as a barrier

Some participants acknowledged that the majority of men who had accessed support were in employment. For some men, this had resulted in difficulty accessing provision during standard working hours. Only one participant confirmed a flexible service operated to serve those who could not access standard nine-to-five hours:

...if they’re working all day I mean our service isn’t nine to five, if somebody’s working late then we’ll stay on late (Prac7).

Restriction of service availability was cited by one organisation as reason for not being able to provide a more flexible service:

We’re open till six on Mondays and Tuesdays. Even if we said come in then, even then it be difficult coz perhaps they finish at five or later so it would only literally leave you twenty minutes straight after they’ve come from work and it doesn’t work really (Prac2).

Employment resulted in restriction as to what additional support men could access such as legal aid, housing benefit and refuge provision:

It’s about legal aid so if they’re working and they don’t have access to that then there’s no way for them to access support legally then, unless they can pay for it so it’s like a catch 22 (M3).

If you’re working then you may not be able to access a paper bond from the letting the agent [...]. You’re working but most of your money is going into pay the mortgage therefore the local authority is not going to house you coz you’ve got a property and you can’t get housing benefit coz your working (M5).

Practitioners recognised men’s desire to rebuild their identity and move on from their experience. However, long waiting lists, societal expectations to leave the family home, the accessibility of DAS, barriers to housing, legal aid and financial support through employment were all factors preventing men from rebuilding.
5.4.7 Summary of findings

Analysis of semi-structured interviews illustrated the many barriers preventing men from accessing support. Recognising and accepting their experience as abuse is only the first of a continuum of hurdles stacked against them. These include a lack of recognition, disbelief, a threat to their male identity, knowing where to go and how to access support, loss of their home, loss of their children, financial hardship, waiting lists to access additional support and isolation. It is little wonder why so few embark on the journey to seek out support and instead hide and deny the abuse:

Once you’ve opened that can of worms you acknowledge there’s, that everything’s not right at home and you’ve either got to face up to it or you gotta dumb it down (M4).

5.5 Meta-matrix across the data-set

Data triangulation occurred within this study via the use of a meta-matrix. Results from across the dataset were considered to identify how they answered the research questions; ‘What are the needs of men experiencing domestic abuse?’ and ‘Is current service provision meeting those needs?’ A summary of results from data triangulation are presented below and the full matrix is provided in Appendix 38.

Table 47: Meta-matrix

<table>
<thead>
<tr>
<th>Research question</th>
<th>Service description &amp; data questionnaire</th>
<th>Specific service information questionnaire</th>
<th>In-depth interviews</th>
<th>Semi-structured interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the needs of men experiencing domestic abuse?</td>
<td>Recognition - The needs of men are not being recognised by other support services (health, mental health, drug &amp; alcohol)</td>
<td>Recognition - We need recognition of our victimisation from wider society</td>
<td>Recognition - Men need recognition of their abuse from wider society</td>
<td></td>
</tr>
<tr>
<td>Is current service provision meeting those needs?</td>
<td>Knowledge - We need knowledge of available support provision</td>
<td>Knowledge - Men need to know where to go and who can help them &amp; We need knowledge of available provision</td>
<td>Practical support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Limited provision</td>
<td>Limited provision – We need more support</td>
<td>Limited provision - We need knowledge of available provision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inconsistent approach to data collection</td>
<td>Inconsistent approach to data collection</td>
<td>Flexible support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low numbers of men accessing</td>
<td>Low numbers of men accessing</td>
<td>Flexible support</td>
<td></td>
</tr>
</tbody>
</table>
The dominant theme when considering the research question; ‘What are the needs of men experiencing domestic abuse?’ was the need for recognition. Men are not the established or expected victims of domestic abuse. This lack of recognition directly impacts the ability for men to accept/recognise their victimisation, resulting in delayed or non-existent help seeking, prolonged abuse and increased risk to their safety. All of these factors hinder rebuilding (Figure 11: A diagram of the need for recognition). Consequently, abused men need: support to recognise the signs of domestic abuse and accept their victimisation; to be believed and have their experiences validated; to feel and be safe; to know where to go to access support; to know that it is acceptable for men to seek help and practical support (e.g. legal, housing and financial advice/support). Moreover, to ensure support is accessible to all victims, flexible provision beyond the weekday Monday-Friday 9am-5pm boundary to which many services confine themselves is required.

The meta-matrix demonstrates that, across all data sets there is a consistent agreement about the limited support available to male victims. Low numbers of men seeking help is an issue which impacts funding and the development of provision. Limited provision is influenced by the lack of recognition for abused men (Figure 13: The perpetuating cycle of a lack of recognition & provision). In addition, inconsistent data collection procedures (resulting in uncertainty of the data) are hindering an accurate representation of need.

5.6 Summary of findings

Findings presented in this chapter have achieved the three remaining objectives specified in chapter three. Objective two: Identify and review current service data and provision for men experiencing domestic abuse has been accomplished through Phase One’s service description and information questionnaire and Phase Two’s specific service information questionnaire. Additionally, service provision information has informed the development of a unique interactive service map of Wales (Appendix 32). The map provides a central point to access information on available support for abused men in Wales. Objective three: Establish the methods of recording the occurrence of male domestic abuse in Wales and communicating the
data in different organisations. Objective three has been met in so far as determining that data collection procedures within services were led by and most likely to be shared with funders. However, there was no pre-determined approach to data collection and a consistent approach to recording the occurrence of male victimisation data was acutely absent. Objective four: Establish the met and unmet needs of male domestic abuse victims, has been achieved through Phase Two specific service information questionnaire, in-depth interviews and semi-structured interviews. Across these three data-sets the need for recognition was dominant. This was particularly evident within qualitative findings whereby recognition (and the lack thereof) negatively impacted the ability for all subsequent needs to be met.

This chapter has demonstrated that for men experiencing domestic abuse, an inequality pertaining to a lack of recognition and the limited availability of provision exists. The lack of recognition is detrimental to abused men. It hinders accepting victimisation and knowledge of services, delays help seeking, prolongs abuse, increases risk of harm and prevents rebuilding. The inequality poses the question: ‘How can male victims be afforded equal recognition?’

Drawing upon existing knowledge and findings from this research, chapter six evidences how the lack of recognition is sustained, how it impacts abused men and provision and explores opportunities for change to consider; How can male victims be afforded equal recognition?’
Chapter Six  Discussion

6.1  Introduction

The aim of this study was to identify the needs of men experiencing domestic abuse and determine whether existing provision was meeting those needs. Two dominant themes were identified; a need for recognition and limited provision. Both themes were found to be a consequence of the gendered perspective of domestic abuse. However, it is the lack of recognition that has the greatest influence; perpetuating issues surrounding accepting and recognising victimisation, help seeking, unsubstantiated need and limited provision. The literature review drew attention to the family violence and feminist perspectives of domestic abuse. The latter is widely accepted as influencing policy, research, practice and society. The established notion is one where the male is the abuser and the female is the victim. For abused men and those who fall outside of the ideal, there are disparities in how they are recognised (minimal, less significant) and what support is available (limited). Despite CSEW figures evidencing that male victimisation is a substantial issue, the gendered perspective prevails. Consequently, men experiencing domestic abuse are not afforded equal recognition.

This discussion positions itself within a family violence and ‘gender inclusive’ perspective of domestic abuse; that men and women can be victims and perpetrators. However, it also acknowledges the importance of feminist concepts to understand the needs and experiences of the abused men within this study. Male participants experienced coercive control, power and control and intimate terrorism. Patriarchy and the dominant construction of masculinity inhibited help seeking and identifying as a victim whilst intensifying feelings of shame from being abused from their female partners.

Drawing upon existing knowledge and results from this research will illustrate how the lack of recognition is sustained and how it impacts abused men and provision. Also highlighted is the issue of inconsistent data collection amongst services across Wales that is preventing accurate knowledge of male victimisation. Thereafter, the
service needs of abused men are presented and accompanied with recommendations to how they might be met. Addressing each of these aspects seeks to answer the question identified from findings; ‘How can male victims be afforded equal recognition?’

6.2 The impact of a lack of recognition

Analysis identified two main findings; a need for recognition and limited provision. Across three data sets, the lack of recognition was evidenced by abused men (in-depth interviews), DAS supporting men in a gender inclusive setting (service questionnaires), and their managers and practitioners (semi-structured interviews). It was the dominant need for men experiencing domestic abuse. The lack of recognition of abused men was not from DAS participating in service questionnaires or interviews, but from wider society and other support services (health, mental health, drug and alcohol). The lack of recognition towards male participants had a number of detrimental consequences. They included an inability to accept and/or recognise abuse, delayed or absent help seeking (prolonging abuse, increasing risk and hindering recovery), limited knowledge of available services, unsubstantiated need and limited provision.

Accepting, recognising abuse and help seeking

It was found from the specific service information questionnaire that male referrals to DAS from the police were much higher than self-referrals (790 compared to 125). It would appear that men are more likely to seek the support of the police than access a DAS directly. Yet, abused men have cited numerous barriers preventing them from reporting to the police (Drijber et al, 2013; HMIC, 2014). Similarly, only 10% of men advised that they would report the abuse to the police (ONS, 2013c). The suggested substantial barriers and reluctance to report to the police may imply that men who have sought support from this source have delayed doing so until the abuse has escalated increasing their risk of harm.

Importantly, 31% of DAS had an engagement rate of 50% or less from referrals they had received. Some men might not be aware of the automatic referral to a DAS
following police attendance. Alternatively, relatives or neighbours may have instigated some police callouts out. Low engagement with DAS from referrals indicate that men are unaware of and/or reluctant to access a DAS or do not recognise their experiences as abuse. Notably, not one male participant directly sought the support of a DAS or contacted the WG’s Live Fear Free Helpline. All were directed by others whom they had sought support from in the first instance. Participants required the reassurance of others that their experiences were serious, that it was abuse and that accessing support was acceptable. Findings reiterate previous research; that men have difficulty identifying, understanding and reporting their victimisation (Donovan et al, 2006; Hines & Douglas, 2011).

Overall, help seeking amongst men is consistently lower than women particularly in relation to emotional problems and depressive symptoms (Moller-Leimkuhler, 2002) and men are less likely to use health services and seek help from health professionals (Galdas et al, 2004). The impact of poor help seeking amongst men is serious; figures reveal suicide is the leading cause of death in men aged 49 and under in the UK (ONS, 2013d). Barriers to engaging men in services have been have been grouped into five areas: help seeking behaviours; fear of stigmatisation; a lack of a visibility of men in services; hard to reach men and a lack of discourse (Johal et al, 2012). Similarly, shame, stigma, and embarrassment, fears associated with humiliation and ridicule are frequently reported barriers preventing men from disclosing abuse (Carmo et al, 2011). Male participants in this study all expressed similar concerns/barriers. They feared the stigmatization of help seeking, of admitting they needed help and accessing a provision originally developed for women.

A lack of discourse surrounding abused men meant they did not recognise themselves as victims, the dominant gendered perspective meant they believed domestic abuse was an issue faced only by women. A combination of these factors coupled with no knowledge of available support prevented men in this study from accessing DAS which resulted in prolonged abuse. Previous research has found that male victims are more likely to disclose abuse to informal sources than formal sources (Walby & Allen, 2004; Ansara & Hindin, 2010; Morgan et al, 2014). By comparison, only two male participants disclosed to informal sources (P3 to relatives
and P7 to his employer). Others disclosed to formal sources: the police (P1), housing/benefit agency (P2), homeless hostel (P4), employment/training agency (P5) and a mental health professional (P6).

Unfortunately, not all disclosures to formal sources were met with reassurance or access to appropriate support. Men seeking help for their victimisation have been found to be treated with suspicion and disbelief (Hogan et al, 2011). This was the case for a participant (P1) whose decision to contact the police resulted in the threat of arrest. He was disbelieved and treated as the assumed abuser. His experience resulted in a deep distrust of the police. Feelings of being disbelieved or the experience of not being believed by agencies whose role is to protect and support victims, re-victimise and further isolate abused men (Hines et al, 2007; Hogan et al, 2011). The participants (P1) call for help was ignored and his victimisation unrecognised. His un-validated need for support was repeated by CAFCASS, yet again he was ignored and struggled to be heard. Unfortunately, their actions reinforce stereotypical assumptions of men as abusers and not victims, collude with female perpetrators and this was particularly evident in this case. Hines et al, (2007) suggested that some female perpetrators are aware that the “system” has been designed to support female victims and mothers. Subsequently, they are able to use this knowledge to their advantage to manipulate, control and abuse. This particular type of abuse is a direct consequence of male victimisation not being recognised or accepted as a serious social issue (Straus, 1997). Another participant (P6) was repeatedly threatened by his abuser that she would accuse him of being the perpetrator and that she would be believed.

Semi-structured interviews further highlighted the use of children by their mothers as a means to control and abuse. Existing research has identified abuse through the use of children (Hines et al, 2007; Corbally, 2015; Morgan & Wells, 2016). Perryman & Appleton (2016, p. 404) refer to the use of children as a ‘means of power’; men feel helpless fearing they will lose contact with their children. Threats to take children away, withhold contact, turn children against them or even harm children are reasons that men might remain in abusive relationships. Fears of losing children have
been substantiated by Hunt (2003) who reported that following the breakdown of a relationship, 80% of children reside with their mothers whilst over three-quarters of child contact applicants were men. Limited recognition, stereotypical beliefs about women being the primary caregiver and most probable victim afford female perpetrators the ideal means to use their children to control and abuse. It may be considered that men need to be instilled with the confidence to disclose abuse, to know that if they call the police and seek the support of the “system” they will be recognised, treated fairly, be believed, taken seriously and not treated with suspicion and doubt.

Importantly, using children as weapons to abuse, control or maintain leverage is not the sole domain of female perpetrators. Abusive men can undermine mother and child relationships through humiliation and encouraging children to participate in verbal and physical abuse (Harne, 2011). Men can and do deliberately abuse children or threaten to harm them to control the behaviour of the mother during the relationship and post-separation (Harne, 2011). Between January 2005 and August 2015, 19 children were murdered in circumstances relating to child contact (either informal arrangements or those made through the court) with a father identified as a perpetrator of domestic abuse (WA, 2017). The family courts, CAFCASS and children’s social work were bodies that WA (2017, p.7) advised demonstrated failings that required addressing to ‘minimise the possibility of further harm to women and children’. This highlights the similarities between male and female perpetrators; men and women can use children to exert coercive control.

Further fuelling an inability for participants to accept abuse and seek help were gender norms. Male participants had either never heard of male victims of domestic abuse or if they had, they did not want to identify as one. Gender expectations created fears that seeking support would threaten their male identity. Participants (P1, P2 and P7) were particularly influenced by these “ideals” believing men are the stronger and dominant sex and women their unequal counterparts. These perspectives manifested to create considerable barriers to help seeking. Beliefs surrounding gender and domestic abuse created confusion; if men are strong and
capable and domestic abuse is ‘naturally’ experienced by women, how could they be victims?

They [men] don’t want people to know that their wives or girlfriends knock them about because [...] because it is naturally the other way round (P3).

**Love as a barrier to help seeking**

Love and belonging is a lower level need within Maslow’s hierarchy of needs (1943, 1954). The desire for love, to be within a relationship and to protect their abusers was found to be an additional barrier to accepting abuse and help seeking for the men in this study. These findings echo those of Donovan & Hester (2014) who compared love and violence across gender and sexuality. In their work, participants accounts expressing love through care, affection, responsibility, loyalty and protectiveness contrasted sharply to how they were treated: cruelty, possessiveness, jealousy and selfishness. Moreover, there were expectations from abusers for care, loyalty, support, protection and forgiveness. The latter were often elicited following declarations of love and promises to change which provoked guilt and self-blame and obligations of care. General beliefs about love (marriage is for life, commitment, sense of failure, love overcoming and leading to change in the abusive partner) were barriers to leaving.

Findings from this study resonate with those of Donovan & Hester (2014). Participants (P1 & P6) cared for their partners, responded to their neediness and were victimised. All of the men faced expectations of care, protection and forgiveness. It could be assumed that the need to love and belong may have influenced decisions of remaining with their abuser. However, unlike Donovan & Hester (2014) expectations were not elicited following declarations of love or promises to change. As demonstrated by the sub-theme ‘abuse as a continuum’, perpetrators did not apologies, declare love or seek forgiveness. Justification and blame for the abuse was placed firmly with the men. Abuse was experienced as a continuum; participants were abused, blamed and the abuse continued.

Participants desire to love and be loved overrode any doubts or concerns that they had. Accepting victimisation meant accepting the woman they loved could be
abusive. Denial and believing their relationship was a meaningful and loving one helped them avoid facing their reality. Further hindering participants from accepting their abuse and seeking help were gender expectations of chivalry and male as protector. Participants (P6 and P7) felt that disclosing and reporting their abuse meant they had betrayed their partner’s love and failed in their duty to protect them. Facing conflict and confusion, they experienced uncertainty to how they were meant to protect the women they loved but who was hurting them. For both participants not being able to cope, needing help and disclosing abuse were weaknesses that meant they could not protect their partners, they had failed their “duty” as a man.

Accessing much needed support was dependent on all participants accepting their victimisation and claiming “victim status”. Hence, their reluctance developed into a “catch 22” situation (Oxford University Press, 2017); without acceptance and help seeking, rebuilding and recovery was unattainable.

The effects of abuse

It was found that participants were subjected to a range of abusive behaviours, an ongoing pattern of violence and coercive control that caused real fear and harm. Specifically, abusive behaviours resulted in threats to kill (P1), serious injury (P3) – black eye, bleeding nose, (P4) – broken jaw, black eye, (P7) – iron burn, knife wound, self-harm and suicide attempts (P7) and high blood pressure (P6). Loss of identity, isolation and low self-worth were commonly shared features. Similar impact and injury has been recorded in previous studies (Migliaccio, 2002; Hines et al, 2007; Hines & Douglas, 2015). The effects of abuse were long-lasting with participants in this study still coming to terms with their abusive experiences. Yet, despite these very serious consequences, male victimisation has been framed as less serious, with less fear and harm attached. Male victims have reported their abuse with amusement (Hamberger & Guse, 2002), as ‘inconsequential’ (Dobash & Dobash, 2004) and compared to women, are less likely to report negative effects (Ansara & Hindin, 2010). Gender roles create a notion whereby women do not have the strength or intent to cause any real harm to men. Moreover, these roles have created a society where men are silenced by masculine concepts from admitting harm from their
female counterparts. Findings refute those who dismiss men’s abusive experiences as amusing, insignificant and being without fear. The abuse of men is neither trivial nor inconsequential (Hines & Douglas, 2010a) and in this study participants were ‘deeply affected’ (Morgan & Wells, 2016).

Limited provision

Limited provision for abused men in Wales was a dominant theme throughout the data collected. Managers of services drew attention to their requirement to evidence need when applying for new or continued funding. Concerns were also expressed regarding funding across the domestic abuse support sector. The planning, commissioning and funding of DAS are complex and can vary across Wales (National Assembly for Wales, 2008). Throughout the UK, substantial reductions to national budgets have led to cuts in prevention and protection services for abused women (Towers & Walby, 2012). Between 2010/2011 to 2011/12, 31% (£7.8 million to £5.4 million) of funding to the DA&SV sector was cut from LAs (Towers & Walby, 2012). Within Wales, revenue allocation was £4.5 million in 2016-17 and the capital allocation £969,000. Yet, in their review of DA&SV services in Wales, Berry et al (2014) found less than 24% of participating services described themselves as having secure funding. Results from this study concur with Berry et al (2014). ‘Resources (time and funding)’ was an overarching theme that restricted support options, added pressures to caseloads and created uncertainty for future provision. Responding to the WG’s 2015-16 budget, WWA reported public authority cuts amongst their national members’ DAS. Reductions to funding streams ranged from 3% to 50-70% (WWA, 2016). One manager (M1) voiced alarm at already receiving a 25% reduction to their budget with further 10-20% funding cuts imminent. However, the National Assembly for Wales (2016b) maintain that notwithstanding a £400,000 increase to support the implementation of the VAWDASV (Wales) Act 2015, the 2016/17 allocation to ‘Domestic abuse action’ (one of three main sources of funding to DAS) is set to remain at the same level as 2015/16. Funding allocation to Supporting People (another source of funding for DAS) also remained unchanged between 2015/2016 and 2016/2017 (National Assembly for Wales, 2016b). However, inflation rates have climbed steadily since late 2015 to their highest since June 2013 (ONS, 2017). Hence,
sustaining the same level of funding over a period of time equates to a reduction in funding; it has not been increased to reflect increasing rates of inflation.

It appears evident that the response from the National Assembly does not coincide with the reality faced by services within these findings or those of Berry et al or WWA. The threat to services as a result of reduced funding was a very real concern within the service interviews. The desire by one manager (M6) for abused men to receive a similar level of funding was hampered by their fear of money being ‘topped sliced’ from women’s services. Fears of female services ‘losing out’ to fund male services have been previously raised by WWA. The organisation maintained that in a time of public spending cuts funding should not be directed away from women’s services simply to meet a ‘projected need’ for men (WWA, 2010). Limited resources means agencies have to narrow their perception of who constitutes a victim and who the most appropriate victims are (Donnelly et al, 1999). A manager echoed this concept:

*I God forbid the day ever comes where they say “right you’ve only got enough, we’re only going to provide you with enough to provide one service or one refuge”. For us it would have to be the women. It would have to be coz the numbers stack that up* (M1).

In Wales, a lack of recognition and limited funding has resulted in the belief that abused men are, in comparison to women, in less need of support. Information provided by South Wales Police from the FOI request identified there were 6,598 (2012/13) and 4,664 (2013/14) known incidents recorded of male victimisation. Furthermore, the highest numbers referrals for men were received by services based in South Wales (635, 373 and 264). Despite these figures, a review of services for domestic abuse victims in South Wales found that the percentage of funding for provision for men was 1% (CAADA, 2014a). This was well below the 5% of male multi-agency risk assessment conference (MARAC) referrals for the area. In comparison, BME victim funds were 18% of the budget, well above the percentage of BME in the local population (7%) and the percentage of BME MARAC referrals (5%). Furthermore, within the LAs of Cardiff and the Vale of Glamorgan, provision for male victims was one of four areas where there existed; ‘the largest and most serious gaps between estimated levels of provision and a full system provision’ (CAADA, 2014b.
Elsewhere in Wales, no figures/reports to determine the proportion of male funding for support services could be sourced. What does exist evidences a lack of spending on services for abused men in Wales. Limited funding meant one practitioner (P9) had to divide their job role between two different client groups; with 16 hours allocated to support abused men with multiple needs. Time constraints as a result of minimal funding meant some practitioners felt they were not providing a fully committed service to the men they were tasked with supporting.

**Signposting as a “provision”**

Services supporting men felt that compared to women, there was a shortage of advocacy and holistic support (Hester *et al*, 2012). It was found that the most frequent support offered by participating DAS was ‘signposting’ (76%). There are very limited definitions of this term or what it might translate to in the field of social care or domestic abuse. One definition was sourced from Advice UK:

> Signposting is the process of giving a client the details of other organisations that will be able to help them (Advice UK, 2005).

Advice UK further advised:

> When signposting a client you are likely not to have undertaken any significant work on the specific query you are signposting (Advice UK, 2005).

According to Advice UK, signposting is a brief service with limited active engagement; a ‘client’ is provided information about an alternative service that can help them. This definition coupled with findings suggest that for male victims seeking support in Wales, the most common type of support is to be directed to another organisation. With no significant work having been undertaken, actual support provided to meet the needs of abused men is limited. However, what constitutes ‘signposting’ may differ amongst services. For some, signposting may be a restricted process as suggested by Advice UK whilst others may spend more time determining needs and providing support to access alternative services. Nevertheless, with or without the provision of assistance to access alternative support, signposting as the primary
source of support demonstrates that for abused men in Wales there is a serious deficiency in the provision of services.

Further limitations in provision were illustrated such as specialist IDVA support being provided by just under half of respondents (49%). When lower level, longer-term support is required to sustain recovery, it is not always available (22% of respondents offered IDVA and floating support). Hence, men identified as high risk who are fortunate to receive IDVA support face a gap in provision when their risk reduces. Gaps may not be so pronounced if another organisation within an LA provides longer-term support. Yet as the service map information demonstrates, many DAS are the sole provider of support to men within their LA. Additionally, the most common reason for participating DAS not meeting the needs of abused men was that the provision required was unavailable (42%).

**Nowhere to go, ‘huge gaps’**

Analysis of the evidence determined that managers and practitioners believed there was a distinct lack of provision available for men and their frustration about this issue was evident. The lack of support was raised as having a detrimental impact on men including homelessness and substance misuse. Support was described as having ‘huge gaps’ and one that was ‘appalling’ (M7). Male refuge/safe houses were described as the ‘glaring gap’ and ‘gold dust’ (M7). Specific service information questionnaires showed that 62 men had sought refuge and was the least type of support sought. On the face of this, the number may appear small. However, in the UK there are (currently) 19 organisations offering male refuge/safe house provision equating to 78 spaces (Mankind initiative, 2016). Of those 78 spaces, 20 are dedicated to men only whilst the remaining 58 are for either gender (Mankind Initiative, 2016).

In Wales, there were only four organisations offering male refuge/safe house support. Considering only 20 dedicated male spaces exist in the whole of the UK, it is probable that a number of those 62 abused men did not access the support they needed. For those fortunate to secure refuge, there is an emotional cost. The low number of spaces in the UK and in particular Wales means that men have to travel
long distances, moving to a different LA or even to a different country. Men with jobs, children, and support networks are faced with an impossible decision. One participant (P6) was torn between the choice of securing a safe environment and having to leave family and friends. The consequences of not being able to secure a place of safety closer to home can mean that men return home to the abuse, end up “sofa surfing” or register with their local homelessness office.

For most men they’d rather go like to their local homelessness department and try to just get re-housed that way but that’s leaving them vulnerable then to sort of on-going abuse harassment (Prac2).

Neither option affords men the specialist support required. Refuge/safe houses provide a multitude of complex services to victims of domestic abuse including safety, information and support with emotional distress (Lyon et al, 2008). By contrast temporary housing like B&B’s, are not as secure as refuges (Inside Housing, 2015). These types of premises also house individuals who might have multiple complex issues such as poor mental health and/or substance misuse and offer no specialist support. Hence, the safety of vulnerable abused men housed in a B&B is questionable. In England, The Department for Communities and Local Government advises that LAs should not place victims in B&B’s (Inside Housing, 2015).

The question of whether or not abused men require refuge has been disputed. Justification given for the lack of male refuge spaces is that men do not experience the same level of fear as women (Hester, 2013) and are injured less (WWA, 2010). Nevertheless, participants did experience fear, injury and long lasting effects. Additionally, the most frequent needs identified by services were safety needs (499 times by 69% of respondents). There is a general agreement that men do not require male refuge in the same number as required by women (WWA, 2010; Mankind Initiative, 2016). Similarly, the Home Office Select Affairs Committee (2008) concluded that the need for male refuge space was not in the same magnitude as women (WWA, 2010). Importantly, not one participant remained in their own home. Participants relocated for safety reasons (P1), accessed the homelessness office (P2), returned to the area their family lived (P3), became homeless eventually finding temporary accommodation in a hostel (P4), secured refuge (P5), secured refuge in an
area a considerable distance from home (P6) and became homeless eventually securing refuge (P7).

Peer support was a provision that had been asked for by men. Peer support is a crucial aspect of the therapeutic process for female victims (Larance & Porter, 2004). In Wales, structured peer support group recovery programmes (Freedom Programme and the Recovery Toolkit), activities (coffee mornings, crafts, relaxation) are available to abused women but do not exist for men. The Freedom Programme examines the roles of attitudes, beliefs and actions of male perpetrators to build confidence and recognise abusive behaviour (The Freedom Programme, 2015). The Recovery Toolkit aims to develop ‘positive coping strategies’ (Rock Pool, 2016).

Despite the Freedom Programme having been designed for women, its developer Pat Craven advised:

*The programme, when provided as an intensive two day course, is also suitable for men, whether abusive and wishing to change their attitudes and behaviour or whether victims of domestic abuse themselves* (Freedom Programme, 2015).

The logistics of how the programme might be used for male perpetrators and victims was not specified. Feedback on the programme via the website came from male perpetrators. It was unclear whether the programme has successfully been implemented with abused men. There was no information to suggest the programme could be used with female perpetrators. Grouping male perpetrators and victims together suggests a lack of knowledge about the issues involved and reinforces the idea that men are the same whether they are abusers or victims. For some services, the lack of a male programme had meant amending the language of existing programmes from “he” to “she”. However, because women are the intended audience, one manager observed this was not always enough:

*There are parts of it we can use with men […] but there’s other parts we can’t coz it is really around domestic abuse and women* (M1).

Attention was drawn to the safety and logistical considerations to establishing male peer support groups; online groups require monitoring, groups (heterosexual and
same-sex) might require separating and there were no known examples of established peer-support groups to follow. Evidencing the need for male group work and demonstrating cost efficiency could be problematic for services given the low numbers of men accessing services. In addition, group work during standard working hours would be inaccessible for victims who are employed. Yet despite the barriers, one practitioner summed up the value of group programmes and/or peer support:

*When they [women] do the Freedom Programme together they really benefit from each other’s sort of anecdotes about what they’ve been through, but you don’t see that dynamic with men because we don’t have any male groups* (Prac2).

The lack of opportunities for abused men to come together and openly discuss their experiences within a supportive environment exacerbates the hidden nature of male victimisation.

### 6.2.6 The ‘horrendous’ wait to rebuild

Participants needed additional support other than the DAS to facilitate a full recovery. One participant (P1) required support to reduce his isolation and improve his social networks. Confidence building, group work and support to understand the dynamics of domestic abuse may also have been useful. Services desired to provide male group work programmes (35%) and internet/media support (23%). Had they been available to him, P1 might have benefited from these types of support. Another participant (P4) wanted to access counselling and substance misuse services and was on a waiting list to do so. The desire to access counselling was repeated by an additional participant (P7) (who was also on a waiting list) and selected by 35% of services as a type of support they would like to provide. Waiting lists were found to be a source of frustration within the service interviews. There were considerable problems when attempting to access additional support particularly mental health, counselling and substance misuse. Long waiting lists ranging from 12 weeks to two years appeared common. Furthermore, a practitioner (Prac9) spoke of a disjointed approach amongst mental health and substance misuse agencies pointing towards a need for a more joined-up approach. Yet, partnership working to support victims
with multiple complex needs is not a new concept. A review of studies investigating co-occurring intimate partner violence, mental health, and substance use found the most frequently cited recommendation was the need to develop better coordination and collaboration across domestic abuse, substance misuse and mental health services (Mason & O’Rinn, 2014).

In Wales, a joint agency approach was a primary aim of Wales’s first domestic abuse strategy; ‘To facilitate the development and implementation of a quality coordinated joint-agency response’ (WAG, 2005, p.3). The vision was one whereby the:

Importance of joint-agency collaboration and joint-agency policy implementation to be consistently communicated........with a coordinated network of services that meet the needs of all victims (WAG, 2005, p.13).

However, two years later, concerns regarding ‘the lack of coherence and joined-up working between key partners in different parts of Wales’ were raised by the National Assembly Wales (2008). The VAWDASV (Wales) Act 2015 outlines the requirement for support that addresses multiple needs, is underpinned by a range of services and is provided in a timely response (WG, 2016d). Explicit is the need for ‘accessible and holistic provision’ and for the issue to ‘be addressed by services and partnerships in an integrated and coordinated way’ (WG, 2016d, p.24). The implementation of the Act as law places a duty on LA’s and Local Health Boards to jointly prepare a local strategy to ensure that clear referral pathways between specialist services are in operation (WG, 2015a). Services and victims alike may welcome the WG’s focus on collaborative working; it offers the potential for real change and to improve provision and promote recovery.

6.2.7 Exceptions to the rule

In spite of limited provision being a dominant theme across the data-set, this was with some exceptions. The service description and data questionnaire revealed various ‘other’ types of support being offered. These findings demonstrated the work and efforts of these services to offer a real alternative to the standard “rule” of a lack of options for men. Alternative types of support included mixed gender victim
groups, early prevention projects, whole family holistic programmes and life skills. In particular, mixed gender groups and holistic family programmes indicate a move away from “standard practice”, supporting victims without separation by gender and consider a ‘whole family’ approach to combating abuse. However, the availability of these ‘other’ types of services is “patchy” and lacks consistency across Wales. Meanwhile the longevity of these services is likely to be dependent on the numbers of men knowing about the support, accessing it (uptake) and services being able to demonstrate how successful it is. These are all factors that can influence future funding applications.

6.3 Inconsistent data collection

Results found a lack of a consistent or standardised approach to the collection of data amongst organisations across Wales. Correspondence with the WG advised there was no set structure for domestic abuse provision across Wales and that the WG does not request service-user data from DAS. This information corresponded with findings that showed 38% of participants shared their data with WG. Prior to formal data collection commencing, DACs were issued a blanket email requesting male victim data within their LA. Responses varied from the provision of a full data-set, to limited data, to advice to contact individual services directly, to male victim data as ‘not something I collect’. From 22 LAs in Wales, 14 DACs (64%) were either unable to provide the data or did not respond.

Inconsistencies were further evidenced from each service questionnaire. Discrepancies within Phase One service description and data pertained to the types of data collected, how it was collected, how often data was gathered, who was responsible for managing data collection, and who the data was shared with. Services collected a multitude of different types of data resulting in a varied and inconsistent data-set. Furthermore, only 8% of respondents employed a dedicated monitoring officer and for 24% the responsibility of data management fell to the IDVAs and support staff. Phase Two specific service information inconsistencies were apparent through missing or uncertain data. Where required, respondents were contacted to clarify responses (questions three, four and five). Some services (27%) provided no
information on the types of needs identified whilst 31% did not respond to the types of support they had provided to meet the needs of male service users. Furthermore, during Phase Two one participant advised they were unable to complete the questionnaire due to an ‘insufficient data system’. The inconsistent service data of abused men cannot be ignored. The distinct lack of a standardised data collection process across Wales hindered an accurate portrayal of male victimisation, service provision and support needs.

**Recognising third sector organisations as providers of domestic abuse services**

Public sector organisations are services provided collectively and funded in whole or in part from taxation (Flynn & Asquer, 2012). They are owned and controlled by the government or local government (Howieson & Hodges, 2014). Third sector organisations includes voluntary and community organisations, social enterprises, mutual and co-operatives (National Audit Office, 2010). They have multiple sources of revenue, are independent of government, are value driven, have multiple stakeholders and a reliance on volunteers (Salamon & Anheier, 1997; Lyons 2001, National Audit Office, 2010). Within Wales, the size and scope of third sector provision is substantial. There are approximately 33,000 organisations, 79,000 posts, 938,000 volunteers and its estimated income for 2013/14 was £2,005 million (Wales Council for Voluntary Action (WCVA), 2016).

Throughout England and Wales, DAS are provided by statutory and third sector organisations offering a range of support. Statutory or LA support focuses on child protection, safeguarding, criminal justice, probation and some IDVA services (Robbins, 2015). However, the provision of specialist prevention, support and crisis management services (refuges, telephone helplines, group work, outreach and drop-in) are usually the work of third sector community-based groups (Robbins, 2015).

In Wales, organisations providing domestic abuse support are overwhelmingly third sector organisations; findings from service questionnaires revealed that of 48 domestic abuse and sexual violence services supporting men, four were statutory and 44 were third sector which has some implications. All third sector services (irrespective of their focus or speciality) have to compete for funding from numerous
different sources. These include: National and WG (16%), Local Government and Health board (15%), Public giving (21%), Trading and investments (39%), Europe (2%), Grants and trusts (2%), Support from business (2%) and National Lottery (3%) (WCVA, 2016). Whilst third sector organisations are independent in how they provide services, their funders can set their agenda, frame the problems that they are willing to help solve, and determine the methods of working and what outcomes are acceptable. Within the DA sector, commissioning practices have placed an emphasis on outcomes, unit costs and individualist approaches resulting in serious ramifications for locally organised services provided by the third sector (Robbins, 2015).

Between statutory and third sector agencies, there exists a power imbalance. Its very name is an indication of its political and economic subordination to the public sector (Chapman et al, 2009). Third sector organisation have less certainty regarding funding arrangements compared to statutory provision. Funding challenges mean that third sector organisations cannot be reliant on one single source of funding (WG, 2009). At the same time, WG acknowledges the important role the sector has in the delivery of services and funding from WG and LAs make up a significant proportion of the sectors income (WG, 2009). However, this is an ‘uncomfortable arrangement’; there is a high dependency on the funder to continue providing funding whilst the organisations is vulnerable to cuts in that funding (WG, 2009 p.3)

Third sector organisations have to compete amongst each other for public and private funding (WG, 2009) which is usually short term. Both these factors present issues regarding uncertainty and future sustainability. Significant power imbalances also exist between large and smaller third sector organisations (Tilki et al, 2015). The latter are generally unable to compete for bigger contracts; larger organisations can select the most profitable work leaving smaller ones to subcontract for fewer resources further down the chain of contracting (Tilki et al, 2015).

An example of larger, more powerful third sector organisations within domestic abuse include WA (discussed later in this chapter) and the Respects Men’s Advice Line. The national helpline runs a confidential helpline specifically for male victims. A
national helpline for men is also operated by the Mankind Initiative. Registered in 2001, it was the first charity in the UK to support abused men (Mankind Initiative, 2017). However, there are differences in how they are funded. Respect receives £240,000 per year from the Home Office for the Men’s Advice Line and the Respect Phone line (for anyone concerned about their own or someone else’s behaviour to their partner, irrespective of gender) (Home Office, 2016). In addition, the Men’s Advice Line also receives funding from the Scottish Government (Men’s Advice Line, 2013). By contrast, the Mankind Initiative receives no funding for their helpline from trusts or grant-making bodies and relies upon public donations and volunteers (Mankind Initiative, 2017).

A key issue preventing a consistent approach to data collection amongst DAS across Wales is funding. Domestic abuse provision in Wales is void of one consistent source of funding. Hence, it is void of a single consistent approach to data collection. Frequently, there are multiple different funding streams in force within one service including: Supporting People, the Home Office, WG, PCCs, LA, Community Safety Partnerships (CSPs) and independent charities or trusts. DAS in this study shared their data with a range of agencies. Yet, sharing data with funders (70%) accounted for more than any other organisation (WG, police, PCCs or other DAS). Data collection and sharing processes appeared to be determined by who funded the overall service or particular aspects (drop-in, outreach, IDVA, floating support). The third sector needs to demonstrate and promote its value and the impact funding has made to people’s lives (WG, 2009). Hence, sharing data with those holding the purse strings is likely to be essential if services want to maintain existing or develop additional provision.

These findings coincide with a report of a domestic abuse commissioning strategy in two LAs in Wales: Cardiff and the Vale of Glamorgan. Amongst the two LAs, eight different funding streams for various types of support were in operation (CAADA, 2014b). It appears that little has changed since the National Assembly for Wales (2008) report on domestic abuse. At that time, the report highlighted the existence of complex and inconsistent funding arrangements for domestic abuse provision in Wales. Consequently, services shared their data with multiple sources (who may ask
for different types of data, collected at different times) and communicated them via various sources (reports, presentations, publications). For services, this undoubtedly creates pressures and detracts attention from the frontline support they are funded to provide.

Inconsistent male victim data collection is evident beyond the boundaries of Wales and permeates Government organisations. Correspondence with the ONS confirmed that all police forces throughout the UK supply data to the Home Office regarding the number of domestic abuse incidents recorded. Yet, the ONS revealed that despite police figures being available (including those from all four Welsh forces), they were not differentiated by gender. The information was reiterated by communication with the Home Office. Responses from a Freedom of Information (FOI) request to all four Welsh police forces included ‘no information provided’ and missing data across all forces. The police forces’ problematic approach to data collection had previously been highlighted by a HMIC commissioned report; *Everyone’s business: Improving the police response to domestic abuse* (HMIC, 2014). Recommendation four raised the need for consistent data collection:

*Data collected on domestic abuse needs to be consistent, comparable, accessible and accurate so that it can be used to monitor progress. This requires the Home Office to develop national data standards in relation to domestic abuse data* (HMIC, 2014, p21).

It does appear that data recording amongst police forces is improving. In their follow-up progress report, HMIC (2015) found a 31% increase in the number of domestic abuse related crimes recorded in England and Wales. The ONS suggests the increase is partly due to police forces improving their recording of these incidents as crimes (HMIC, 2015). However, to what extent this has (or has not) extended to the recording of male victims within Welsh police forces remains unclear.

6.4 **Sustaining a lack of recognition**

Visible and subliminal messages projected within society sustain the concept that domestic abuse is serious issue overwhelmingly faced by women. VAW is presented as a product of male patriarchy; men who do not abuse are asked to unite against
this heinous crime (WRC, 2015). Men are bracketed into two categories; those who abuse and those who do not. Little or no genuine consideration is afforded to the possibility of a third category; men who experience domestic abuse.

6.4.1 Women’s Aid

The organisation Women’s Aid is well established and well recognised. WA is not one company but a federation of many. The Federation is divided into four, one for each of the four nations of the UK. In Wales, WWA lists 3 WA Federations (WAF) (WWA, 2017). WWA is a national third sector organisation with an income of £1.9 million (Beta Charity Commission, 2016). Their key projects include WG’s Live Fear Free Helpline, Children Matter prevention project, Refuge and advocacy services, Accredited and non-accredited services, policy campaigning, and consultancy (Beta Charity Commission, 2016). The WG is WWAs principle funder providing 63% of their income, whilst Wrexham and Conwy LA fund direct services in their areas accounting for 17% of WWA income (WWA Accounts, 2016). Remaining income sources include donations, member subscriptions, foundations and other public sector bodies (WWA Accounts, 2016). WWA offers an example of a large third sector domestic abuse provider in Wales; its name is synonymous with domestic abuse and the provision of support. Compared to smaller, less well recognised domestic abuse organisations or projects, WWA might have the advantage of understanding and navigating commissioning processes to continue or extend services.

Service interviews revealed the potential for the WA brand to act as a barrier preventing recognition of the issue and men from accessing support. Founded in 1974, WA’s roots are ‘in the women’s rights’ movement and the organisation is run by women for abused women and their children’ (WA, 2015c). Through this statement, WA provides a solid affirmation of its focus on women and children. WA has undertaken tireless work to place domestic abuse on the political agenda and raise awareness of women and their children experiencing domestic abuse. For over 30 years WA services have been tailored to meet the needs of women and children; designed with their service needs at the forefront (WWA, 2010). However, within some areas of Wales WWA support men and women. They also operate the WG
funded Live Fear Free Helpline providing information and support to men, women and children. Despite WWA supporting men in some areas of Wales and nationally via the helpline, they define domestic abuse as:

*The actual or threatened physical, emotional, psychological, sexual or financial abuse of a woman by a partner, family member or someone with whom there is, or has been, a close relationship. This abuse also relates to the perpetrator allowing or causing a child to witness, or be at risk of witnessing, domestic abuse* (WWA, 2012a).

This definition completely omits men and indicates limited genuine acceptance of and engagement with male victims. A number of services in Wales originally developed by WA to support women have expanded their remit to include men. Service interviews found that for some this was the result of recognising a wider need that went beyond gender. Those services had changed their name from ‘[Area] Women’s Aid’ to ‘[Area] domestic abuse service’ so that it was clearer they supported both genders. Interviews acknowledged that the name ‘Women’s Aid’ may act as a barrier for men. For other WA services, the move towards supporting men was a consequence of adhering to stipulations of funding and expectations to provide services for men (WWA, 2010). WA is a widely recognised, well-regarded and influential lobbying organisation. The foundation of WA upholds a gendered perspective of domestic abuse (WWA, 2012a). With its established and powerful brand, it is little wonder why WA might be perceived as a barrier to recognising all victims of domestic abuse equally.

*They [WA] do provide male services for men fleeing domestic abuse but you just wouldn’t believe it by the name* (Prac9).

### 6.4.2 Inequality of the male assessment

Also referred to as male screening, the male assessment tool is used to determine whether men presenting as victims are ‘victim’, ‘perpetrator’ or ‘co-offending partner’ (Robinson & Rowlands, 2006). Analysis found that 50% of respondents to the specific service information questionnaire used the male assessment. Service interviews identified that justification for the benefits of using the tool was not in
dispute. However, the unequal application of assessing men and not women was an issue that for some services was their reason for not adopting the tool.

Male assessment helps obtain additional information to help determine whether an individual is a primary perpetrator or a primary victim (Martin, 2015). Originally developed by the Dyn Project as a practice resource, the Men’s Advice Line at Respect have also developed a toolkit for working with abused men. Previous research suggests that some men presenting as victims are perpetrators. Figures from the Dyn Project found that from 171 cases, 57 men were identified as being either a victim and perpetrator and 22 the sole perpetrator (Robinson & Rowlands, 2006). Between 2010 and 2011 The Men’s Advice Line (2013) monitored over 5,000 calls to their helpline where a total of 2,903 men were identified as victims. However, assessment revealed the actual number of victims to be 1,247 with the remaining number grouped as being: perpetrator (298), perpetrator whose partner uses violence resistance (180), not sure (369) and unhappy relationship with no abuse (374). Research exploring the existence of female perpetrators presenting as victims was not identified.

It is only men presenting as victims who are assessed to determine their ‘true victim’ status. However, Respect’s male toolkit advocates for the assessment of men and women (Men’s Advice Line, 2013). The practice of having a clear male assessment at the Dyn Project was highlighted as one of its five guiding principles for its work with men and is; ‘essential in order to identify and respond appropriately to counter allegations’ (Robinson & Rowlands, 2006, p.5). Between April 2009 and April 2010, 50% of referrals to the Dyn Project were identified as being an alleged perpetrator or perpetrator of the abuse (Nolan, 2011). However, caution should precede assuming that all 50% were men presenting as victims to access and manipulate support. Most men classified as perpetrators or alleged perpetrators through assessment had been referred to the Dyn by the police (Nolan, 2011). The assessment of men who seek

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*Email correspondence with James Rowlands who developed the Dyn assessment as a practice resource advised the Dyn tool has not received external validation (4th August, 2016 Appendix 39). Similarly, the Operations Director of Respect; Mr Ippo Panteloudakis confirmed the Respect male toolkit has not undergone external validation either (7th September, 2016 Appendix 40).*
support presents itself as an emotive subject amongst domestic abuse providers. Those supporting male assessment maintain it is essential due to the number of male perpetrators presenting as victims and to ensure the provision of appropriate support. Those who oppose assessment state its use on men but not women is discriminatory. Justifications offered for using the tool are to ensure a safe and fair outcome for those experiencing domestic abuse and the prevention of further abuse (Nolan, 2011).

Assessing to establish victim status for men and not women, suggests a distrust of men’s accounts and assumptions that only men are capable of trying to manipulate support services. This approach further substantiates the lack of recognition that exists with abused men having to do much more to “prove” their victimisation. The potential for disbelief and distrust of participant accounts in this study was given careful consideration. Participants were recruited from DAS where they had accessed and engaged in on-going support. Accessing and engaging in support afforded validity and credibility to participant experiences and to those who may question how much of a genuine victim they truly were. Yet, the need to explicitly consider the potential for disbelief in participant accounts in the first instance demonstrates an inequality determined by gender. Robinson & Rowlands (2006) reasoned that assessing women is not commonplace because women constitute the overall majority of domestic abuse cases, however in the case of men, relying on statistical probability to determine their victim status is not possible. Yet Nolan (2011) refuted this this ‘very weak’ rationale and argued that simply because the likelihood for victimisation is greater for women, it is not sufficient reason to not assess them. Furthermore, victimisation is not always a fixed state and can evolve. Power relations are capable of changing within relationships and abuse can also be bi-directional (Langhinrichsen-Rohling et al, 2012). Central to an IDVAs training is the need to validate and believe the accounts of their clients. However, questioning and evidencing a man’s account whilst validating and believing a women’s fuels stereotypical assumptions (of victim/perpetrator roles), reinforcing unhelpful myths surrounding the issue whilst devaluing efforts of public awareness raising for abused men (Nolan, 2011).
6.4.3 Uniting to end Violence against women and girls.

Awareness raising for VAW by international, UK and community organisations, groups, charities, academics, feminists, politicians, professionals, writers, individuals and women helps ensure this very serious issue continues to be recognised. By contrast, there is less promotion for the issue of male victimisation at an international, national or local level. Domestic abuse campaigns tend to focus on women and girls, and not men and boys. Increasingly, men and boys are asked to pledge their support to end VAWG. The White Ribbon Campaign (WRC) is a global movement of men and boys working to end male violence against women. Each year men and boys are encouraged to wear a white ribbon commencing from the 25th November (WRC, 2015) to coincide with the UN’s International Day for the Elimination of Violence Against Women. The 25th November to the 10th December (Human Rights Day) marks 16 Days of Activism against Gender Based Violence (WHO, 2016c).

The National Assembly for Wales (2016a) supports the WRC and advises that wearing a white ribbon is symbolic of a promise to never commit, condone or remain silent about VAW. ‘Walk a mile in her shoes’ is a campaign which has gained increased support in Wales. Men are called upon to ‘march’ against the rape, sexual assault and gender violence of women. Promoted as a ‘playful opportunity’ for men to raise awareness of men’s sexualised violence against women, men are asked to walk one mile in women’s shoes (Walk a Mile in Her Shoes, 2015). Live Fear Free is the WG website providing information and advice for those experiencing ‘domestic abuse, sexual violence and other forms of violence against women’ (WG, 2016c). Live Fear Free’s inclusivity to all victims is evident through its use of male and female models on its website. Yet from 12 video campaigns, only one is directed at abused men and no promotional material featuring male victims with disabilities or BME men was sourced.
6.4.4. Johnson’s typology

Johnson’s typology (1995, 2005, 2008) attempted to address the conflicting findings amongst family violence and feminist researchers. The typology proposed four types of domestic abuse; ‘Intimate Terrorism’ (IT), ‘Situational Couple Violence’, ‘Violence Resistance’ and ‘Mutual Violent Control’. Women are much more likely to be victims of IT (gender asymmetry) perpetrated almost exclusively by men to maintain patriarchal control. Men and women perpetrate and experience situational couple violence and men are more likely to experience violence resistance from women. Johnson (2010) acknowledged that the fourth, ‘Mutual Violent Control’ was rare and there was uncertainty as to whether it exists. Supporting findings from each paradigm the typology was proposed as a resolution to two opposing perspectives. Johnson (1995) acknowledged that IT could occur in dating relationships and same-sex relationships and whilst overwhelmingly experienced by women, Johnson did not rule out that men might also be victims of IT. Graham-Kevan (2005) as cited in Hamel (2007b, p12) contended that ‘If IT is defined as the perpetration of emotionally abusive/controlling behaviours in combination with physical abuse, there are as many female intimate terrorists as there are male intimate terrorists’

Previous studies have identified that men can experience IT (Graham-Kevan & Archer (2003; Hines & Douglas, 2010b). IT is characterised as;

‘an ongoing pattern of violence and coercive control’ that is likely (a) to frighten the victim into seeking help from law enforcement, a protection order, a shelter, or a divorce court, (b) to produce injuries that require medical attention, and (c) to draw the attention of others who report incidents to the authorities’ (Johnson, 2010).

Based on this definition, this study provides further evidence that men experience IT from a female partner. Several male participants experienced IT through severe, frequent coercive and physically violent behaviours causing them fear and leaving them with short and longer lasting effects. P1 lived in fear of the threat of severe violence, sought help from the police and DAS and had to leave his home. P2 experienced a range of abuse including physical, financial, sexual, emotional and coercive control, he also sought the help of police, he feared his children being
harmed, had to leave his home and was still recovering from the effects of the abuse. P4 lived with coercive control, emotional and physical violence from his wife and her son. He suffered serious injuries and left home to escape the violence, living in a homeless hostel and eventually ending up in a male refuge. P6 suffered patterns of physical violence, emotional abuse and coercive control. He felt fear and anxiety and was blamed for the abuse. He sought help from a DAS who encouraged him to report the abuse to the police. He left his home, sought safety in a male refuge and was still recovering from the abuse he experienced. P7 lived with blame, manipulation, control, uncertainty, and physical violence. He sought help from the police and was assessed as being ‘high risk of harm’. P7 left his home and was homeless before securing a refuge space.

Johnson’s typology could be used to help validate men’s experiences. Yet, male victims are more likely understood to experience situational couple violence or violence resistance (as a consequence of them abusing their female partner). Johnson’s typology has been criticised for excluding clinical samples of abused men and for purposefully selecting samples supporting the belief that IT is overwhelmingly experienced by women (Hines & Douglas, 2010b). With this in mind and in light of results, an updated typology that considers all types of victims (drawn from all types of samples) is required to acknowledge men and women can (and do) experience and perpetrate IT.

6.4.5 Mirror image need, mirror image support

In the interviews with practitioners men experiencing domestic abuse were rarely recognised or discussed as a group in their own right. Service interviews frequently used women as a comparator to demonstrate the needs and support provided to men. The repeated reference to abused women by service providers sought to demonstrate equality; men’s needs are the same as women and support offered was the same regardless of gender. However, doing so raised two important points. Firstly, presenting the needs of men in the context of female victimisation (however unintentionally), evidenced the inequality (unequal status and an unequal perception) that exists. Disagreement ensues as to whether abused men’s needs are
the same as women. Domestic abuse provision was developed for women and children and not men. WWA (2010) resisted the concept of male and female victims having the same needs. Their criticism of single sex services moving to gender inclusive provision was a lack of consideration to the specific and different needs of each gender. Respect’s Men’s Advice Line (2013) also maintains there are key differences in the experiences and needs of men. It is important to note that WWA aims to ensure domestic abuse remains gendered in its approach, whilst Respect’s male toolkit and training package for working with men is a key component of its structure. Despite opposition to the concept of male and female victims having shared or similar needs, the repeated reference to such by those at the frontline of provision requires acknowledgement.

Secondly, treating people the same does not constitute equality (Kendrigan, 1991). Equality is ensuring men and women are treated fairly and recognises that needs are met in different ways (Watts, 2010). Male and female victims might have different needs that are dependent on a range of factors including their experiences, how they internalise and externalise abuse and the impact of gender/cultural norms. It can also include differences in gender (biology, personality, communication and social roles (Hamel, 2007b). Gender inclusive does not mean ‘gender equal’ or ‘gender neutral’ (Hamel, 2007b). Women suffer more physical injuries, more severe injuries, express more fear of physical danger and experience more rapes than men (Hamel, 2007b). Yet, men can and do experience abuse that is also harmful and includes physical, sexual, emotional and coercive control. To regard or treat female and male victims the same ignores their differences. However, treating people differently to treat them equally is much more challenging than treating everyone the same (Kendrigan, 1991).

Contradictions within service interviews arose with the supposition that support provision was equal regardless of gender. However, this did not extend to the availability of refuge provision, the Freedom Programme, the Recovery toolkit and social activities like coffee mornings. The desire to communicate a commitment to and the delivery of equal support to men was evident and for some services was a reality. Even so, equal provision for men and women is not characteristic of all DAS
across Wales. Furthermore, this concept is contradicted by the dominant theme identified through the meta-matrix ‘Limited provision’. The delivery of support to men and women represents greater equality however the availability of services remains unequal.

6.5 Opportunities for change - ‘How can male victims be afforded equal recognition?’

6.5.1 Instilling confidence for enquiry

Analysis drew attention to the scarcity of male referrals received by DAS from housing (60) and social services (21). Referral numbers were particularly low from health and those from mental health or substance misuse services virtually non-existent. Abused men are less likely to access formal sources of support (Morgan et al, 2014). However, five of seven participants did disclose to formal services that included housing/hostel (P2 and P4) and mental health (P6). When compared to women, men are less likely to use health services and seek help from health professionals (Galdas et al, 2004). Yet when men do seek help from mental health and health professionals, they have rated them the most helpful type of formal support (Douglas & Hines, 2011; Machado et al, 2016).

Healthcare professionals and the NHS have long been recognised as being in a prime position to identify victims. In 2001, the National Assembly for Wales highlighted the pivotal role of health services in identifying, assessing and responding to domestic abuse noting they may be the only professional contact a victim may have. Despite domestic abuse (and in particular VAW) being recognised as a major public health problem, engaging healthcare services has been a challenge (Johnson, 2010). The response from NHS services for the identification and handling of domestic abuse cases has been poor, particularly within primary care settings (Health Foundation, 2009, 2011).
The development of a general practice based domestic violence and abuse training support and referral programme, IRIS (Identification and Referral to Improve Safety) aims to improve the response from primary care. The training programme seeks to enable GPs to identify patients experiencing domestic abuse and make the appropriate referral (IRIS, 2012). Since its development and evaluation, the programme is being delivered in 33 areas of England and Wales (University of Bristol, 2016). In Wales, the South Wales Police and Crime Commissioner together with Cardiff and Vale University Health Board launched IRIS in 2014 and in 2015 the programme was expanded to the Cwm Taf area of South Wales (Health in Wales, 2015). During the launch of the programme in South Wales, the then Welsh Minister for Health and Social Services, Professor Mark Drakeford reiterated the role of healthcare in identifying domestic abuse:

*Our Primary care services are uniquely placed to identify and support victims of domestic violence and abuse. This is where the vast majority of people receive their care and where tens of thousands of contacts with health and social care professionals take place every day* (Mark Drakeford, Health in Wales, 2015).

Improved referral rates from primary care to specialist domestic abuse provision indicate the success of IRIS. Since its launch in Cardiff and the Vale in 2014, 70 referrals have been made (Health in Wales, 2015). For England and Wales, the referral rate from IRIS practices is over 1,500 per annum with trial data suggesting 1,250 are a result of the programme (University of Bristol, 2016). Information on the IRIS website states the programme is aimed at female victims adding that it also provides ‘signposting’ for male victims and perpetrators (IRIS, 2012). This indicates less of an onus on men. However, IRIS is in relative infancy and to what level the programme focuses on identifying and supporting male victims within healthcare settings across the UK is unclear. In Wales, correspondence with the IRIS National Implementation Manager confirmed the programme running in Cardiff and the Vale does not work directly with men (Appendix 42). In addition, domestic abuse is discussed as a gendered issue with reference to ‘signposting’ for abused men. Found to be the most frequent type of support available to men in Wales, signposting as a “provision” indicates a lack of actual work being completed with abused men.
One participant (P6) disclosed to a mental health professional. In this example, the awareness and actions instigated by the professional led to P6 accessing the support he needed. However, issues of abuse have often been under-detected within mental health settings with the absence of direct questioning (Rose et al, 2011) whilst research regarding domestic abuse and mental health has been overlooked (Hegarty, 2011). Chang et al (2011) reported that only 44% of male and female participants accessing mental health settings had been asked by a professional about domestic abuse. In addition, women were more likely than men to have been screened for domestic abuse by a mental health provider. As an attempt to “cope” with his abuse and his confused emotions, one participant (P7) resorted to self-harm. It was unclear within the interview whether P7 had accessed mental health services whilst in his relationship, although given his efforts to hide and deny the abuse maybe it was unlikely. Nonetheless, mental health services should be aware to the possibility that men accessing their help could be victims. Barriers to enquiry cited by mental health professionals were a lack of knowledge and expertise or simply because they did not perceive asking about domestic abuse to be part of their role (Rose et al, 2011). A lack of direct questioning and an awareness of male victimisation across mental health settings are potential missed opportunities. Evident was the case of one participant (P2) whose contact with his G.P was met with a lack of enquiry and a prescription of anti-depressants. If professionals are reluctant to enquire about domestic abuse to women, who dominates the discourse of victimisation, it is of little surprise that professionals may be even more unaware or reluctant to ask men about abuse.

The introduction of the VAWDASV (Wales) Act 2015 has the potential to equip professionals with the skills to confidently ask and deal with disclosure of domestic abuse. The Act places a duty on services including health, housing and education to provide a gateway of support for those affected (WG, 2016a). A vital component in delivering the Act is the introduction of a National Training Framework that offers; ‘proportionate training to strengthen the response provided across Wales’ to help ensure that ‘no matter where a victim lives in Wales, the professional response they
receive is consistently good’ (WG, 2016a, p.2). The Act places a duty to ‘Ask and Act’ a term defined as:

\[
\text{a process of targeted enquiry across the Welsh public service in relation to violence against women, domestic abuse and sexual violence and a process of routine enquiry within maternal and midwifery services, mental health and child maltreatment settings} \quad (WG, 2016b, p3).
\]

There are more established routine pathways to disclosure for women; midwives, health visitors and social services. In comparison, men have fewer opportunities to disclose or be asked about domestic abuse. With the exception of mental health services, routine enquiries of Ask and Act might appear to be restricted to services perceived as predominantly for women (maternal and midwifery services and child maltreatment settings). Whilst not defined within the WG definition, ‘child maltreatment settings’ might relate to children’s social services. It is important to acknowledge that within child protection, women are often viewed as ultimately responsible for their children, expected to remove violent and abusive men from the home (Scourfield, 2003, 2006). If mothers do not fulfil their responsibility, it can result in the removal of children. By contrast, fathers have been systematically excluded from child welfare (Christie, 2001). Processes and perceptions are changing and there is increased recognition of the importance of child welfare engaging with fathers (Smithers, 2012; Maxwell et al, 2012; Campbell et al, 2015). Thus, assumptions of child maltreatment settings working only with mothers should be challenged.

Given the range of adverse effects found within this research, it would be useful for WG to consider extending routine enquiries of Ask and Act to employment and benefits offices, legal premises, substance misuse organisations and primary care services such as A&E.

The lack of opportunities for men to disclose abuse and their invisibility within help seeking services (health, mental health or domestic abuse provision) receives little or no acknowledgement within UK or WG domestic abuse policy. The WG’s National Training Framework purpose is to ensure all professionals are trained to respond
effectively to; ‘anything affected by any form of gender-based violence, domestic abuse and sexual violence’ (WG, 2016a, p.4). Yet, all victims must feel recognised, supported and safe to disclose in the first place. The lack of recognition and specific targeting towards men means disclosures are likely to remain low and that male victims continue to be hidden.

The ‘Strengthening Leadership Series’ is a succession of short films accessible via the WG’s YouTube channel (WG, no date), aimed at satisfying outcomes for group six of the National Training Framework (WG, 2016a). Group six training is aimed at strategic leaders who have responsibility to:

Foster a culture and infrastructure in which violence against women, domestic abuse and sexual violence are acknowledged as issues which may affect the workforce, the client group, and friends and family (WG, 2016b).

The WG advises the films ‘satisfy’ the outcomes for group six (WG, 2016a). It is unclear how many episodes or films are planned but it was found that up to and including episode 11, the only victim group referred to were women. For group one (awareness raising for all staff, public bodies, devolved, non-devolved and third sector) of the National Training Framework, an E-learning programme has been developed (WG, 2016a). The programme includes abused men, but reminds learners that women are more likely to be victims. With fewer men help seeking, fewer opportunities to disclose and limited recognition of the issue, professionals may lack the experience/confidence to ask men about victimisation. Hence, there is a need to develop and implement training that focuses on alternative victim “types”. Low numbers of men coming forward or being referred from agencies (through either a lack of awareness, knowledge or confidence to deal with disclosure) are not being afforded the opportunity to disclose abuse. In turn, this fuels the lack of recognition and limited provision.

6.5.2 Creating awareness: campaigns and media/soap

Male participants had no knowledge of the signs of domestic abuse or that men could experience it. As a result they felt confusion and isolation. Campaigns and promotions offer useful opportunities to raise awareness and educate society on
“hidden” issues. The Movember Foundation (2016) aimed to address men’s reluctance to seek help for their health problems. Since its launch in Australia in 2003, the foundation has become a global charity raising £402 million to support prostate cancer, testicular cancer and suicide prevention. Previously a hidden and under-researched topic with limited charity donations, Movember propelled prostate cancer to the forefront, raising the profile and increasing open discussion. ‘Know your balls’ and ‘Go nuts’ (Orchid, 2016) are examples of other testicular cancer awareness campaigns that have become increasingly recognised. The success of Movember and Orchid in highlighting previously hidden health issues illustrates the positive impact targeted campaigns can achieve. However, there remains a considerable distance to cover before recognition of male victimisation is equal to female victims. Moreover, despite the global and national awareness and the numerous campaigns aimed at women, VAW continues to be an evasive problem and a reluctance to report abuse persists (HMIC, 2014). Nevertheless, dedicated campaigns offer the potential to raise the profile of abused men and to instil the confidence to know they are not alone, to be able to recognise their victimisation and know that help is available. For wider society, a targeted campaign creates the opportunity to facilitate open dialogue, increase recognition and acceptance and reduce the stigma attached to male victimisation.

Soap operas Eastenders, Hollyoaks and the The Archers have all featured storylines of abused women. The impact on public awareness was particularly evident in The Archers. When the plot intensified during February 2016, charities Refuge and WA reported a 17% increase in calls to the National Domestic Violence Helpline (BBC News, 2016). Additionally, the storyline resulted in fundraising efforts to raise money for Refuge which reached more than £130,000 (BBC News, 2016). By contrast, abused men have received less attention in British soap operas. Nonetheless in 2012, Coronation Street ran the first long-running storyline of male victimisation by a female partner. The storyline had positive impact on raising awareness, the Mankind Initiative (2013) (a UK wide helpline for male victims) recording treble the number of calls to its helpline. In Wales, the Welsh Language Soap Pobol Y Cwm has recently featured a storyline of female-to-male abuse. Through media outlets like soap operas
and promotion, there is an opportunity to reach wide audiences and draw attention to all victims of domestic abuse.

6.5.4 Challenging the perpetuating cycle

Low numbers of men being referred to or directly accessing support results in a lack of evidence of need, sustaining the perpetuating cycle. The cycle has become entrenched but is not irreversible. Whilst low numbers of men was considered normal for the majority, it was the exception amongst four DAS. These services had a dedicated provision for men (all running alongside services for women) and recalled frequent referrals, calls of enquiries and engagement with male victims. When services are providing a dedicated provision to men they are visibly recognising male victimisation. This had a positive impact, increasing the likelihood of men being referred, accessing directly and an increased awareness of male victimisation amongst local agencies and the community.

In spite of these examples being the exception, they illustrate the positive impact visibility and awareness has on increasing recognition for abused men. Increased awareness signifies recognition and acceptance. Both factors have the potential to increase numbers of agency and self-referrals and increase engagement with male victims.

6.6 The service needs of male victims

Male participants disclosed to a range of services rather than directly through a DAS or the Live Fear Free Helpline. Hence, the responsibility of meeting the service needs of men who are abused falls to all organisations that might come into contact with them. These include (but are not limited to): the police, housing office/associations, employment and training, benefits agency, homeless hostels and mental health. The responsibility of meeting the service needs of men extends to those at the helm of decision making, funding and policy (and those who influence them); government ministers, researchers, the media, national organisations and wider society. These
groups have the power to determine and influence normative need and to assert that male victims deserve equal and dedicated recognition and support.

There are a number of service needs that men experiencing domestic abuse require. Needs identified from analysis of in-depth and semi-structured interviews were: to recognise and accept domestic abuse, belief and validation, acceptance from others, safety, knowledge of existing provision and to know that it is acceptable to seek help, practical support (e.g. housing, legal and financial advice/support) and access to flexible support.

**Accept and recognise domestic abuse**

Men within this research needed support to accept and recognise their victimisation. The continued framing of domestic abuse as an issue faced by women and not men negatively influenced their ability to accept and recognise experiences as domestic abuse. One participant (P3) was particularly reluctant to accept the seriousness of his victimisation. Only through specialist support did his perception begin to change. The ‘public story of domestic violence and abuse’ (Donovan & Hester, 2011; 2014) has been offered as an explanation for why heterosexual men might not recognise their experience as domestic violence and abuse. The public story presents domestic violence and abuse as a problem of heterosexual men for heterosexual women, a problem of typically physical violence and a problem of a particular presentation of gender – the big ‘strong’ man being physically violent towards the small ‘weak’ woman. The public story affected the men in this study. Through the presentation of a heteronormative experience characterised by physical violence, male participants were unable to recognise their victimisation and seek help. Thus, when victim status is confined to women, the experiences of abused men can be overlooked both by the men victimised and help providers (Zverina et al, 2011). Support to accept and recognise abuse might translate to helping men understand the range of abusive behaviours, recognise what constitutes abusive behaviours, realise/accept the seriousness of the abuse and have their experiences believed and validated. Abused men need to be taken seriously by victim and law enforcement agencies (Machado et al, 2016). A failure to validate abusive experiences can lead to increased social
isolation (Morgan & Wells, 2016). Additionally, services should address the internal conflict of masculinity and victimisation (Tsui et al, 2010) and adopt a gender sensitive approach to supporting abused men (Zverina et al, 2011). Importantly, men need to know that they can be victims and unlike what several participants believed, know they are not alone. McCarrick et al (2016) suggest that positive experiences of support for men and knowing they are believed afford feelings of psychological strength. Similar feelings were expressed by participants. ‘Belief and validation’ was as an important sub-theme contributing to the rebuilding process. Being listened to and believed was in stark contrast to how participants had been treated within their relationships. The value of belief was expressed by one participant (P6):

That [being believed] was great [...] I really was pleased that they [police] believed what I was saying [...] it was great just great that they believed me.

To be and feel safe
Safety comprises one of the lower levels of Maslows (1943, 1954) hierarchy of needs. Arguably, safety is a basic and fundamental requisite of survival. Yet, of equal importance is the perception of being safe (Estep et al, 2013). The feeling of safety promotes numerous benefits: improved optimism and autonomy, reduced risk of mental health problems, self-harm and substance misuse, improved sleep and fuller participation in society (Estep et al, 2013). All participants experienced a range of abusive behaviours. Consequently, their need to be and feel safe was unsatisfied. Some participants expressed direct fear, whilst for others expressing or even recognising their need for safety was hampered by the absolute control held by their abusers. Consumed with meeting the wants and needs of their partners and unable to accept or recognise their victimisation, their need for safety was unknown. Limited options of support increase risk to safety. Particularly worrying was the experience of a participant (P2) who was advised by police ‘we can’t put you anywhere tonight but just go tomorrow leave tomorrow in the morning’. Despite concerns for his children and himself, P2 was not provided the option to leave immediately - there was nowhere to go. Instead, he had to remain in a potentially dangerous situation. Additionally, the police did not inform him of any provision that might have helped
when he did leave the following morning. Men who express their need for safety (and the safety of their children) should be offered viable options. Unfortunately, P2 was offered no immediate access to a place of safety with his children. Other measures could have been offered such as removing the abuser from the property (either for the immediate short term, or for a longer period via an occupation order) or providing the details of the WG’s Live Fear Free Helpline.

**Knowledge of provision and to know it is acceptable to seek help**

Coinciding with the experiences of male participants and service interviews, the requirement for abused men to have knowledge of existing support and how to access it is a ‘priority’ (M1). Furthermore, there was confusion surrounding the availability of support. Abused men faced uncertainty about whether services are gender inclusive or women only. A lack of awareness and promotion of domestic abuse support for men and the belief that no help existed, magnified feelings of isolation and abandonment:

*You don’t know what exists you don’t know how it exists* (P1).

*At that point I thought I was the only victim* (P7).

Evidencing their limited knowledge of support, the men in this study were abundantly grateful and spoke very highly of the help they had received. By contrast, male victims have previously reported formal support such as police, DAS and/or helplines as unhelpful (Douglas *et al*, 2011; Machado *et al*, 2016). However, a lack of knowledge meant there were no expectations or preconceived ideas regarding support. This might have contributed to the gratitude and enthusiasm expressed by participants when help was provided.

The interactive service map of Wales offers a useful and novel first step to address the issue surrounding a lack of knowledge of provision for male survivors and for practitioners. However, the map is only useful to those looking for help. Male victims and concerned family and friends must have recognised or suspected abusive behaviours and made the decision to seek support. For professionals outside the sector (mental health, social services, housing, primary care), accessing the map is
dependent on an awareness of male victimisation and having the confidence to ask men about domestic abuse. The map itself does not address the lack of recognition which is a barrier to meeting the above conditions. What the map offers is an opportunity to increase recognition. Disseminating the map to as wide an audience as possible across Wales (statutory, third sector and private organisations and support services, community groups, health agencies) has the potential to raise discussion of the issue, increase awareness and afford abused men the confidence to know that support is available. The map has been uploaded to the Prime website and can therefore be accessed especially by primary care professionals (Prime Centre Wales, 2017). Nevertheless, achieving any one of these benefits is dependent on those to which the map is distributed drawing attention to the availability of the resource to others. Moreover, the map itself is a snapshot of provision at a given moment in time; the landscape of support for all victims is continually changing and evolving. To ensure accurate service information, the map requires regular monitoring and updating.

Knowing that support is available is not enough. Men need the assurance that as a victim, it is acceptable to seek support and doing so will not threaten their male identity. The reluctance or inability to identify themselves as a victim for reasons of shame and gender expectations are barriers to help seeking (Tsui et al, 2010; Machado et al, 2016). Limited knowledge of provision and acute shame contributed to prolonged periods of abuse and all participants delayed seeking support. Gender norms and notions of the acceptability for men to ask for help heavily influenced the ability to transform felt need to expressed need. So dominant was the issue of help seeking as a male victim, a participant (P1) compared it to that of the violation of a woman being raped:

*It takes so much for a woman to talk about rape and being raped (pause) you’re breaking a bloke down, you’re going into the same area of a bloke.*

Similarly, terms used to describe the prospect of help seeking by other participants included *‘a cliff about 2000 feet down’* (P2) and *‘emasculated’* (P3).
The shame of seeking support and disclosing victimisation by a female partner is fuelled by the lack of awareness and the lack of promotion of available support. The hidden nature of male victimisation exacerbates ingrained gender norms and does little to assure men that help seeking is acceptable and the right thing to do. Targeted promotion of the issue is required to raise the agenda and discussion. DAS supporting men and women should seek to ensure that promotion materials/events are targeted towards all victim “types” (men, LGBT, BME and Disabled). Male victimisation requires “normalising”. Not in the sense that a man being abused is acceptable per se, but in the sense of normalising the issue; men can be and are victims. So that men know it is acceptable to seek help for their victimisation, it has to first become acceptable for men to seek help. Thus, an abused male seeking support becomes an ordinary assumption or expectation not influenced by gender ideologies.

**Practical support (housing, legal and financial)**

Gender ideologies have as much an influence on the types of practical support offered as they do in recognising victimisation and seeking help. Expectations and assumptions that men should leave the family home, continue to contribute financially and that children remain with the maternal parent are dominant.

*They’re [men] deemed that they can go out, support themselves, find a place, it’s ok you know they’re capable* (Prac3).

For some men, these assumptions serve to restrict decisions to leave abusive relationships. Financial obligations to joint mortgages or tenancies makes accessing alternative accommodation and the means to support daily living difficult. Child contact was described as a ‘*really big issue*’ (Prac3). Securing regular child contact might be the first of many hurdles. In the first instance, men are reliant on the compassion of their abusive partners or face a lengthy and costly legal process. Access to legal aid is dependent on income and will not be available to all. Hence, whether relationships can be maintained with their children if they leave can be dependent on their abusers. As well as an income threshold, to qualify for legal aid victims are required to provide written evidence of their abuse from police, courts,
MARAC, DAS, social services (UK Government, 2016). Subsequently, disclosure of abuse is an absolute necessity if legal aid is to be awarded. For men, this presents an immediate disadvantage; the reluctance to accept victimisation and barriers to help seeking has frequently been observed in this study. Men who secure child contact face additional difficulties: the use of child contact to maintain control, a lack of space for children to stay (affordability and/or availability might restrict accommodation to one bedroom, B&B, hostel) and a shortage of finances (lack of heating, home comforts and choices of where to go) to provide an enjoyable and valued contact experience for the parent and the child. Moreover, access to financial support (housing benefit) and LA housing would be problematic if a victim was already paying into a mortgage or linked to another property via a joint tenancy.

The provision of full, accurate and informative support that can assist men to leave abusive relationships is essential. So too is the need for all services (not just DAS) who may come into contact with abused men to be aware of and demonstrate understanding of additional pressures and restraints that might prevent men from leaving. However, practical support has its limits. It cannot always provide a solution; if a man is not entitled to legal aid due to their employment status there is little that practical support can do to change that. Equally, men may refuse the only housing option afforded to them such as a room in a B&B due to it not being able to provide a safe and comfortable environment for their child(ren). Yet, refusal might result in housing concluding they have intentionally made themselves homeless and are no longer entitled to help. Practical support treats the outcome and not the symptom. Nonetheless, for those who do acknowledge male victimisation and offer support, demonstrating understanding and an awareness of practical issues is an important first step. One that can instil men with the confidence to know they and their experiences are important.

Flexible and accessible service

For the majority of abused men who are employed, existing domestic abuse provision in Wales is inaccessible. Over half (64%) of services provided support weekdays between 9am-5pm whilst only 16% offered flexible support outside standard
opening times if required. A higher number (43%) provided access to a staffed 24 hour helpline through either their own organisation or the WG’s Live Fear Free Helpline. It was unclear from responses whether out-of-hours telephone support was an interim measure with the intention of directing the victim/caller to a manned service during “standard” operating hours. If this was the intention, it would prove little use to someone who is employed during those hours and who would be unable to attend.

DAS might be limited in their ability to offer fully flexible support. Staff numbers and availability, health and safety and financial restrictions (raised within service interviews) may all be preventative factors. However, domestic abuse is not restricted to occurring within the confines of weekday working hours, nor is it restricted to those who are unemployed. The availability of support should reflect the needs of all victims. Services should aim to offer a flexible service that includes evenings and weekends. Financial and staffing restrictions might hinder longer weekday hours and frequent weekend support being available but services should be encouraged to be innovative. Options might include a dedicated or pre-arranged weekday evenings and/or alternate weekend access. Telephone support could also be extended to online support, email contact or text message (where appropriate and safe to do so).

**Considering the service needs of different populations**

The service needs of abused men may differ according to personal characteristics such as ethnicity, disability and sexuality. A respondent to the specific service information questionnaire advised a referral had been received from a ‘learning difficulties advocate’. This response coupled with one participant (P5), raises the question of abused men who have learning disabilities; how they disclose and access support, what (if any) routes exist to support and facilitate disclosure and additional needs encountered. Disabled people experience disproportionately higher rates of domestic abuse, which is more severe and frequent than non-disabled people (Public Health England, 2015). However, joint research undertaken by Disability Wales, WWA and the University of South Wales (formally Glamorgan) (2011), indicated that
mainstream DAS may not have the resources to support those affected. Additionally, a limited number of services supporting disabled people regarded domestic abuse to be part of their remit. Hence, recognition, awareness and referrals from this sector (irrespective of gender) are potentially very low. Figures from the CSEW demonstrate that domestic abuse perpetrated towards disabled men and women is a considerable issue. Men and women with a long-term illness or disability were more likely to have been victims in the previous year than those without (ONS, 2016c). Nevertheless, research with abused men who have disabilities is virtually non-existent (Ballan et al, 2015). Therefore, knowledge and understanding surrounding this topic is severely limited. Moreover, the participant (P5) was from a BME background. At the time of writing, no studies surrounding BME male victimisation could be sourced. BAWSO (2010) advised that BME women face additional barriers to disclosing abuse including isolation (attributed to language and cultural differences), immigration status, influences from family and community networks and face a lack of understanding from agencies. Similar barriers to those cited by BAWSO (2010) may be experienced by BME men.

Analysis of the specific service information found that heterosexual men accounted for the majority of referrals received by services. This would indicate that heterosexual men are more likely to seek help and disclose abuse. Men identifying as gay accounted for only 27 referrals whilst bi-sexual and transgender accounted for 3 and 1 respectively. The data suggests that the GBT community is even more hidden, that GBT men are less likely to come forward and disclose abuse, that professionals are not identifying and/or that opportunities to ask GBT men about victimisation are limited. Men not providing information on their sexuality accounted for 472 service referrals suggesting professionals either lacked the confidence to enquire about sexuality and/or that men were unwilling to disclose. It is difficult to draw any firm conclusions as to how many of the 472 men referred for support might have been heterosexual or GBT. Societal hetero-sexism, fears of “outing” and concerns of a lack of service understanding are all additional barriers faced by abused GBT men (Donavan et al, 2006; Carvalho et al, 2011; Hester et al, 2012). These barriers suggest
a real need for support services to actively promote their provision to GBT men and demonstrate their understanding of the issues GBT men can face.

Within Wales, there is a lack of specialist support for LGBT victims of domestic abuse with only one specialist provision identified. DAS offer support to victims regardless of sexuality (GBT men would only be able to access a gender inclusive or male only provision). However, this might not be apparent to LGBT victims. Previous research has found LGBT communities feel services are targeted towards heterosexual women and an understanding of how abuse might be perpetrated in ways specific to LGBT communities is lacking (WG, 2014b). Recommendations for improving availability and accessibility include the need for flexible and confidential access, LGBT inclusiveness, informed and diverse staff and monitoring and evaluation (WG, 2014b).

6.7 Implications of findings

From theoretical, practical and political perspectives, knowledge and understanding of domestic abuse has been dominated the heterosexual female victim. The social construction of domestic abuse is that domestic abuse is a heteronormative experience. Consequently, for male victims an inequality runs through policy, research, provision and wider society.

An un-validated need

Conflicts exists regarding what kinds of policies are required to address social problems and human needs (Herrick, 2013). Need is a difficult concept given that what constitutes need varies according to the perceptions and value judgements of policy makers, professionals, communities and individuals (Hitchcock et al, 2003; Rowley, 2005; Cowley, 2008). Moreover, ‘valid need’ is dependent on the time period and society in which those judgments are made (Liddiard, 2007). The “second wave” of feminism propelled what had previously been an un-validated need to the forefront. Subsequently, women experiencing domestic abuse from male intimate partners are more readily acknowledged as victims. Domestic abuse is recognised as
a gendered crime. Through the CSEW and statistics evidencing higher severity of injury, repeat victimisation, and domestic homicide, women’s ‘valid need’ has been accepted. By distinction, men are yet to enter a period in time where they are wholly accepted as victims or their experiences of abuse defined as a serious social issue. Socially constructed gender “norms” have the power to influence social policy and because social policy responds to social issues (or needs), how those issues are defined and validated is important (Herrick, 2013). The valid need of women “fits” gender and victim stereotypes; they are nurturers, caring, compassionate and weaker than the dominant male who is strong, powerful and aggressive. Men are not our ‘ideal victims’ (Christie, 1986). Policy direction, lobbying and campaigns, a wealth of research, statistics, provision developed for women, and gender and victim stereotypes, demonstrate that VAW is recognised, defined and validated as a serious social issue requiring prevention and intervention.

Exploring the impact of victim gender on perceptions of domestic abuse, Terrance et al (2011) found that men were viewed less seriously than women. Although the study described identical injuries, the perception of the gravity of those injuries differed according to the gender of the victim. Male-to-female abuse is seen as more severe (Feather, 1996; Sorenson & Taylor, 2005) and male perpetrators are deemed to be more responsible and deserving of harsher penalties than female perpetrators (Seelau & Seelau, 2005).

**Genuine recognition, not “lip service”**

The Equality Act (2010) amalgamated all previous equality law including: the Equal Pay Act, the Sex Discrimination Act, the Race Relations Act, the Disability Discrimination Act and the regulations outlawing discrimination on the basis of age, religion or belief and sexual orientation (Equality and Human Rights Commission, 2017a). The aim was to provide a single legal framework to effectively tackle disadvantage and discrimination in the workplace and wider society and ‘promote a fair and more equal society’ (UK Government, 2013; Equality and Human Rights Commission, 2017a). The Equality Act outlines nine ‘protected characteristics’ against discrimination: age, gender, disability, sexual orientation, race, religion and belief,
marriage and civil partnership, pregnancy and maternity and gender reassignment (UK Government, 2017). In summary, the Equality Act is meant to protect everyone from discrimination.

However, in spite of the intentions of the Act, discrimination still occurs. Prominent examples include the “gender pay gap” and discrimination against individuals with disabilities (direct and in-direct) (Equality and Human Rights Commission, 2017b). Yet, less considered is the inequality faced by male victims of domestic abuse within policy, practice and wider society. Analysis demonstrated that inequality exists in regards to how abused men are recognised and what provision is available to them. UK policy does acknowledge male victimisation, albeit briefly. Appearing as a single sentence against a backdrop of VAW; ‘However, we recognise that men and boys can be victims of violence...’ (HM Government 2010, p.4). Within the same paragraph we are reminded that; ‘Men also have a key role in challenging violence and helping to change the attitudes and actions of their peers’. Men are not recognised as a valid victim group within their own right; they are (unlikely) victims and (most likely) perpetrators.

Nonetheless, by providing an acknowledgment of male victimisation (however fleeting), policy makers are abiding by their duty to not discriminate according to gender. The Violence Against Women Domestic Abuse and Sexual Violence Act (Wales) 2015, ‘addresses domestic abuse and sexual violence perpetrated against all people in Wales, irrespective of gender or sexual orientation’ (WG, 2017). However, its title might not make this immediately apparent to male victims, agencies and wider society.

Policy acknowledgement towards men appears more of a “lip service” rather than a concerted effort of genuine recognition. The reality for abused men is very different. Findings revealed that recognition ‘regardless of gender or sexuality’ (Home Office, 2013) is not the reality of abused men and the services that support them. How male victims are recognised by Government, support interventions (health, housing, social services, police etc.) and wider society is a reflection of their existence within policy; fleeting and minimal.
The VAWDASV Act (Wales) 2015 offers a real opportunity to set the precedent for other countries in the UK and abroad. The first domestic abuse law in the UK, the Act has led to innovative approaches like the implementation of the National Training Framework and Ask and Act. These efforts communicate the WG’s commitment to improve responses to victims and encourage planning and coordination amongst services. However, the prospect of real positive change falls short with the absence of a clear distinct focus on all victims.

The narrow lens of a gendered perspective

The feminist influenced gender perspective possesses considerable lobbying powers and dominance. Dixon et al (2012) as cited by Perryman & Appleton (2016), advised that adherence to this narrow yet central dogma may restrict practices and discriminate against male victims. This research has evidenced that the gendered perspective does discriminate against abused men; their gender determines their victimisation is unrecognised and inconsequential. Furthermore, this research has found that the lack of recognition towards male victims (a consequence of the dominant gendered narrative) has restricted the development and availability of support provision. Attaching less regard to the existence of abused men does little to inform or expand knowledge of a complex phenomenon. Nor does it give confidence or hope to men who are experiencing abuse. Fuelling a lack of recognition are two engrained taboos: that men can be assaulted by women and that women have the capability to be aggressive (Pizzey, 2009). The narrow lends of a gendered perspective depicts that women perpetrate retaliatory or defensive violence following persistent abuse. However, findings refute the claim of female perpetration as being only a retaliatory response; female partners of participants perpetrated abuse with intent not defence.

This positioning of domestic abuse has not only prevented men from recognising their own abuse and seeking support. It has also prevented female perpetrators the opportunity to change. “Feminism” is defined as: ‘the advocacy of women’s rights on the ground of equality of the sexes’ (Oxford Dictionaries, 2016). However, the
feminist perspective does not advocate for the rights of female abusers to have access to programmes of change (perpetrator programmes) that are afforded to male abusers. Failing (or refusing) to acknowledge the existence of female perpetrators and the seriousness of female-to-male abuse fails to address needs, resulting in a disservice to male victims and female perpetrators. Keiski et al (2016) advise that women perpetrating family violence should be recognised to eliminate gender differences and enhance family wellbeing. Female participants of a study investigating women who perpetrated domestic abuse experienced a range of barriers when trying to seek help and talk about their behaviour (Keiski et al, 2016). They included a lack of understanding from health professionals (who did not recognise the issue or lacked the confidence to handle the problem) and difficulty finding help-lines that supported female perpetrators. Furthermore, participants reported an absence of genuine and appropriate help and that their behaviour was not recognised or understood whilst some had to insist that they were perpetrators of abuse. Despite actively seeking help and desiring change, participants in Keiski’s et al (2016) study were discriminated against. Like abused men, their need was unrecognised and un-validated.

The need for change

Continuing to compare male and female victims to prove that one is more significant than the other is a wasteful exercise (Hines & Douglas, 2009). Wider recognition and an equal focus for all is required. Gender and domestic abuse “norms” narrow conceptions to who constitutes a “typical” victim and a “typical” perpetrator. Findings have demonstrated that men can be and are victims and that women can and do perpetrate abuse with intent and are capable of causing harm and fear. Hence, there is a need to investigate the reasons why women abuse so that perpetrator programmes can be developed and tailored to meet their needs and offer the opportunity for change. Second-wave feminism succeeded in gaining much needed recognition and support for the very serious issue of male-to-female domestic abuse. However, its single perspective and application to heterosexual women omits whole sections of society. The energy and vigour employed amongst feminist and family violence researchers to dispute who perpetrates and who
experiences the most abuse should be redirected towards achieving equal recognition for all. A victim of domestic abuse is a victim irrespective of gender or sexuality. Men need to be afforded the: ability to recognise the signs of domestic abuse and to know that they can be victims, confidence to accept victimisation and seek help and trust to know they will be accepted and believed.

A dedicated government led approach is required to move away from engrained domestic abuse constructs. A ‘gender inclusive’ approach (Hamel, 2007b) is based upon an acceptance that men and women can be victims and/or perpetrators and both genders are physically and emotionally impacted. More recently, the term a ‘gender-informed approach’ has been used. Much like Hamel’s (2007b) definition, a ‘gender-informed approach’ (McCarrick et al, 2016) is the move towards accepting men and women experience and perpetrate abuse and acknowledges the experiences and needs of men and women (McCarrick et al, 2016). A perspective that advocates for everyone is one that government and service providers need to adopt; to actively and visually promote inclusion to all victims. A joint commitment is required from policy and practice to raise the profile of abused men, validate male victimisation as a serious social issue, challenge wider society’s prevailing norms and embed equal status for all.

6.8 Limitations of the study

This study has explored needs of men experiencing domestic abuse from an intimate female partner. In doing so, valuable insight has been contributed to an area of research which is under-developed whilst drawing attention to a largely hidden topic. Nonetheless, there are limitations. Six participants from in-depth interviews were white heterosexual men aged between 40-60 years. Younger men, men from BME backgrounds and men from same-sex or bisexual relationships were under-represented. Efforts to recruit men across a broader spectrum of age, sexuality or ethnicity were unsuccessful. This may suggest that domestic abuse is a particularly hidden issue amongst these groups. However, abused men in general proved difficult to recruit. Male participants were recruited with the support of four DAS, without which, in-depth interviews might not have occurred at all. The method of recruitment
for this study required men to have accessed and engaged with support. Future research might consider this criterion less of a necessity if abused men were more readily accepted and the validity of their experience not queried.

Given the small sample of abused men recruited to interviews, findings cannot be generalised. However, IPA is concerned with the detailed account of individual experience, quality not quantity is the focus and small sample sizes are of benefit (Smith et al, 2009). Furthermore, the focus of qualitative research is to capture rich sources of data, sample size was not an intrinsic feature within the analysis and in most qualitative research, feasibility of obtaining the sample and available resources determine the size of the sample (Procter et al, 2010).

6.9 Concluding remarks

A number of issues faced by men experiencing domestic abuse have been raised. The need for recognition was identified as being a central need, impacting all other needs across the data-set. However, establishing equal recognition in a culture dominated by a gendered and heteronormative view of domestic abuse will undoubtedly face resistance. Those who raise questions about female violence are perceived as being opposed to the progression of women’s equality (Dutton & Nicholls, 2005). Recognising and identifying men as experiencing domestic abuse challenges a society in which men are perceived as dominant (Randle & Graham, 2011). Yet, findings are not intended to discount the experiences of abused women. Nor should the plea for recognition for men be misread as a threat to the important advances made for female victims achieved by feminist researchers, campaigners and theorists. This research is intended to add to and further advance the existing knowledge base of domestic abuse and offer much needed insight into a long neglected area. Knowledge is not static. Regardless of whether new and emerging findings “fit” existing dominant theories, the strengthening of knowledge should be encouraged and supported to evolve. Acknowledging, accepting or adopting new approaches demonstrates strength and a commitment to protect and support all.
Abused men are important and their experiences do matter. Domestic abuse is a serious issue irrespective of gender (Corbally, 2015). The process of rebuilding for men who are abused is dependent on accepting victimisation and help seeking. Men need the confidence to know their experience is serious, where to go and that it is acceptable to seek help. Above all, they have to defy ingrained notions of gender and domestic abuse. All victims deserve equal and genuine recognition. Wider recognition requires the support of a government led approach with equal focus and commitment to all victims regardless of gender, age, race or sexuality. Domestic abuse is not perpetrated solely in the confines of a male-female gendered narrative, nor is the experience of domestic abuse confined to heterosexual women. Continuing to focus on this perspective is unhelpful to those who do not conform to the “typical” victim stereotype. The gendered perspective does little to reassure or help those who fall outside domestic abuse constructs such as men, LGBT individuals and female perpetrators.

### 6.10 Recommendations

In light of findings, recommendations are made with the aim of increasing recognition, acceptance and raising the issue of abused men across Wales. Recommendations are presented within five sections: provision, promotion & training, policy, data collection and research.

**Provision**

1. WG should liaise with DAS supporting men to determine need and develop informed and targeted services.

2. The development and provision of tailored support programmes specifically designed for abused men that addresses the: impact of gender on victimisation, the lack of recognition for abused men, assumptions of men as abusers not victims, issues surrounding masculinity and help seeking, accepting victimisation and understanding the behaviours that constitute abuse.
3. DAS should offer a fully flexible service with out-of-office support including evenings and weekends to all victims. This might be in the form of dedicated/pre-arranged weekday evenings and/or alternate weekend access. An alternative to telephone support might also be the provision of online support, email contact or even text message (where appropriate and safe to do so).

4. Provision of financial support to access bond payments to secure accommodation/furnish property (repayable in small, manageable instalments). Consider joint/shared working initiatives with statutory and third/private sector housing and local community charities including those that collect/recycle furniture.

Promotion and training

5. Dedicated, persistent and visible campaigns for the recognition of all victims (men, women LGBT, BME & Disabled) at a local, regional and national level.

6. The development of campaigns that encourage men and women to work together to end abuse with a key message that domestic abuse against anyone is unacceptable.

7. Male domestic abuse requires promoting to statutory, third sector and private organisations/services (drug & alcohol, mental health, GPs, day services, social services, colleges, family courts, universities, public & private sectors).

8. Knowledge and awareness raising to highlight additional challenges faced by men (housing issues, child contact issues, lack of quality child contact, financial obligations, low disposable income).

9. Findings revealed that where organisations are promoting visible recognition of male victims, there is a much higher referral rate of men. DAS providing a gender inclusive support should actively promote their service to all victims.
Promotional material and awareness raising should seek to include all victims and consider new and innovative approaches to reach out to those who are more hidden (Men, LGBT, Disabled and BME).

10. Training programmes should be developed with the aim to support professionals to confidently ask and manage disclosure from all victims.

11. The IRIS programme should develop to include men and other victims. Men should have more than a ‘signposting’ option available to them.

12. Police and legal services (family court/CAFCASS) should receive training/awareness that is specifically focussed on male victims.

13. Information provided by the service map should be checked and up-dated (where required) on a minimum six-monthly basis to ensure accurate and reliable information for men and professionals seeking to access support and/or guidance.

14. The service map should be embedded onto gender inclusive and male only domestic abuse service websites and the Live Fear Free website. Consideration should also be given to the provision of the map on mental health services, drug and alcohol services, primary care services, legal services and other relevant websites where abused men might access information and/or support.

15. The map should be promoted and shared by professionals at the forefront of domestic abuse support and those within a strategic position (DAC’s, regional managers of statutory and third sector provision etc.)

Data collection

16. A consistent, streamlined approach to data collection amongst DAS and their funders is essential and should include the routine recording of ALL victims.
17. Data should be collected according to gender across all agencies.

18. DAS, police and other agencies should be encouraged to ask and record the sexuality of all victims.

19. Service data held by DAS should routinely be requested/collated by WG.

20. The creation of a WG database/access point that records all victims of domestic abuse and the services they sought/needed/were provided with.

Policy

21. Policy should be positioned within an approach that recognises and affords equal status to all victims. The VAWDASV (Wales) Act includes all victims, yet this may not be instantly apparent to male victims and wider society. With this in mind, WG should clearly define and advocate how the Act includes, addresses and fully recognises all male victims.

22. Dedicated WG funding is required to raise the profile of all male domestic abuse across Wales.

23. Dedicated WG funding to tackle the "gaps" in provision i.e. the first point (DAS) and follow on support (e.g. counselling, mental health etc.) to ensure consistency and the timely provision of support.

24. WG funding to develop male programme/peer support. Consider pilot programmes whereby regional/LA partnerships are promoted to counteract the low numbers of abused men accessing DAS and ensure cost effectiveness.

25. Policy should place a responsibility on health and social services to identify and refer all victims. These agencies should be asked to be explicit in how they are identifying and referring all victims.

26. The WG’s National Framework should consider extending ‘Ask and Act’ to services where men are more likely to access other than mental health.
services (primary care, employment agencies, sports/leisure facilities, drug and alcohol, homeless hostels, child contact centres etc.).

27. To develop and agree standardised terms and definitions with services and funders to avoid confusion (e.g. “signposting” and “floating support”)

28. Changes to policy as outlined above offers a real opportunity for WG to adopt a gender inclusive, gender-informed approach - and set a precedent for the UK.

Research

29. Future research should focus on the needs and experiences of male victims who are: BME, GBTQ, have learning disabilities, have physical disabilities, younger men (16+ years) and older males over 59 (the cut off for the CSEW).

30. A process of validation should be undertaken with the male assessment tools used by the Dyn Project and Respect and consider if the tools can be applied to anyone presenting as a victim (regardless of gender). If not, future research might consider the development of a universal tool to assess status to help ensure resources are targeted effectively and the appropriate support is provided.

31. Future research should explore male victimisation and mental health services (prevalence, lack of awareness, absence of direct enquiry, barriers to enquiry).

32. Future research should investigate the reasons why women perpetrate abuse to help develop perpetrator programmes that are tailored to meet their needs.

33. Amend/update Johnson’s typology to acknowledge men and women experience and perpetrate IT.
6.11 A reflexive act

The following section is a reflexive act presented in the first person through three aspects:

- My (fore) understanding before embarking on this journey.
- My ‘revising’ and ‘revised’ fore-understanding.
- What I understand about my research in the context of male victims of domestic abuse

The use of IPA requires researchers to recognise and make clear their fore-understanding within their research interest. Values and interests are an important aspect of the research and cannot be bracketed. Researchers are central figures building the collection, selection and interpretation of data and interpretations will differ according to the social contexts in which they occurred (Finlay, 2002). The values, experiences, assumptions and preconceptions of the researcher are likely to influence the collection and interpretation of qualitative data. Reflexivity is important in acknowledging that assumptions and fore-understanding become part of the research and cannot be avoided. The act of reflexivity is an explicit evaluation of the self that requires reflecting your thinking back to yourself (Shaw, 2010). Reflexivity offers an opportunity to assess and be explicit about the potential biases held by the researcher (Coolican, 2004). Without self-examination there is a risk that research findings can be tainted by the researcher’s personal characteristics, prejudice and bias (Clancy, 2013). The act of reflexivity will help me explore my own journey experience within research. Smith et al (2009) proposed a four layers of reflection model: ‘pre-reflective reflexivity’, ‘the reflective ‘glancing at’ a pre-reflective experience’, ‘attentive reflection on the pre-reflective’ and ‘deliberate controlled reflection’.

Deliberate controlled reflection

Deliberate controlled reflection is a ‘phenomenological reflection’ and is the forth layer of the model proposed by Smith et al (2009). It is the event of completing the following controlled reflexive act encompassing: pre-reflective reflexivity’, ‘the reflective “glancing at” a pre-reflective experience’ and ‘attentive reflection on the
pre-reflective’. I ‘deliberately mentally replay the sequence of events and conduct a formal analysis of the content of pre-reflexive reflections on those events’. (Smith et al, 2009, p.189). Completing each layer represents a phenomenological analysis of my understanding of research in the context of male victimisation and my own personal development.

Pre-reflective reflexivity

Pre-reflective reflexivity refers to the ‘minimal level of awareness’ (Smith et al, 2009, p189).

- Fore-understanding (written prior to data collection)

When I think back to when the first seeds of an interest in learning and the issue of domestic abuse were ignited, my awareness of where it would all lead was minimal. During my time as an undergraduate I had secured a voluntary role within my LA youth offending service. Whilst I had always had some knowledge of domestic abuse, my interest intensified when it became apparent to me that a number of the young people I worked alongside had been or were still living in families affected by domestic abuse. This was my fundamental motivation for seeking employment within a domestic abuse service. The motivation for my choice of topic stemmed from my experience of working within the domestic abuse sector supporting men and women. Whilst the service within which I worked was gender inclusive, the reality as a frontline practitioner felt somewhat different. Beyond the scope of safety or emotional support, little else seemed to exist for abused men. On the relatively few occasions men did access the centre seeking refuge, I had never successfully located a space. I recall one instance whereby a male was directed to the LA bed & breakfast (B&B). Frequently housing prison leavers and individuals with mental health, and drug and alcohol problems, a B&B was not a place of safety for a vulnerable, abused male. Similarly, recovery programmes such as those available for female victims did not exist for men. But were refuge and move-on programmes what men really wanted? Maybe not, but without providing a choice how would we know? Moreover, nearly all DAS supporting men had been initially developed as “women only provision” who had widened their remit to include men.
But were these services afforded the time and resources to tailor their support to men or to reach out to men? Or were services simply extended to include men? How committed were these services to support men? Did the men who accessed support find them helpful? What were the thoughts of organisations providing support to men? What provision existed for men across Wales?

I remember how I was unable to find one male refuge provision, he literally had nowhere to go. Not wanting to go to a B&B, he left to ask his wife if she would allow him back in the house. He had accessed our service for help and I wasn’t able to offer what he needed, a place of safety. I felt deflated and disillusioned (21.05.2014).

- My understanding of research in the context of male victims of domestic abuse

When I was first advised of the opportunity for PhD study, (apart from knowing what topic I wanted to explore), my awareness of what my journey into academia would entail was minimal. Reaching the end of undergraduate study, I wanted my journey into learning to continue, but did not know how this might have looked or transpired. Thinking about my journey, I can see how I underestimated what “doing a PhD” would look like, the ways in which it would challenge me and the rollercoaster of emotions that I would experience.

I registered as a fulltime PhD/MPhil in 2014 taking what I saw as a “leap of faith” and leaving the security of my fulltime role in domestic abuse. At that stage I was naive, having little awareness of the learning experiences (and challenges) that I would encounter. I recall those very first weeks thinking I was completely out of my depth and questioning whether I really belonged. I tried to push these thoughts aside and as I did so I began to embrace and really understand the whole concept of research. What did become clear relatively early on was my assumptions/expectations regarding provision and data collection would not be met. A central point to access all DA&SV services in Wales that supported men simply didn’t exist when I had expected it to. I struggled to understand the reasons why there wasn’t even some minimal reference point in which to start. My feelings were exacerbated by discovering the WG advising they did not routinely request or collect data from DAS. Did they not need accurate data to inform their budget
allocation? Did they not want to have some reference to the types of need and services required for all victims? Further surprise came from the revelation that the Home Office did not record crime figures of domestic abuse by gender. I had to make some amendments to my plan (additional phase to data collection and data collection section to service questionnaire). On a positive there was a real possibility I might obtain important information and insight. But to get there I had to obtain the information from DAS and secure ethical approval. My USW ethics was obtained relatively smoothly however a real challenge came when trying to secure approval from directors and heads of services across Wales. I felt a real frustration at having to undertake such a lengthy process and the lack of contact from some LAs. Data collection presented its own challenges, it was a lengthy journey and the feeling of being “fobbed off” became a frequent occurrence. Frustrations eventually began to dissolve when completed questionnaires started to be returned and men were recruited to interview but at times quantitative data collection really felt like an uphill struggle.

The reflective ‘glancing at’ a pre-reflective experience

This layer refers to the ‘intuitive undirected reflection on the pre-reflection’ (Smith et al, 2009, p189).

- My understanding of research in the context of male victims of domestic abuse

Upon beginning my PhD, I became all too aware of my inexperience as a researcher. I had no experience of writing a research protocol or securing ethical consent, nor had I any experience of data-collection or undertaking any form of analysis. I was keen to try and rectify this. In my first year I registered onto the Post Graduate Certificate of Research Methods (PGCE) completing in December 2014. Over the past three years I sought and completed additional training (Appendix 43) and engaged in regular supervision meetings. During my first year, I approached these tasks with enthusiasm but at times frustration. Some concepts of research took longer for me to grasp. An example was SPSS training with no previous experience of using Excel or working with statistics I felt apprehensive. I felt grateful that my
own study had qualitative dominance, the quantitative data-set was relatively small. However, I was also grateful for the challenge, improving my confidence of using SPSS meant stepping out of my comfort zone. In spite of receiving NVIVO training I choose to undertake my analysis by hand, for two reasons; firstly there were various installation issues resulting on occasions whereby by records of analysis were completely lost. The loss of data led me to analyse by hand (printing out themes, highlighting sections of script, moving emerging themes around on the floor) and I found I much preferred this option. This process helped me to really visualise and “see” my interpretation.

As my confidence began to grow, I began to realise that I wasn’t a completely inexperienced researcher; I had qualities that would be of benefit. I had provided frontline one-to-one support to victims of domestic abuse and was a qualified IDVA. I had developed the ability to communicate with victims and professionals to elicit information and do so whilst demonstrating empathy and understanding. My undergraduate degree and work with victims meant I was used to organising my time, working to deadlines and liaising with a host of individuals and services at a variety of different levels. These were all skills that were of value throughout my study. In particular I think my ability to listen and converse with victims really supported the men to feel comfortable and be open and explicit about their experiences. I felt privileged that they had chosen to share and trust their traumatic accounts with me and was determined to ensure I interpreted and presented their experiences with the same principles they had shown me; honesty and openness. Doing so meant immersing myself in the data from in-depth interviews. At the time I felt overwhelmed, participant transcripts contained such a raw mixture of emotion; pain, confusion, denial and strength. I was conscious of how I would manage and collect my thoughts whilst translating findings so that others could understand. To this end, the six-step process Smith et al (2009) proved particularly useful. I found maintaining a reflective diary throughout analysis really helped. The section below reminds me of the depth in which I tried to immerse myself into each participant transcript. Those feelings of wanting to get it “right” for each male victim remain with me now.
I feel like I have been living and breathing IPA and domestic abuse for the past few months as I have worked through each individual participant’s story. Now to the stage where I need to re-examine’ and compare the themes from all participants. I am not sure where to even start! [...] I need to discuss the process of integration with my DoS I understand the concept on paper from books, articles, training etc but to actually do it now with the themes I have I am feeling a little bewildered and overwhelmed? I think by talking through the process will help me make more sense of it and provide me with some confidence (22.01.16).

- My ‘revising’ fore-understanding.

During that first year, I struggled with my topic; my desire to research abused men was met with an uncertainty within me. These internal struggles were exacerbated by my own experiences; yes, I knew male victims existed; I had supported some of them. However, they were a relatively low number. By contrast, I had supported numerous women with very serious experiences. In the back of my mind there was a niggling doubt, shouldn’t I be focussing on the women? Added to these doubts were the reactions of others in the sector (and outside of it). The majority were supportive; others were more vocal in communicating their feelings. “Male victims?!”, “you won’t find many of them will you?” One DAS told me to “put it into perspective, we have had 100’s of women and only four men in the last 12 months”. People didn’t always have to say anything; I sensed their reaction when they asked what my topic was. These statements and feelings of uncertainty or disapproval from some weighed heavily upon me and in the early process. I felt almost apologetic when I introduced myself and my study. I was going “against the grain”, defying the “norm”.

Today I made a phone call to a domestic abuse service I had identified as supporting men to chase up their participation in the questionnaire. This time I got through to the manager and had the opportunity to explain about my study. What she said to me really hit a nerve; “put it into perspective, we have had 100’s of women and only four men in the last 12 months”. I didn’t quite know how to respond. I felt somehow guilty, that I had done something wrong? Those remarks hung over me for the rest of the day. I feel anxious, confused and uncertain. This isn’t the first time I have felt like this and I am struggling to understand why there is what feels like an acceptance of valuing one person’s one experience over another on the basis of their gender (23.03.15).
In spite of my doubts in myself and my topic, I was determined to continue. The lesser numbers of men accessing support or the lack of awareness could not justify not undertaking research on abused men. When I commenced my role in domestic abuse it was to support any victim regardless of gender, sexuality, race or religion. Why could this not extend to undertaking researching with them? I have seen first-hand the devastating effects domestic abuse has on men and women. To say that one deserves more attention or is less serious makes no sense to me. Hence, the viewpoint which I stood by throughout was that all victims deserve to be acknowledged and that all experiences are important. These were (and still are) the values I uphold.

**Attentive reflection on the pre-reflective**

The third layer of reflection is *‘experience becomes an experience of importance’* (Smith *et al*, 2009, p.189).

- My understanding of research in the context of male victims of domestic abuse

The experience of undertaking this research study is of importance. Most evident is the value that it adds to research, and hopefully future practice and policy. This experience has also become one of importance for my own personal development. Commencing my study, I was inexperienced, doubted my ability to be an effective researcher and had niggling reservations about my topic. When considering the doubts I had, the importance of this journey becomes clear to me. If I as a university educated, trained professional IDVA with experience of supporting male and female victims, I could have doubts and feel a lack of confidence from the comments or reactions of others, how might these influences have impacted the decision of those without experience of frontline support and specialist training? How could they have the strength or confidence to step outside the “norm” and speak up for alternative victims? There is a real need to accept that *all* victims deserve efforts that draw attention to their experiences and help improve their outcomes. Whilst this study is important to raise awareness and offer insight into the experiences of abused men, it is but a small step. In spite of this, I think there is real opportunity to
keep progressing, keep researching and keep raising awareness and challenging the “norm”.

For the men in this study, their experiences became important, someone other than their support worker was interested and wanted to listen. They were valued and believed. For me, one of the most single important aspects of this study has been providing those men a voice.

Despite the importance and value this research offers, I am aware of its limitations. I was unable to recruit same-sex, bi-sexual, or transgender men. For that reason I understand that my findings cannot reflect the needs of these groups of men. Some needs might be similar but others will be different. I came close to recruiting one male same-sex individual and made two attempts at arranging interview. However, the situation was still a dangerous one for him as the perpetrator was still lingering and he declined participation. All but one participant was aged over 40.

Unfortunately this means I do not have the perspective of younger men. Is it easier for older men to talk about domestic abuse? I would have initially said no if asked about this previously. I think this train of thought came from the belief that older people are from a generation whereby issues were kept “behind closed doors”. I would have liked to have the perspective of a younger male who had been victimised; I am sure there would be additional types of abuse not experienced my older men (social media, texting etc.).

- **My ‘revised’ fore-understanding.**

I have confidence and feel pride in my decision to research abused men. I am grateful for my initial doubts regarding my research topic and to those who might have questioned my decision to research men in the face of so many female victims. My external and internalised reservations helped me develop resilience and a determination to communicate the needs of abused men. Their accounts of their abusive experiences will stay with me. I have a renewed confidence to defend my decision that I did not have when I first embarked upon my research. Their stories deserve to be told, they deserve to be heard and they deserve genuine acknowledgement. My passion and desire to continue to work to raise the profile of
abused men has resulted in various oral and poster presentations at national and international conferences (Appendix 44) and an award for ‘Best Adult Services Research’ from the National Social Services Conference 2016. Post-PhD I plan to continue disseminating results from my research. Oral presentation abstracts confirmed for 2017 are: the 22nd WONCA Europe Conference (WONCA, 2017), an invited symposium presentation at Coventry University’s conference ‘Integrating Research and Practice to Combat Violence and Interpersonal Aggression’ (Coventry University, no date) and oral presentation at the second European Conference on Domestic Violence 2017. Two journal articles are being finalised for submission to peer-review journals. However, my passion for domestic abuse extends to all victims regardless of gender. In August 2017 I will be collaborating with academics from the University of South Wales and University of Sheffield to host a Twitter chat entitled ‘Understanding domestic violence & abuse & the role of the Registered Nurse’ (We communities, 2017).
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Appendix 1 - ONS response for not including individuals aged 60 and over in the CSEW

Sarah Wallace

From: CrimeStatistics [CrimeStatistics@ons.gov.uk]
Sent: 15 September 2016 13:47
To: Sarah Wallace
Subject: Crime survey - domestic abuse query - Ref: CCC77258

Dear Sarah,

The Crime Survey for England and Wales (CSEW) is a face-to-face victimisation survey in which people resident in households in England and Wales are asked about their experiences of a range of crimes in the 12 months prior to the interview. CSEW estimates are based on analysis of structured face-to-face interviews carried out using computer-assisted personal interviewing (CAPI) where interviewers record responses to the questionnaire on laptops / tablets.

The CSEW interview is split into two parts - the main portion is completed by the interviewer and is asked of all adults aged 16 and over, so there are lots of CSEW data available for those aged 60+; the self-completion portion is completed by the respondent and is asked of adults aged 16-59. The questions on intimate personal violence (including domestic abuse) are asked in the self-completion portion, and therefore these data only relate to those aged 16-59.

Self-completion modules are used in the CSEW to collect information on topic areas that respondents could feel uncomfortable talking about to an interviewer. The use of self-completion on laptops / tablets allows respondents to feel more at ease when answering questions on sensitive issues due to increased confidence in the privacy and confidentiality of the survey. The self-completion modules are only asked of 16-59 year olds due to two related reasons. Firstly, respondents aged 60 and over have a significantly lower willingness to complete self-completion modules (for example, unable to use the laptops / tablets), and secondly, the value in producing estimates based on a sample that, because of the low response, is likely to be unrepresentative of that population, is small.

Section 3.1.11 of the 2008/09 CSEW technical report describes the results of the last trial to extend the age range of the self-completion portion of the survey to 69. The results found that because the interview length for respondents aged 60-69 substantially increased and that a high proportion of respondents - around a quarter - requested help from the interviewer filling in the self-completion section (who were then not asked the questions on intimate personal violence), the age range should not be extended.

This is an area that is subject to continual review though, and it may prove possible to extend the self-completion portion of the CSEW to those aged 60+ in the future.

Regards,

Richard.

Crime Statistics and Analysis | Office for National Statistics

Appendix 2 - The PICO method

The method of PICO enables an evidence based approach to literature searching (Warwick University, 2013) whilst ensuring the process of developing acceptable questions is supported by existing evidence (Polit & Beck, 2014). The development of relevant search terms was supported through the use of hand and computer thesaurus which provided alternative words to be searched (Aveyard, 2010). Men experiencing domestic abuse were the population (P), search terms included but not restricted to were; men, male victim, battered men and abused men. Identifying need and service provision was the intervention (I), no terms were used under control (C) as there was no control group. Key terms referring to the desired outcomes (O) for the population group incorporated; service provision, recommendations, knowledge, practice, improvements).
## Search criteria determination

<table>
<thead>
<tr>
<th><strong>P</strong> (Population)</th>
<th>Men who are currently or who have previously experienced domestic abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I</strong> (Intervention)</td>
<td>Identifying Need and Service Provision</td>
</tr>
<tr>
<td><strong>C</strong> (Control/Comparison)</td>
<td>Normal Male population</td>
</tr>
<tr>
<td><strong>O</strong> (Outcome)</td>
<td>Promotion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>P</strong></th>
<th>and</th>
<th><strong>I</strong></th>
<th>and/or</th>
<th><strong>O</strong></th>
</tr>
</thead>
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<tr>
<td>Men</td>
<td>Family Violence</td>
<td>Needs</td>
<td>Knowledge</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Domestic Abuse</td>
<td>Experiences</td>
<td>Understanding</td>
<td></td>
</tr>
<tr>
<td>Male (s) Victim</td>
<td>Domestic Violence</td>
<td>Impact</td>
<td>Awareness</td>
<td></td>
</tr>
<tr>
<td>Male Domestic Abuse</td>
<td>Intimate Partner Abuse/Violence</td>
<td>Prevalence</td>
<td>Promotion</td>
<td></td>
</tr>
<tr>
<td>Battered Men</td>
<td>Bi-directional Abuse/Violence</td>
<td>Policy</td>
<td>Recommendations</td>
<td></td>
</tr>
<tr>
<td>Abused Men</td>
<td>Physical Abuse/Violence</td>
<td>Social Care</td>
<td>Legislation</td>
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<tr>
<td>Gay Men/Males</td>
<td>Sexual Abuse/Violence</td>
<td>Risk</td>
<td>Practice</td>
<td></td>
</tr>
<tr>
<td>Bi-sexual Men/Males</td>
<td>Emotional Abuse</td>
<td>Injury (s)</td>
<td>Support</td>
<td></td>
</tr>
<tr>
<td>Transgender Men/Males</td>
<td>Financial Abuse</td>
<td>Help-seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Perpetrators</td>
<td>Same-sex domestic abuse/violence</td>
<td>Service provision</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Support</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Effect (s)</td>
<td></td>
</tr>
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## Appendix 3 - Initial literature search record

**January – May 2014**

<table>
<thead>
<tr>
<th>Database, search engine, catalogue</th>
<th>Key word searches including Boolean logic</th>
<th>Results</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIA</td>
<td>'Men' AND 'domestic abuse' OR 'domestic violence' AND 'experiences' OR 'needs'</td>
<td>84 results; – 9 relevant, 68 omitted, <strong>7 articles saved</strong> for further reading.</td>
<td>28/01/2014</td>
</tr>
<tr>
<td><strong>Inclusion/Exclusion:</strong> Published after 2003, English Language, Peer reviewed, Scholarly journals, thesis, dissertations</td>
<td>'Male victims' AND 'domestic abuse' OR 'domestic violence' AND 'social care' or 'service provision'</td>
<td>3 results – 2 omitted as not relevant, <strong>1 article</strong> – Interlibrary loan requested.</td>
<td>28/01/2014</td>
</tr>
<tr>
<td></td>
<td>'Male victims' AND 'family violence' OR 'domestic violence' AND 'impact' OR 'effect'</td>
<td>28 results – <strong>11 articles saved</strong> for further reading, 17 omitted.</td>
<td>28/01/2014</td>
</tr>
<tr>
<td></td>
<td>'Men' OR 'Males' AND 'family violence' OR 'domestic abuse' AND 'prevalence' <strong>Amended to</strong> 'Male victims' AND 'family violence' OR 'domestic abuse' AND 'prevalence'</td>
<td>16,007 results – amended search.</td>
<td>28/01/2014</td>
</tr>
<tr>
<td></td>
<td>10 results - 3 relevant, 7 omitted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>'battered men' AND 'domestic abuse' OR 'domestic violence'</td>
<td>35 results – 4 relevant, 30 omitted, <strong>1 article saved</strong> for further reading.</td>
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</tr>
<tr>
<td></td>
<td>'battered men' AND 'Intimate partner violence' OR 'intimate partner abuse'</td>
<td>20 results – 4 relevant, 16 omitted.</td>
<td>28/01/2014</td>
</tr>
<tr>
<td>Query</td>
<td>Results Summary</td>
<td>Date</td>
<td></td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>'battered men' OR 'abused men' AND 'family violence' OR 'domestic abuse' AND 'help-seeking' OR 'experiences'</td>
<td>55 results – 12 relevant, <strong>3 articles saved</strong> for further reading.</td>
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<td></td>
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<td>'Male victims’ AND 'family violence’ OR 'domestic violence’ AND 'risk’ OR 'injury’</td>
<td>31 results - 11 relevant, <strong>1 article saved</strong> for further reading.</td>
<td>28/01/2014</td>
<td></td>
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<tr>
<td>'Male domestic abuse’ AND 'intimate partner violence’ OR Intimate partner abuse’ AND 'needs’ OR 'experiences’</td>
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<td>28/01/2014</td>
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<td>'Men’ AND 'domestic abuse’ OR 'domestic violence’ AND 'help-seeking’</td>
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<td>28/01/2014</td>
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<td>28/01/2014</td>
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<td>'abused men' AND 'Intimate Partner Violence’ OR 'Intimate Partner Abuse’</td>
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<td>'male victims’ AND 'female perpetrators’ AND 'prevalence’</td>
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<td>‘abused men’ AND ‘female perpetrators’</td>
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<td>‘men’ AND ‘physical abuse’ OR ‘physical violence’ AND ‘service provision’ OR ‘support’</td>
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<td>‘male victims’ AND ‘bi-directional violence’ OR ‘bi-directional abuse’</td>
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<td>‘Transgender men’ OR ‘transgender males’ AND ‘domestic abuse’ OR ‘domestic violence’</td>
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<td>‘Male victims’ AND ‘same-sex domestic abuse’ OR ‘same-sex domestic violence’</td>
<td>3</td>
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<td>03/03/14</td>
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368
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<td>Published after 2003, English, Peer Reviewed, All Publications, All Adult, Male</td>
<td>‘Men’ AND ‘domestic abuse’ OR ‘domestic violence’ AND ‘experiences’ OR ‘needs’ NOT ‘children’ NOT ‘women’ NOT ‘female’ NOT ‘children’</td>
<td>12,134 results – to reduce – ‘men’, ‘domestic abuse’ and ‘domestic violence’ in selected in TI title fields – 11,984 10,164 results – to reduce – ‘experiences’ and ‘needs’ in AB Abstract – 7,213 606 results – to reduce – ‘experiences’ and ‘needs’ in TI Title fields 116 results – 4 relevant, 3 articles saved for further reading, 112 omitted.</td>
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<td>‘Male victims’ AND ‘domestic abuse’ OR ‘domestic violence’ AND ‘social care’ or ‘service provision’ NOT ‘female’ NOT ‘women’ NOT ‘child’ NOT ‘children’ ‘domestic violence’ and ‘intimate partner violence’ selected for ‘Major subject heading’</td>
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<td>2,597 results</td>
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<td>Query</td>
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<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>‘male victims’ selected for ‘Major subject heading’</td>
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<td>'Major subject heading' restricted to: gay men, men, men's health, sexual abuse, violence, bi-sexual, crime victims, fathers'.</td>
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<td>52 – 1 relevant, 51 omitted.</td>
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<td>'Male victims' AND 'family violence' OR 'domestic violence' AND 'risk' OR 'injury'</td>
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<td>NOT 'female' NOT 'women' NOT 'child' NOT 'children'</td>
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<td>1,822 results - 'Male victims', 'domestic violence', 'risk', 'injury' in MJ major word fields</td>
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<td></td>
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<td>Notes</td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<tr>
<td>NOT 'female' NOT 'women' NOT 'child' NOT 'children'</td>
<td>230</td>
<td>67 results – <strong>1 article saved</strong> for further reading, 66 omitted.</td>
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</tr>
<tr>
<td>Major subject heading restricted to: 'life experiences', 'gay men', 'men', 'violence', 'sexual abuse', 'bi-sexuality'.</td>
<td></td>
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</tr>
<tr>
<td>'Men' AND 'domestic abuse' OR 'domestic violence' AND 'help-seeking' NOT 'female' NOT 'women'</td>
<td>44</td>
<td>27 results - 7 relevant, <strong>2 articles saved</strong> for further reading, 18 omitted.</td>
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</tr>
<tr>
<td><strong>Amended to</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>'Male victims' AND 'domestic abuse' OR 'domestic violence' AND 'help-seeking' NOT 'female' NOT 'women'</td>
<td></td>
<td>3 results – 2 relevant, 1 omitted.</td>
<td></td>
</tr>
<tr>
<td>'abused men' AND 'Intimate Partner Violence' OR 'Intimate Partner Abuse'</td>
<td>44</td>
<td>6 results – <strong>1 article saved</strong> for further reading, 5 omitted.</td>
<td></td>
</tr>
<tr>
<td>NOT 'female' NOT 'women' NOT 'child' NOT 'children'</td>
<td>0</td>
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<td></td>
</tr>
<tr>
<td>'abused men' AND 'domestic abuse' OR 'domestic violence'</td>
<td>64</td>
<td>9 results – 1 relevant, 8 omitted.</td>
<td></td>
</tr>
<tr>
<td>NOT 'female' NOT 'women' NOT 'child' NOT 'children'</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>'male victims' AND 'female perpetrators' AND 'prevalence'</td>
<td>0</td>
<td></td>
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<tr>
<td></td>
<td>10/05/2014</td>
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<td></td>
</tr>
<tr>
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<td>Results</td>
<td>Notes</td>
<td></td>
</tr>
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<td>------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>'male victims' AND 'domestic abuse' OR 'domestic violence'</td>
<td>752</td>
<td>71 results - to reduce 'male victims' in AB Abstract fields, 'domestic abuse' and 'domestic violence' in TI Title fields. 24 results - 4 relevant, 20 omitted.</td>
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</tr>
<tr>
<td>NOT 'female' NOT 'women' NOT 'child' NOT 'children'</td>
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<td></td>
</tr>
<tr>
<td>'male victims' AND 'intimate partner abuse' OR 'intimate partner violence'</td>
<td>387</td>
<td>119 results - to reduce 'male victims' in AB Abstract fields, 'intimate partner abuse' and 'intimate partner violence' in TI Title fields. 40 results – 8 relevant, 5 articles saved for further reading, 32 omitted.</td>
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</tr>
<tr>
<td>NOT 'female' NOT 'women' NOT 'child' NOT 'children'</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>'abused men' AND 'female perpetrators'</td>
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<tr>
<td>'men' AND 'physical abuse' OR 'physical violence' AND 'service provision' OR 'support'</td>
<td>28,007</td>
<td>2,748 - to reduce 'men', 'intimate partner abuse' and 'intimate partner violence', service provision' and 'support' in MW word in subject heading. 770 'men', 'service support', 'support' in TI title fields 352 results</td>
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</tr>
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<td></td>
</tr>
<tr>
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<td>Results</td>
<td>Additional Details</td>
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</tr>
<tr>
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<td>-------------------------------------------------------------------------------------</td>
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<tr>
<td>'male victims' AND 'bi-directional violence' OR 'bi-directional abuse'</td>
<td>2 results – 2 relevant, <strong>1 article saved</strong> for further reading.</td>
<td>10/05/2014</td>
<td></td>
</tr>
<tr>
<td>'gay men' OR 'gay males' AND 'intimate partner abuse' OR 'intimate partner violence'</td>
<td>59 results – 17 relevant, <strong>10 articles saved</strong> for further reading, 42 omitted.</td>
<td>10/05/2014</td>
<td></td>
</tr>
<tr>
<td>Male victims' AND 'sexual violence' OR 'sexual abuse' AND 'needs'</td>
<td>0 results.</td>
<td>10/05/2014</td>
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<tr>
<td>'male domestic abuse' AND 'service provision' OR 'services'</td>
<td>22,450 results.</td>
<td>10/05/2014</td>
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<tr>
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<td>17,851 – to reduce, ‘male domestic abuse as MW word in subject heading, ‘service provision’ and ‘services’ in TI Title Fields.</td>
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<tr>
<td>'male domestic abuse'</td>
<td>2,012 results – all of which appear to relate to health and services. In light of this, use of terms ‘services’ and ‘service provision’ removed.</td>
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<td></td>
</tr>
<tr>
<td>'Bi-sexual men’ OR 'bi-sexual males' AND 'domestic abuse' OR 'domestic violence'</td>
<td>332 results - 'Bi-sexual men', 'bi-sexual males', ‘domestic abuse’, ‘domestic violence' in TI Title Fields.</td>
<td>10/05/2014</td>
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</tr>
<tr>
<td>Search Query</td>
<td>Results</td>
<td>Notes</td>
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</tr>
<tr>
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<tr>
<td>bi-sexual male victim AND 'domestic abuse' OR 'domestic violence'</td>
<td>162</td>
<td>3 results – 3 omitted.</td>
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</tr>
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<td>'Transgender men' OR 'transgender males' AND 'domestic abuse' OR 'domestic violence'</td>
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<td>18 results – 18 omitted. 10/05/2014</td>
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<tr>
<td>'Male victims' AND 'same-sex domestic abuse' OR 'same-sex domestic violence'</td>
<td>4</td>
<td>3 relevant, 1 omitted, 2 articles saved for further reading. 10/05/2014</td>
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</tr>
</tbody>
</table>
Appendix 4 - Extended literature search record

May-September 2014

A combination of key words and limiters as used in the initial literature search were applied to four additional databases. Final results for each database are presented in the table below and refer to any new articles indentified and saved for further reading.

<table>
<thead>
<tr>
<th>Key word searches including Boolean logic</th>
<th>PubMed</th>
<th>Science Direct</th>
<th>ProQuest Psychology Journals</th>
<th>Social Care Online</th>
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<td>'Male victims' AND 'family violence' OR 'domestic violence' AND 'impact' OR 'effect'</td>
<td>3</td>
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</tr>
<tr>
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</tr>
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<td>'battered men' AND 'Intimate partner violence' OR 'intimate partner abuse'</td>
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<td>0</td>
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</tr>
<tr>
<td>Term</td>
<td>Col. 1</td>
<td>Col. 2</td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<td>--------</td>
<td>--------</td>
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<tr>
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<tr>
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<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>'abused men' AND 'female perpetrators'</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'men' AND 'physical abuse' OR 'physical violence' AND 'service provision' OR 'support'</td>
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<td>Total</td>
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<td>---</td>
</tr>
<tr>
<td>'male victims' AND 'bi-directional violence' OR 'bi-directional abuse'</td>
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<td>2</td>
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<td>'gay men' OR 'gay males' AND 'intimate partner abuse' OR 'intimate partner violence'</td>
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<td>3</td>
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<td>0</td>
</tr>
<tr>
<td>Male victims' AND 'sexual violence' OR 'sexual abuse' AND 'needs'</td>
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<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'male domestic abuse' AND 'service provision' OR 'services'</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'Bi-sexual men' OR 'bi-sexual males' AND 'domestic abuse' OR 'domestic violence'</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>OR bi-sexual male victim AND 'domestic abuse' OR 'domestic violence'</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'Transgender men' OR 'transgender males' AND 'domestic abuse' OR 'domestic violence'</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'Male victims' AND 'same-sex domestic abuse' OR 'same-sex domestic violence'</td>
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<td>0</td>
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</tr>
<tr>
<td><strong>Total of number identified and saved for further reading</strong></td>
<td><strong>19</strong></td>
<td><strong>15</strong></td>
<td><strong>4</strong></td>
<td><strong>2</strong></td>
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</tbody>
</table>
# Appendix 5 - Literature review grid: Research

<table>
<thead>
<tr>
<th>Author &amp; Date</th>
<th>Title</th>
<th>Methodology</th>
<th>Key points (strengths &amp; weaknesses)</th>
<th>Themes &amp; Recommendations</th>
</tr>
</thead>
</table>
| Allen-Collinson, Jacquelyn 2009 | A Marked Man: Female-Perpetrated Intimate Partner Abuse UK Study | Qualitative – case study data, in-depth interviews and use personal diary with one man Topical life history approach Thematic content analysis | • Study reports on pilot stage findings  
• One specific case study – cannot be generalized  
• Issues surrounding masculinity – victimization a ‘female experience’  
• Gender constructions may lead to insensitivity and lack of knowledge from professionals.  
• Denial or disregard for experiences may be an attempt to escape stigmatization or vulnerability.                                                                                                                                                                                                                     | • More research to address men’s experiences of vulnerability and powerlessness  
• Definitions of abuse  
• Effects & types of abuse  
• Gender symmetry/asymmetry  
• Limited Research  
• Masculinity  
• Stigma of abuse |
| Ansara, Donna & Hindin, Michelle 2010 | Formal and informal help-seeking associated with women’s and men’s experiences of intimate partner violence in Canada Canadian Study | Quantitative - data from Statistic Canada’s 2004 General Social Survey (GSS) on Victimization. Cross sectional telephone survey. 471 men and 696 women (heterosexual) | • Men experiencing moderate violence much more likely to report to informal source (friend, neighbour etc.) and formal source (doctor, police, health professional etc.) than men experiencing only physical aggression.  
• Women in the physical aggression class twice as likely to seek help than men  
• Lack of research on men’s experiences  
• Survey did not collect information on forms of help-seeking for those who experiences patterns of psychological abuse and/or controlling behaviour.                                                                                                                                                                                                                      | • Further research on men’s experiences.  
• Programs and policies are dependent a clear understanding of experiences, underlying causes and consequences of IPV.  
• Future research should also examine heterogeneity within gender with regards to |
Range of questions assessing acts of violence, psychological abuse and control.
Modified version of CTS

- Use of term 'help-seeking' – respondents asked whether they had discussed violence with formal or informal sources but was not assessed whether respondents had initiated these conversations or sought the support themselves.
- Documents factors associated with where men may seek support.

help-seeking and support sought
- Conflict of findings dependent on sample and measures
- Definitions of abuse
- Help-seeking
- Limited research
- Johnsons Typology

| Ansara, Donna & Hindin, Michelle 2010 | Psychosocial Consequences of Intimate Partner Violence for Women and Men in Canada Canadian Study | Quantitative – data from Statistic Canada’s 2004 General Social Survey (GSS) on Victimization.
Cross sectional telephone survey.
Total of 1,131 respondents – 455 men.
Only included heterosexuals who reported physical and/or sexual violence. | Both men and women can experience negative psychosocial outcomes.
Negative psychosocial outcomes are greater from women who experience severe abuse
Men who reported physical aggression more likely to report the violence had no effect on them compared to men who experienced moderate violence
Women and men may under report their experiences of IPV.
Survey did not examine psychosocial impact for those experiencing psychological abuse or control without violence.
Men may be less likely to report 'feminine experiences' such as depression and shame/guilt. | Further research to consider the nature of and experiences of IPV for women and men.
- Limited research
- Masculinity
- Starks Coercive Control
- Johnsons Typology

| Bartholomew, Kim et al, 2008 | Correlates of Partner Abuse in Male Same Sex Relationships | Quantitative - randomly selected sample of gay and bisexual men (186) | Correlates of abuse in male same sex relationships similar to correlates of abuse identified in heterosexual relationships | Future research to consider how the characteristics of both |
### Canadian Study

Study part of West End Relationships Project (WERP)

Two phases – phase 1 – telephone survey focussing on abuse in same sex relationships, phase 2 – questionnaire and in-person interview

Use of modified CST2, attachment measures, internalized homophobia scale and others

- HIV status, attachment orientation and public outness associated with bi-directional partner abuse and not with a particular direction of abuse
- Family violence and substance misuse uniquely associated with victimization
- Internalized homophobia uniquely associated with abuse perpetration
- Study recruited diverse sample
- Relied upon self-reporting – possibility of reporting biases.

### Bartholomew, Kim et al. 2008

**Patterns of Abuse in Male Same Sex Relationships**

Quantitative – 284 gay and bisexual men

Study part of West End Relationships Project (WERP)

Involved 2 phases, a telephone survey and an in-person interview session. This study is based on the first phase

Use of CTS2

- Reported high rates of psychological and physical abuse and moderate sexual abuse
- Associations between participants reports of their own use of abuse and their partners abuse perpetration – suggests bi-directional abuse in some gay relationships
- All forms of abuse tended to co-occur
- Suggests a trajectory from psychological to physical to sexual abuse
- Moderate response rate, findings cannot be generalized to those who seek help (clinical sample)

- Future research to consider the term 'sexual abuse' more broadly, to focus on social or relational context in which partner abuse arises and the emotional impact of abuse
- Inclusion of both individuals within the relationship
- Services need to consider implications
| Bell, Nicole 2009 | **Health and Occupational Consequences of Spouse Abuse Victimization Among Male U.S Army Soldiers**  
**U.S.A study** | **Quantitative** – data for study from Total Army Injury & Health Outcomes Database (TAIHOD) – over a 12 year period  
Includes family violence data from Army Central Registry (ACR)  
Used cohort study design, victims & non victims tracked over time to assess risk of hospitalization  
Study population of 87,426 | • Closed ended surveys do not allow exploration of men’s experiences of abuse  
• Bi-directional  
• Conflict of research findings dependent on sample & measures  
• Effects & types  
• Help-seeking  
• Limited Research  
• Societal Norms  
• Feminist/patriarchal  
• Male IPV victims are at risk of hospitalization  
• Alcohol dependency, depression and mental health issues more common for male IPV  
• Effects of IPV persists over a long period of time  
• Male victims who are also perpetrators at greater risk of adverse outcomes  
• Spouse abuse victims in study much more likely to be young, of minority race and lower educational attainment  
• Not possible to identify retaliatory abuse  
• Study used only cases that had be substantiated via referrals such as commanders, clergy or police – does not account for those who do not report  
• Male victims require more support services  
• Research should explore severity of abuse and recidivism  
• Further research with aim to further understand link between victimization and adverse health consequences  
• Conflict of research findings dependent on sample & measures  
• Effects & types of abuse  
• Limited research |
| Berry, Vashti et al 2014 Welsh Government commissioned report | Building Effective Responses: An independent Review of Violence Against Women, Domestic Abuse and Sexual Violence Services in Wales | Mixed Method – analysis of statistical data (ONS, police, Home office), online mapping survey to specialist services, consultation with 5 groups of women (53 in total) using Vignettes and semi structured telephone interviews with 31 purposively selected stakeholders | Services responding to DA in Wales prominent with 75% of services addressing this issue  
- Only 9% of services that responded to survey identified prevention as their primary responsibility  
- 76% of services who responded advised they supported women and 41% supported men  
- Less than a quarter of services stated they had secured funding.  
- Hospitals and police identified as a first port of call  
- Failure to match provision to need identified - male victims identified within this  
- Increase in male victims mentioned by stakeholders - although limited evidence of service take up  
- Men's needs likely to be different to women's  
- Services users wanted more advertising of service provision  
- A severe shortage of robust evaluation research | 

29 Recommendations which include;  
- WG should undertake a detailed analysis of CSEW data at local area level. This is so as to obtain more specific data for Wales and its regions  
- The term ‘Domestic Abuse’ is the most prevalent form of abuse and services should continue to reflect this  
- WG should work with higher education and training organisations to ensure a skilled workforce  
- Training should address attitudes and awareness |
| Brogden, Mike & Nijhar, Saranjit, K. 2004 | Abuse of Adult Males in Intimate Partner Relationships in Northern Ireland N.I Study | Qualitative – using an ethnographic approach, Participants recruited via various advertising such as posters, via support services, local newspaper – 52 respondents Semi-structured interviews. Use of direct quotations | • No details of inclusion of exclusion criteria other than men had to be heterosexual • A hidden population of men in N.I experiencing IPA • Men suffer various forms of abuse including physical and emotional • Large number of participants used alcohol as a coping mechanism • Control cited by large number –this included sleep deprivation and daily movements • Implications for leaving including financial problems, accommodation, and losing contact with their children | • WG should proceed with plans to develop a ‘information hub’ to provide information of services to both professionals and victims • LA’s should develop a log of services for DA • More research should be undertaken with survivors and recent service users to capture their evaluations. • Raise awareness through education and training • Awareness campaigns to recognise complex nature of IPA and be gender neutral • Support and effective referral programs to be established for men • Referral & information leaflets for men at various points such as G.Ps |
### Carmo, Rute, Grams, Ana & Magalhaes, Teresa 2011

**Men as victims of intimate partner violence**  
**Portuguese Study**


  - Questionnaire was adapted from one devised to study female victims of IPV.

  - Data collected from medico-legal and social reports.

- Study acknowledges cannot be representative - sample only included men who had accessed the centre and disclosed abuse.

  - Retrospective nature does not allow collection of data on all variables.

  - Types of IPV identified include physical and psychological.

  - Psychological abuse reported in 70% of sample.

  - Prior history of physical and psychological abuse was high (81.6%)

  - Effects of psychological outcomes not assessed.

  - Sample taken from men accessing support from medico-legal and that medical attention sought may be for proof in regards to IPV.

### Further Study

- Training and awareness of male IPA among agencies such as police, and social services

- Drop-in access centre for men to be established

- Further research should aim to consider the extent and context of male IPA

- Definitions of abuse

- Effects & types

- Help-seeking

- Masculinity

- Stigma of abuse

- Family violence perspective

- Feminist & patriarchal theory
| Carvalho, A.F et al 2011 | **Internalized Sexual Minority Stressors and Same-Sex Intimate Partner Violence** USA | Quantitative – 581 gay and lesbians recruited via announcements on local gay/lesbian newspapers, festivals, bookstores and personal and professional contacts of the lead author. Use of snowball sampling Data collected as part of a larger study – responses included whether they had ever been a victim of IPV or a perpetrator. Measures used included; OUtness Inventory (Mohr & Fassinger, 2000), Internalized Homophobia Scale (IHP) (Herek *et al*, 1998) - scale modified to reflect gay & lesbian sexual orientation only, Stigma Consciousness Questionnaire (SCQ) (Pinel 1999). | • Those with minority stress more likely to be involved in violent relationships – both victimization, perpetration or both  
• Sexual minority stress associated with IPV  
• No links to IPV and internalized homophobia – author acknowledges the difficulty in recruiting those with internalized homophobia (as was the case in this study) as they are less likely be visible in the LGBT community  
• Does not investigate specific types of IPV or frequency  
• Based on participants perceptions not specific tactics/behaviours  
• Cross-sectional – unable to infer causality  

|  |  |  | • Johnsons typology  
|  |  |  | • Future research to examine relationship between relationship violence and stigma consciousness  
|  |  |  | • Research to consider external minority stressors  
|  |  |  | • Future research should examine moderators and mediators such as social support, psychological distress etc  
|  |  |  | • Services to acknowledge and demonstrate understanding how minority stress may prove a barrier to help-seeking  
|  |  |  | • Training for service providers to understand IPV in the context of sexual minorities. |
| Donovan, Catherine et al 2006 | **Comparing Domestic Abuse in Same Sex and Heterosexual Relationships UK Study** | Mixed method approach – UK wide survey of domestic abuse in same sex relationships – 800 respondents, five focus groups consisting of LGBT and heterosexual men and women – 21 participants and semi-structured interviews with 67 individuals both LGBT and heterosexual. Detailed questionnaire distributed via community groups, organisations, gay and lesbian websites and local and national networks. | • Questionnaire sample not random and do not therefore represent prevalence of DA within same sex relationships.  
• 77.8% of whole sample had experienced one form of emotional abuse, 40.1% at least one form of physical abuse and 40.5% sexual abuse.  
• Same sex IPV is similar to occurrences amongst heterosexual IPV  
• GP’s or colleagues most commonly used by men to disclose abuse.  
• Post separation abuse identified as issue amongst gay men.  
• Under 25 more likely to report DA  
• Gay and bi-sexual men more likely to access help from friends, counsellors or relatives – not gay support services or the police | • Conflict of research findings dependent on sample and measures  
• Effects/types of abuse  
• Help-seeking  
• Limited research  
• Societal norms  
• Stigma  
• Johnsons typology  
• Minority Stress  
• Training and awareness of same sex DA amongst public agencies especially criminal justice  
• Increase knowledge and skills amongst professionals  
• Awareness raising campaigns for same sex DA both locally and nationally  
• Definitions of abuse  
• Effects and types of abuse  
• Help-seeking  
• Societal norms  
• Stigma of abuse  
• Johnsons typology |
| Douglas, Emily, Hines, Denise & McCarthy, Sean 2012 | **Men Who Sustain Female-to-Male Partner Violence: Factors Associated With Where They Seek Help and How They Rate Those Resources** USA Study | Quantitative - Exploratory study  
Bi-variate analysis  
302 heterosexual men who sought help for IPV  
Recruitment via help lines, websites, newsletters that specialize in men health, men's IPV etc.  
Telephone interview or questionnaire online. (16 completed telephone survey and 286 online) | • Men severely assaulted more likely to seek help from medical professionals and police and less likely to seek help via internet.  
• Men with mental illness more likely to seek help from mental health provider  
• Help seeking via DV agencies more likely if children had witnessed DV and if false allegations had been made  
• Help seeking via medical providers more likely to have disability and higher levels of PTSD and been severely assaulted  
• Police used when IPV has become severe  
• Resources that provided information on where to access help for IPV and validated experiences were rated most helpful – services responses were strongest predictors of men's ratings of helpfulness  
• Men who had children found DV agencies less helpful  
• Legitimacy of accounts and reports of abuse cannot be assessed (majority were completed online).  
• Sample did not include those without internet access or who had not telephoned helpline.  
• Men in study primarily white and well educated – less affluent may be less likely to seek help of have different experiences.  
• Cross-sectional correlation study – inferences about casualties are weak. | • Further research to understand how personal characteristics and life experiences relate to quality of experiences with services/support providers  
• Further research to understand how the characteristics of DV services/agencies/providers are related to how they are rated by the men accessing them.  
• Sufficient training for providers working with men  
• Service providers take steps to alter their provisions and support.  
• Future research should gather data from multiple sources  
• Consider longitudinal designs  
• Effects & types of abuse |
<table>
<thead>
<tr>
<th>Author(s)</th>
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<th>Methodology</th>
<th>Findings</th>
<th>Recommendations</th>
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</table>
| Douglas, Emily & Hines, Denise 2011 | The Help seeking Experiences of Men Who Sustain Intimate Partner Violence: An Overlooked Populations and Implications for Practice | U.S.A Study | - Help-seeking experiences are determined via perceptions of respondents and cannot reflect the effectiveness of the services.  
- Men seek support through informal sources of support (89.9%)  
- Medical professionals and DV hotlines less frequently used formal support  
- Medical and mental health professionals most helpful sources of support  
- Those seeking help had more negative than positive experiences.  
- DV services (police, agencies, and hotlines least support. 67% said ‘not helpful’  
- Nearly half of the sample accessed support from DV agency, half of which found service not helpful  
- Identifies significant external barriers encountered when accessing support  
- Stark contrast when compared with women’s help seeking experiences  
- Quality of experiences impacts negatively on mental health  
- Legitimacy cannot be assessed as recruitment took place via the internet  
- Sample could not include those with no internet access or who had not contacted the helpline | - Help-seeking  
- Limited research  
- Masculinity  
- Stigma of abuse  
- Training for professionals focus on diversity of DV  
- Education to include all IPV victims  
- Public education and outreach materials to be gender inclusive  
- Screening of all clients and the provision of information on where to access support for IPV  
- Research on men who sustain IPV from their male and female partners  
- Effects & types of abuse  
- Help-seeking  
- Limited research  
- Masculinity  
- Societal norms  
- Feminist & patriarchal theory |
<table>
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<th>Study</th>
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<th>Methodology</th>
<th>Findings</th>
<th>Recommendations</th>
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</table>
| Drijber, Babbette, C, Reijnders, Udo, J.L & Ceelen Manon 2013 | Male Victims of Domestic Violence: Netherlands Study | Quantitative – 380 participants via questionnaire on the internet that was specially devised by the authors. 15 questions including characteristics of respondent, type of violence, frequency, gender of perpetrator and use of drugs/alcohol and help seeking avenues. | - Men significantly more likely to seek police assistance when there has been physical abuse  
- 96% of cases, perpetrator was an ex partner  
- 67% experienced both physical and psychological abuse  
- Less than 32% of the study spoke with police and 15% officially reported the abuse  
- More likely to report to police if children were involved  
- Reasons identified for not talking with police; not being taken seriously, shame or not believing police can do anything  
- More likely to disclose to informal sources such as friends, colleague or family (62%)  
- 42% accessed DV information via internet  
- Study focused on unilateral violence and did not include reciprocal violence  
- No focus on homosexual relationships  
- Study restricted to those who had internet access.  
- Legitimacy cannot be assessed  
- Use of questionnaire which was developed by researchers – validity? | - Education to recognize male DV  
- DV screening tools – how these should differ for men.  
- Development of services specializing in male DV  
- Definitions of abuse  
- Help-seeking  
- Limited research  
- Societal norms |
<p>| Finneran, C et al 2012 | Intimate Partner Violence and Social Pressure | Quantitative – via online survey. Participants recruited through Facebook | - Men who experienced homophobia and internalized homophobia increased likelihood of reporting experiencing IPV | - Interventions targeting homosexual IPV need to be considered with |</p>
<table>
<thead>
<tr>
<th>Study title and authors</th>
<th>Study design</th>
<th>Sample and methods</th>
<th>Findings and implications</th>
</tr>
</thead>
</table>
| **among Gay Men in Six Countries** | **USA** | 2,368 responses of which 2,368 provided complete data | - Men experiencing homophobic discrimination significantly more likely to report physical IPV  
- Hetero-normative social pressures significantly increase odds of reporting IPV  
- Online survey - only include those with access to PC and internet access  
- Survey through Facebook - would not have included those who do not use this form of social media  
- Unclear whether index scales created for this study were validated or piloted  
- Sample would have only included those who self identify as gay  
- Cross sectional study – causality cannot be assessed. |
| Finneran, C & Stephenson, R | **Gay and Bisexual Men’s** Quantitative – 989 recruited through venue based | Gay and bi-sexual men perceive the severity of IPV within the gay/bisexual community to be | Police forces should communicate to LGBT |

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**Notes:**
- Use of the Gay Identify Scale (Williamson *et al.*, 2008) - Index scale created to quantify hetero-normative social pressure and homophobic discrimination – no discussion to say how or if index scales created were validated or piloted.
- Men experiencing homophobic discrimination significantly more likely to report physical IPV.
- Hetero-normative social pressures significantly increase odds of reporting IPV.
- Online survey - only include those with access to PC and internet access.
- Survey through Facebook - would not have included those who do not use this form of social media.
- Unclear whether index scales created for this study were validated or piloted.
- Sample would have only included those who self identify as gay.
- Cross sectional study – causality cannot be assessed.
- Men experiencing homophobic discrimination significantly more likely to report physical IPV.
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- Online survey - only include those with access to PC and internet access.
- Survey through Facebook - would not have included those who do not use this form of social media.
- Unclear whether index scales created for this study were validated or piloted.
- Sample would have only included those who self identify as gay.
- Cross sectional study – causality cannot be assessed.

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**Additional Research Required:**
- Additional research required to clarify demographic risk factors to support practitioners screening for IPV amongst men.
- Future research and interventions need to consider and address the effect/impact of heterosexual social pressures on homosexual men experiencing IPV.
- Provision of services that focus on gay men who experience IPV.
- Definitions.
- Effects/types of abuse.
- Help seeking.
- Limited research.
- Societal norms.
- Minority stress.

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**Recommendations:**
- Police forces should communicate to LGBT communities.
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<tr>
<th>Year</th>
<th>Study Title</th>
<th>Methodology</th>
<th>Findings</th>
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<tbody>
<tr>
<td>2013</td>
<td>Perceptions of Police Helpfulness in Response to Male-Male Intimate Partner Violence USA study</td>
<td>Sampling – sampling frame consisted of over 160 gay venues. Use of survey – use of 5 point Likert scale, short form conflict tactics scale (R-CTS), gay identity scale and creation of an index scale. Comparative analysis – to identify differences in the perception of IPV for women vs IPV for gay men.</td>
<td>Similar to that within the heterosexual community. Negative perceptions of police helpfulness in response to male-male IPV. Theory of ‘minority stress’ – gay men’s expectation of stigma, prejudice and rejection are likely to be fuelled by hetero-normative society that views homosexuality as deviant and an hegemonic perception that women, not men are victims of IPV. Data did not identify whether those who had recently experienced IPV had reported to police and if so, what their experiences of the police were. 17.6% reported recent physical IPV. 24.5% reported recent emotional IPV. 59.1% perceived that police would be less helpful in supporting a gay/bisexual man than a women who was experiencing IPV. Vebue based sampling would have excluded those who do not/did not access the venues during the sampling frame. Actual effectiveness of police intervention is not considered. Reported prevalence of IPV is likely to be under-reported.</td>
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</table>

Community that IPV reports will be taken seriously and police must ensure there are policies in place to support this. Community groups supporting LGBT should communicate and liaise with local police. Future research should focus on LGBT victims who have accessed police support. Law makers should ensure that extra legal protection such as protection orders are afforded to all survivors of IPV regardless of gender or sexual orientation. Help-seeking Limited research Societal norms Stigma of abuse Minority stress |
| **Flink, A, Astedt-Kurki, P & Paavilainen, E** | **Intimate partner violence as experienced by men** | **Finland Study** | • Men fearful of accessing services due to prejudices and hostility and this prevented them from seeking help  
• Men felt professionals did not listen to them  
• Children used as instruments of violence and control  
• Time frame varied from a few months to more than 20 years – reliability with regards to recall  
• Men in sample were mostly via those who had sought help for violence  
• Would not have included those who did not seek help | • Violence to be viewed as a moral, personal and inter-relational problem not just a problem committed by men  
• Knowledge regarding evidence based approached and up-to date training required  
• Gender sensitive mental health practices  
• Definitions of abuse  
• Help-seeking  
• Limited research |
|---|---|---|---|---|
| **Fortin, I et al 2012** | **Intimate Partner Violence and Psychological Distress among Young Couples: Analysis of the Moderating Effect of Social Support** | **Canada** | • Common couple violence is the most frequent type of violence amongst young couples  
• No significant difference between men & women with regard to experiencing psychological or physical violence  
• Women in sample sought more help than the men  
• Experience of violence increases psychological distress  
• The more men seek help from different people, the greater the negative impact on their level of distress – this was the opposite for women whose level of distress decreased upon seeking help form a number of people | • Prevention programs to specifically target this group  
• Prevention and intervention programs must anyone can be a victim  
• Social support should be included within IPV intervention and support  
• Future research to consider couple |
months and psychological distress during past 7 days

CTS2, development of help-seeking questionnaire & use of psychiatric symptoms index which was abbreviated and adapted from the Hopkins Symptom Checklist.

Regression analysis procedure (Baron & Kenny, 1986)

- Small sample size
- Self-reporting – may result in bias
- Measurement tools; 'questionnaire on help-seeking' developed by researchers based on the 'questionnaire of social support' (Barrera, 1993) – does not discuss whether this has been validated or piloted.

| Graham-Kevan & Archer, John 2005 | **Investigating Three Explanations Of Women’s Relationship Aggression U.K** | Quantitative – use of a correlation design
Recruitment via email to full and part time female students and staff at the University of Central Lancashire. 1,026 women provided usable data.

Use of modified version of CTS – only the 8 item physical aggression subscale was used

Fear assessed by single item (Morse 1995) |

- No relationship found between fear as a feature of women using violence
- Results support reciprocal aggression – minor aggression explained by male partners minor aggression and severe aggression explained by male partners use of severe aggression (Bi-directional abuse)
- Controlling behaviours linked to women’s aggression at similar rates that is consistent with previous research
- Findings are not consistent with view that coercive aggression is sole domain of men
- Use of only one member of a couples account
- Relies upon self reports
- Single item measure of fear may be considered weak |

- Future research should investigate nature of mutually violent episodes
- Future studies should collect information from both parties within a relationship
- Future studies should move beyond correlation and cross section design and consider longitudinal data.
- Researches should consider subtypes of violence, social support and distress.
- Conflict of research findings dependent on sample & measures
- Effects & types of abuse
- Help-seeking
- Limited research
- Societal norms
- Johnsons typology
<table>
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<tr>
<th>Study</th>
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<th>Findings</th>
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<tr>
<td>Controlling behaviours measured using revised form of Controlling Behaviours Scale CBS-R (CBS) (Graham Kevan &amp; Archer 2003)</td>
<td>Author considers that major limitation is the correlation design that precluded conclusions about causation.</td>
<td>Bi-directional abuse</td>
<td>Definitions of abuse, Effects &amp; types, Gender symmetry &amp; asymmetry, Family violence perspective, Feminist &amp; patriarchal</td>
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<tr>
<td>Hester, Marianne et al 2012</td>
<td>Exploring the services and support needs of male, lesbian, gay, bi-sexual and transgendered and black and other minority ethnic victims of domestic and sexual violence</td>
<td>Qualitative – interviews and focus groups with victims, augmented by on-line survey and interviews with service providers. Victim samples via extensive networking and snowballing. 76 service providers took part. 101 individuals took part. Interviews and focus groups analysed thematically.</td>
<td>Men experienced a range of abusive behaviour from physical assault to harassment. 2 out of the 76 service providers were DV services aimed exclusively for men. Service providers identified lack of advocacy and holistic support for men. Over half of the 22 heterosexual men in support service sample said they had been in fear of their partners. Respondents required support with emotional impacts of DV and/or Sexual violence such as one to one or group work and practical support such as housing and legal. LGBT wanted services that could deal with domestic, sexual violence and LGBT issues together. Researchers acknowledge research was difficult to carry out.</td>
<td>Service providers require training to understand and address domestic and sexual violence amongst heterosexual, BME and GBT males. ‘Gold Book’ of DV services should list services who support heterosexual and/or male and GBT. Consideration on how support may be located within existing services or via specialist provision. Consider alternative provisions of support;</td>
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| Hester, Marianne 2013 | **Who does what to whom? Gender and domestic violence perpetrators in English police records** | Longitudinal narrative approach (over a six year period 2001-2007). - tracking and analysing incident narratives and case recordings by police via a police computer based system for recording and linking DV incidents across police districts Total sample of 96 cases that involved solo female perpetrators and random samples of male perpetrators or dual perpetrators. | • Small samples, limited male homosexual respondents small sample for heterosexual men

• Men significantly more likely to be perpetrators
• IT perpetrated almost exclusively by men
• Women more likely to use 'violence retaliation'
• Men in study took more active approach and remove themselves from the violence
• Violent and abusive behaviour amongst heterosexuals in contact with the police is asymmetrical.
• In cases of dual perpetration, men were primary aggressor.
• Data is limited to what is reported to and recorded by police
• Would not include men/women who had not contacted police. | help lines with longer opening hours, outreach community centres with drop-in and web based information.
• Effects & types of abuse
• Help-seeking
• Limited research
• Masculinity
• Societal norms
• Stigma of abuse
• Johnson typology

• Use of gender sensitive analysis in cases of heterosexual IPV.
• Conflict of research findings dependent on sample and measures
• Effects & types of abuse
• Gender symmetry/asymmetry
• Help-seeking
• Societal norms
• Family violence
• Feminist & patriarchal
• Johnson typology

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### Analysis

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<thead>
<tr>
<th>Study Title</th>
<th>Methodology</th>
<th>Key Findings</th>
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</table>
| Hines, Denise & Douglas, Emily 2010 | A Closer Look at Men Who Sustain Intimate Terrorism by Women USA Study | - Police recordings/actions may be influenced by their own perceptions of their understanding of the dynamics of domestic abuse.  
  - 93-96% sustained severe psychological aggression and controlling behaviours.  
  - 50-76% states partners threatened to hit them or throw something at them.  
  - Over 90% sustained physical aggression  
  - Suggests that IPV may have negative impact on psychological health  
  - Discusses barriers identified for not leaving relationship  
  - Sample restricted to men who sustained IPV and sought help  
  - Sample would not have included those who did not seek help or those who had not seen the recruitment signs or those with no telephone or internet access.  
  - Legitimacy of men's experiences cannot be assessed.  
  - Men and women can are capable of perpetrating severe IPV and both can be victimized by severe IPV. |

Future studies to recruit men who have sought help from other sources and include those who do not seek support.  
Future research should attempt to obtain information regarding men's experiences from multiple sources.  
Educate Practitioners, researchers, and the public about male IPV, their experiences and barriers to leaving.  
Effects & types of abuse  
Help-seeking  
Limited research  
Societal norms  
Stigma of abuse  
Family violence  
Feminist & patriarchal
### Alcohol and Drug Abuse in Men Who Sustain Intimate Partner Violence

**Authors:** Hines, Denise, & Douglas, Emily

**Year:** 2012

**Methodology:** Quantitative - Clinical (help seeking who sustained IT) sample of 302 and community sample of 520 men (of which 16% sustained CCV)

- Recruitment via a number of sources including DAHMW, online male IPV sites
- Had to have sustained a physical assault from female partner.
- Demographic information, CTS2, abusive childhood experiences, PTSD, alcohol and drug abuse.

**Findings:**
- Men in help-seeking sample (IT) no more likely to abuse alcohol than those in community sample (CCV)
- Help seeking sample – no association between sustaining IPV and alcohol abuse or frequency
- CCV had highest levels of alcohol abuse and frequency
- Alcohol abuse has little to do with directly predicting men’s victimization from IPV (this support previous studies on women)
- Drug abuse elevates yet no difference between men experiencing IPV or CCV with regards to drug abuse.
- Cross sectional study, inferences about causality cannot be established
- Acknowledged possible crossover of those who were classed as IT and those who were CCV – can be difficult to categorize
- Study relies upon men’s reports of abuse – no external validation

### Characteristics of Callers to the Domestic Abuse Helpline for Men

**Authors:** Hines, Denise, Brown, Jan & Dunning, Edward

**Year:** 2007

**Methodology:** Quantitative – 246 men who called the Domestic Abuse Helpline for Men (DAHM) between January 2002 and November 2003. Of these,

**Findings:**
- Male victims of severe IPV resemble female victims in regards to their experiences of abuse (controlling behaviour, physical abuse)
- However, male experiences with services are very different.

- Investigate associations amongst sustained IPV and alcohol intoxication
- Associations between alcohol/drug abuse among IPV males who do not seek help
- Associations amongst drug abuse and IPV in men using longitudinal designs
- Future studies to collect data in a systematic manner using reliable and validated measures of IPV
- Limited research
- Johnsons typology
<table>
<thead>
<tr>
<th>Hines, Denise &amp; Douglas, Emily 2010</th>
<th>Intimate terrorism by women towards men: does it exist? USA Study</th>
</tr>
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</table>
| **190** were chosen to be analyzed. | • Men re-victimized when trying to access services that predominantly support women.  
• Lack of support through services that may not consider men as victims of IPV  
• Male callers to the DAHM were verified by follow-up calls adding credibility to their experiences.  
• Study is not representative of all men who experiences IPV – those who did not call the helpline were not included  
• System currently in place to support male IPV is inadequate  
• Data not collected in systematic manner - due to nature of the helpline  
• Data from a comparison community sample not collected  
| | • Future research should assess physical and emotional impact of IPV  
• Research to address impact on children  
• Conflict of research findings dependent on sample and measures  
• Effects & types of abuse  
• Help-seeking  
• Limited research  
• Family violence  
• Feminist & patriarchal  
• Johnsons typology |
| | **Quantitative – systematic large scale, comparison study**  
Two separate sample of male participants – a help seeking sample (302) and a community sample (520)  
CTS2 used to measure extent of physical, psychological and sexual aggression and injuries sustained.  
| | • Significantly higher rates of IPV in help seeking sample  
• IPV within community sample closely resemble Johnson's CCV  
• Men in help seeking sample injured at higher rates and frequencies than community sample  
• Higher rates of frequency of all types of IPV in help seeking sample  
• Female partners of help seeking sample fit Johnson's (1995) IT  
• High rates of IPV perpetration by the help seeking men in this study (55%) is suggested  
| | • Further research to replicate findings and to establish rate of female perpetrators of IT  
• Public awareness campaigns should be gender inclusive  
• Services to acknowledge men and women can experience severe levels of IPV |
| Hines, Denise 2007 | **Posttraumatic Stress Symptoms Among Men Who Sustain Partner Violence: An International Multisite Study of University Students** | **U.S.A Study** | **Quantitative – multisite study. Data used for this study was from the International Dating Violence Study (IDVS). This is a study which assessed dating violence and its correlates among university students at 60 sites around the world** | **The more severe IPV sustained, the more PTS symptoms displayed by men**  
**This association varied little across the sites around the world.**  
**Study only explained a modest proportion of the variance of PTS symptoms**  
**University study sample – those with severe IPV and/or PTSD unlikely to be included as may not succeed within university**  
**A large sample of men from around the world** | **Training for professionals regarding male IPV**  
**All potential victims provided with services**  
**Conflict of research findings dependent on sample and measures**  
**Definitions of abuse**  
**Effects & types of abuse**  
**Gender symmetry/asymmetry**  
**Societal norms**  
**Family violence theory**  
**Feminist & patriarchal theory**  
**Johnsons typology**  
**Future studies to obtain data from other cultures not included**  
**Use of a more comprehensive PTS scale**  
**Consider cultural differences in that IPV in some cultures may not be perceived to be traumatic and would** |
| Hines, Denise & Douglas, Emily 2011 | **Symptoms of Posttraumatic Stress Disorder in Men Who Sustain Intimate Partner Violence: A Study of Help Seeking and Community Samples**  
U.S.A Study | Completed questionnaires were examined for response patterns, female students eliminated from dataset. Further exclusion criteria left a sample of 3461  
Numerous measures used such as; CTS2 scale and PTS symptoms scale | • Measure used in study was for PTS symptoms and cannot diagnose PTSD  
• PTS measure used is limited to 8 questions  
• PTS symptoms not linked to traumatic event cannot deduct that symptoms relate to IPV experiences | not be identified on PTS scale  
• Effects & types of abuse  
• Help-seeking  
• Limited research  
• Societal norms  
• Stigma of abuse | **Quantitative – uses a clinical (302) and community (520) sample of men**  
Community sample recruited via random dialling and CATI administration and Survey Sampling Inc  
Use of CTS2, PTS checklist amongst measures | • PTSD is a concerns among men who sustain IPV and seek help  
• Men who sustain IT increased risk exceeding clinical cut off for PTSD –similar to sample of battered women  
• IPV that help seeking sample are sustaining is IT  
• Childhood abuse is risk factor in sustaining IPV and PTSD among community sample  
• Controlling behaviours not physical IPV are traumatic experiences among community sample  
• Correlation study – inferences about causalities cannot be established  
• Study relies on reports of the men's partners' aggressive behaviours and their own psychosocial characteristics. Cannot be validated | Future research to explore other potential mediators such as blame, and anger for PTSD  
• Acknowledgment that men who disclose IPV likely to be traumatized  
• Traumas of controlling and physical IPV and experiencing aggression as a child should be central to any treatment program  
• Support groups for men who sustain IPV  
• Future studies should have multiple informants |
<p>| Hines, Denise &amp; Douglas, Emily 2011 | The Reported Availability of U.S Domestic Violence Services to Victims Who Vary by Age, Sexual Orientation, and Gender | Quantitative Random sample of 371 DV agency selected – recruitment via email to service directors method of Dillman (2000) 213 agencies participated – response rate 57.4% Instrument developed based on a review of the literature of DV service availability for ‘undeserved populations’ DV service directors who specialised in these groups provided contributions | • Apart from adolescents, men are least likely group to have housing and transportation services available to them • Men are least likely to have all types of victim counselling, particularly group counselling and non residential support groups available to them • DV agencies that receive federal funding more likely to have shelter and non residential support groups for men • Human rights perspective – protect and empower all victims of IPV • Validation of victims experiences regardless of age, gender, sexuality etc • Findings cannot be generalized to the agencies who did not respond • Agency characteristics related to size and/or budget does not predict availability of services to other groups • Gender and sexual orientation barriers to receiving outreach (less than 50% of agencies provided any outreach to males or transgender) • DV agencies perceived to be for female victims only. This decreases likelihood of men seeking support from these agencies | • Determine why certain agencies do not make services available to certain populations • Determine if values and ideologies of individual services is related to which population it is able to/or decides to serve • DV agencies to be sensitive to the needs of the individual regardless of gender/sexuality/age etc and validate the victims experience • Conflict of research findings dependent on sample &amp; measures • Effects &amp; types of abuse • Help-seeking • Human Rights • Masculinity |
| Hogan, Kevin F, Hegarty, John R, Ward, Tony &amp; Dodd, Lorna J | Counsellors’ experiences of working with male victims of female-perpetrated domestic abuse | Qualitative – semi structured interviews with 6 counsellors – snowball sampling used to identify participants All had experience of working with men who had experienced female perpetrated domestic abuse IPA to analyse (Smith 1995). | • Experiences focused on lack of recognition that men can be victims of DA • Lack of recognition impeded on the clients being able to recognise and acknowledge their victimization • Clients perceptions of masculinity seen as a barrier to working effectively Lack of services and support for men outside of therapy – respondents unaware of services to refer men clients onto • Small sample size – cannot generalize • Some participants did not have vast experience of working with male victims | • Societal norms • Stigma of abuse • Family violence • Feminist &amp; patriarchal |
| Houston, Eric &amp; McKirnan, David | Intimate Partner Abuse among Gay and Bisexual Man | Quantitative – cross sectional survey sample of 817 men. | • Significant relationship identified amongst a range of health problems and IPA | • Domestic abuse training should always include males as victims also • Counselling services that work with domestic abuse should increase awareness of male victimization • Be aware of support services outside of therapy • Effects &amp; types of abuse • Help-seeking • Limited research • Masculinity • Societal norms • Stigma of abuse • Family violence • Feminist &amp; patriarchal |</p>
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| 2007 | *Men: Risk Correlates and Health Outcomes* USA Study | 15 minute anonymous survey administered at 11 gay/bisexual venues. Targeted multi-frame sampling approach. Use of Wald statistic from hierarchical logistic regression procedure in SPSS. | - Men in abusive relationships more likely to report depression, or other mental health problems  
- Abused men more likely to engage in substance abuse  
- Study links with other studies amongst heterosexual samples which demonstrate IPA is a major factor in a range of health problems  
- Participants not asked about retaliatory abuse in the context of the abuse they experienced  
- Cross sectional survey – does not allow for causality  
- Despite heightened rates of health problems, abused men did not access any more medical support than non abused men  
- Abused men more likely to seek help from mental health provision |

- Future studies to address the time course of abuse and health behaviours  
- Medical services to consider routinely screen gay and bisexual men  
- Future research focus on ways to assess abuse and examine strategies to improve outreach  
- Future research to improve understanding of IPA among gay and bisexual men  
- Future research to address issues of barriers to help seeking such as lack of understanding amongst professionals  
- Definitions of abuse  
- Effects & types of abuse  
- Help-seeking  
- Limited research
<p>| Karrakurt, Gunnur &amp; Silver, Kristen, E. 2013 | Emotional abuse in intimate relationships: The role of gender and age | Quantitative – 250 participants - 141 females and 109 males. Either non student community members or college students recruited via two universities Use of Emotional Abuse Questionnaire (EAQ) by Jacobson &amp; Gottman (1998) Univariate analysis conducted and a Shapiro-Wilk test for normality | • Younger men reported experiencing the most emotional abuse – this decreases with age • Study suggests that men's overall risk of emotional abuse is increasing • Study focused on heterosexual couples and notes that emotional abuse dynamics may be different in same sex couples • Small study sample which composed mostly of white and middle class university students - cannot be generalized to individuals with diverse backgrounds and different socio-economic status | • Primary prevention programs should be developed to target vulnerable couples to protect men as well as women • Such programs should be gender and culturally sensitive • An improved understanding of gender effects on IPV with regards to emotional abuse • Future research to identify the sequence of events and factors that pertain to emotional abuse • Conflict of research findings dependent on sample &amp; measures • Definitions of abuse • Effects &amp; types of abuse • Gender symmetry/asymmetry • Help-seeking • Limited research • Family violence • Feminist &amp; patriarchal |</p>
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<thead>
<tr>
<th>Mills, Trevor. J, Avegno, Jennifer. L, Haydel, Micelle. J. 2006</th>
<th>Male Victims of Partner Violence: Prevalence and Accuracy of Screening Tools USA study</th>
<th>Quantitative – survey method orally administered to male patients who presented at a large Emergency Department (ED) Survey administered within randomized daily 4 hr blocks over a 6 week period Consisted of 3 questionnaires; HITS - (Hurt/Insult/Threaten/Scream) PVS – Partner Violence Screen CTS-2 – Revised Conflict Tactics Scale 116 men met inclusion criteria – 55 agreed to participate and 53 completed all three surveys</th>
<th>• Very brief discussion of research design/methodology • Results indicate male IPV is more prevalent than thought • Prevalence of psychological abuse is higher than identified in previous literature. • Using the CTS2 nearly 40% of respondents had a positive score on the physiological aggression scale • Neither the HITS and PVS are sufficient in screening men when compared to the CTS2 • HITS and PVS should not be used as a screening tool for male ED patients • Small sample size • High non respondent rate • Did not identify whether men were hetro or homosexual • No clear definition of IPV • No brief screening tool that is sufficient for use in male ED patients</th>
<th>• Use of computer based survey to reduce stigma or shame by participants • Use of briefer surveys may contribute to a higher response rate • Further research with larger samples • Investigate patterns of IPV by race, gender, age • Development of a suitable brief survey for use with male ED patients • Definitions of abuse • Effects &amp; types of abuse • Help-seeking • Limited research • Masculinity • Societal norms • Stigma of abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nayback-Beebe, Ann Marie &amp;</td>
<td>The Lived Experiences of a Male Survivor of</td>
<td>Qualitative – Phenomenological case study.</td>
<td>• Three separate themes and one overarching theme</td>
<td>• Further qualitative studies using a larger sample</td>
</tr>
<tr>
<td>Author</td>
<td>Title</td>
<td>Methodology</td>
<td>Findings</td>
<td>Recommendations</td>
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<tr>
<td>Yoder, Linda</td>
<td>Intimate Partner Violence: A Qualitative Case Study</td>
<td>USA study</td>
<td>Lived experience of one male Three in-depth semi-structured interviews</td>
<td>Psychological theory (self blame, denial, feelings of responsibility) identified as contributing towards victimization</td>
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<td></td>
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<td>Research question - ‘What is the lived experience of living in and leaving an abusive relationship for a White middle class male?’</td>
<td>One male used as study sample – is not representative</td>
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<td>Recruited through mutual acquaintance</td>
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<td>Issue of validating experience?</td>
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<td></td>
<td></td>
<td>No discussion with regards to help-seeking experiences</td>
</tr>
<tr>
<td>Nolan, Jane</td>
<td>An Evaluation of The Dyn Projects’ Advocacy and Support Service: Final Evaluation Report</td>
<td>U.K study</td>
<td>Face to face structured and unstructured interviews with staff members, structured interviews with clients, structured interviews with external agencies, self-completion surveys for clients. Data from the projects client database and observations and field notes. Random sample of 20 cases studies from client database</td>
<td>Clear support from clients &amp; external agencies that Dyn project should continue</td>
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<td>Implications for clients identified if Dyn Project ended</td>
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<td>Strengths &amp; weaknesses of Dyn Project</td>
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<td>Positive impact identified for clients with regards to the service received</td>
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<td>Identified clear need for advocacy and support services for men</td>
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<td>Males significantly disadvantaged with regards to funding and resources which are allocated to the provision of advocacy support compared with women</td>
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<td>Sample should include heterosexual men across a spectrum of age, socioeconomic status and race</td>
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<td>Further research to reflect theories of victimization</td>
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<td>Definitions of abuse</td>
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<td>Effects &amp; types of abuse</td>
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<td>Masculinity</td>
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<td>Societal norms</td>
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</table>

- Sample should include heterosexual men across a spectrum of age, socioeconomic status and race
- Further research to reflect theories of victimization
- Definitions of abuse
- Effects & types of abuse
- Help-seeking
- Masculinity
- Societal norms

- Funding for Dyn project maintained and increased
- Raise public profile of Dyn
- Increase of staffing at Dyn in particular IDVA
- Dyn should be available to all men across Wales and not limited to those who live in Cardiff
- Development of a support group for men

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• 7% of women & 5% men estimated to have experienced domestic abuse in past year – equivalent to 1.2 million women & 700,000 men  
• Overall, 31% of women & 18% of men experienced any form of DA since the age of 16 – equivalent to an estimated 2.9 million men  
• Aims to provide more complete measure of IPV  
• Self completion survey covers all aspects of abuse including emotional and financial and from partners or family members  
• Self completion asks for experiences from ages of 16-59  
• Survey covers many crimes that are not reported to police  
• Does not cover those aged 60 and over | • Provision of support available for a longer time | • No recommendations |
| Office for National Statistics 2014 | **Chapter 4 – Intimate Personal Violence and Partner Abuse** | Quantitative – presents findings from the 2012/13 Crime Survey England and Wales self completion module on intimate violence and is asked of adults ages 16-59 | • In England & Wales, 7.1% of women and 4.4% of men (equivalent to 1.2 million women and 700,00 men) reported experiencing any type of abuse  
• Overall 30% of women (estimated 4.9 million females) and 16.3% of men (2.7 million males) had experienced any abuse from the age of 16. | • No recommendations  
• Definitions of abuse  
• Effects & types of abuse  
• Help-seeking |
2012/13 module included a special focus on the nature of partner abuse
Within the CSEW there are two headline categories; one relates to experiences since the age of 16 and the other is limited to experiences in the last 12 months
As well as questions that relate to experience, the CSEW self completion module also includes questions seeking further information about the nature of the incidents they experienced

- Women were more likely than men to have experienced intimate violence across all types of abuse
- In the previous year, partner abuse (4% of women and 2.8% of men) and stalking (4.1% of women & 1.9% of men) were the most common types of abuse
- Younger men more likely to have experienced domestic abuse in the last 12 months than older men
- Both women and men with a long term disability more likely to experience domestic abuse
- Men & women who had experienced partner abuse in last year more likely to have experienced non physical abuse (emotional and financial)
- No statistical differences between the prevalence of physical injury for male and females
- Most common non physical effects of abuse was ‘mental or emotional problems’ (32% male and 45% women)
- Women more likely to seek formal support than men (38% women, 22% men)
- Seek support from police (women 27%, men 10%)

| Reid, Robert. J et al 2008 | *Intimate Partner Violence Among Men. Prevalence,* Quantitative – healthcare system Group Health – random sample of English | • 28.8% reported having experienced physical or non physical IPV • Men experiences IPV at moderate rates | • Further research to test effectiveness of |
**Chronicity and Health Effects**  
*U.S.A Study*

- Speaking men over 18 enrolled in the system for 3 years or more
  - Telephone interview – analysis limited to 440 (43.5%) response rate – 204 aged 18-54 and 216 men 55 or over.
  - IPV occurrence assessed via U.S Behavioural Risk Factor Surveillance System (BRFSS)
- Twenty questions from Health Survey Version 2
- Younger men more likely to report IPV
- Older men who had experienced IPV more likely to have depressive symptoms
- Abused men reported multiple IPV occurrences
- Health implications mainly related to poor mental health
- Sample came from highly educated population with healthcare insurance – study would not have included those without insurance or of lower educational status
- Sample size does not allow the examination of temporal sequencing between IPV and health outcomes
- Sample not asked about reciprocal violence
- Different intervention strategies for men
  - Further research with larger samples
  - For healthcare professionals to acknowledge and ask about men's experiences of IPV
  - Definitions of abuse
  - Effects & types of abuse
  - Help-seeking
  - Limited research
  - Feminist & patriarchal

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*U.K Study*

- Mixed methods – design of this evaluation uses 'participatory evaluation' –
  - Data collection via; case files – 171 men referred to the Dyn in 12 month period – quantitative data
  - Case studies – 10 case exemplars written to provide a narrative account of the experiences of men referred to the Dyn
- 'Typical' Dyn client is white, British male heterosexual male under 40
- Overwhelming bulk of referrals come from heterosexuals with gay men making up less than one quarter
- 79% of referral constitute white British with only 8% BME
- Gay males more likely to take up support, heterosexual men are less likely to engage
- Most frequent referral to Dyn are heterosexual men experiencing 'common couple violence'
- Heterosexual 'legitimate' victims rarely accepted any services. This was in contrast to gay males who took up service support
- Maintain existing provision
- Develop further capacity to support men across Wales
- Consider development of a DA strategy for GBT and heterosexual men
- Development of agreed standards when working with men to identify and reduce risk

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<table>
<thead>
<tr>
<th>Study</th>
<th>Title</th>
<th>Description</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Stanley, Jessica. L et al 2006 | Intimate Violence in Male Same Sex Relationships Canadian Study | Quantitative - 300 gay and bi-sexual men from a random community sample - via random digit dialling procedure Uses Regan et al (2002) study methodology. Study made of up 69 men | • Majority reported low to moderate levels of violence  
• Some reported extreme violence similar to those found in clinical samples  
• Large proportion of violent incidents perpetrated by both individuals | • Services specifically for men are required  
• Programs that focus on communication skills and problem solving may be useful |
that completed follow up survey.

Participants drawn from West End Relationship Project (WERP)

- Diversity of experiences did not fit any simple typology
- Distinction of victim/perpetrator roles was not possible
- Respondents from large urban area and willing to acknowledge sexuality, those from rural areas or not able to disclose their sexuality would not have been included.
- Under 30s and over 60s under-represented
- Violence most commonly motivated by anger and frustration not power and control
- Suggest attachment theory as a useful perspective to view the findings in this study

- Future research should focus on understanding the conflict from which the violence arises.
- Conflict of research findings dependent on sample and measure
- Definitions of abuse
- Effects & types of abuse
- Help-seeking
- Limited research
- Family violence
- Feminist & patriarchal
- Johnsons typology

| Straus, Murray, A. 2008 | Dominance and symmetry in partner violence by male and female university students in 32 nations | Quantitative - part of the International Dating Violence Study
Convenience sample of 4,239 students at 68 universities in 32 nations
Total of 13,601 students completed questionnaire Use of; CTS2, Dominance scale of the personal relationship profile, mutuality types and more | Bi-directional violence most prevalent pattern of IPV, followed by female only. Male only violence least occurring pattern
None of the 32 nations identified male only violence as the largest category
The prominence of Bi-directional violence related to severe as well as minor violence
Dominance by either partner is a risk factor for violence
Identified that dominance by female partner is more closely related to violence by women than male dominance |

- DV service system needs to replace the assumption that DV is an issue of male dominance
- Services need to recognize that IPV is predominantly bi-directional and that risk factors are similar for males and females
- Program prevention include targeting violent women and
- Study based on student convenience sample not of general population
- Not representative due to age, and socio-economic backgrounds
- Cross sectional data – causality between dominance and IPV cannot be determined
- Partner Violence (PV) is a gender inclusive family system problem

- Replace the ‘patriarchal’ model with a multi-causal model which identifies prevalence of psychological and social problems of both partners
- Conflict of research findings dependent on sample and measures
- Definitions of abuse
- Effects & types of abuse
- Gender symmetry/asymmetry
- Help-seeking
- Limited research
- Family violence
- Feminist & patriarchal
- Johnsons typology

<table>
<thead>
<tr>
<th>Study</th>
<th>Title</th>
<th>Methodology</th>
<th>Findings</th>
<th>Future Research</th>
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<tbody>
<tr>
<td>Tanha et al 2010</td>
<td><em>Sex Differences in Intimate Partner Violence and the Use of Coercive Control as a Motivational Factor for</em></td>
<td>Quantitative - 1,015 couples participating in divorce mediation screened for IPV. Standard court assessment used but not randomized. Total of 762 couples (1,524 individual participants)</td>
<td>A high incidence of IPV reported from both men and women. Women disproportionately reporting victimisation and more serious types at significantly higher levels</td>
<td>Future research needs to validate findings using other samples (couples without children, couples remaining in a relationship and girls as well as men and boys)</td>
</tr>
</tbody>
</table>
### Intimate Partner Violence

**U.S.A**

Each member of couple completed the Relationship Behaviour Rating Scale (RBRS) a 41 item questionnaire – a revised version of the Partner Abuse Scale (Attala, Hudson and McSweeney, 1994). The RBRS was revised by court mediation staff, reworded, shortened, with a timeframe of 12 months.

Data analysed using factor analytical structural equation modelling (SEM)

- In category of CCV (common couple violence - Johnson, 2008) there was no significant difference
- Coercive control (CC) of women by their male partners significantly higher
- Significant causal relationship between CC and victimisation (for both men and women)
- Men and women have similar patterns of abuse tactics as instrumentalities of CC.
- IPV is complicated and cannot be narrowed to one form of abuse, or claimed to be initiated by one sex.
- Results limited to 12 month reporting period
- Results cannot be generalized to all couples – the sample consisted of those divorcing and had children
- Can be considered a high conflict sample

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### Tsui, Venus, Cheung, M & Leung, Patrick 2010

**Help-Seeking Among Male Victims Of Partner Abuse: Men's Hard Times**

**U.S.A Study**

Qualitative - Email survey to 960 organisation within the USA that advertised as providing multi-disciplinary service in regards to IPV

- 5 closed questions about service needs and utilization and 2 open ended questions asking why male victims do

- 76 (68 for analysis) respondents – low response rate – explained as most IPV organisations did not offer services to men and due to incorrect emails/bouncing back etc
- No description in place to counteract issues with email as a source of data collection
- Only half referenced their answer to clients they had worked with, the remainder referenced their friends or family members

- Needs should be indentified to offer recommendations to improve services
- Public education programs for men and women's IPV
- Increase gender inclusive services
| Tsui, Venus 2012 | Male Victims of intimate Partner Abuse: Use and Helpfulness of Services U.S.A | Quantitative– use of anonymous online questionnaire. Participants recruited via emails sent to 1,386 organisations with a focus on IPA, university student newspapers and counselling providers | 116 respondents completed | • Poor response rate (116 which resulted in a sample of 80)  
• Did not discuss how or if newly developed scales or the questionnaire was piloted  
• Potential for self-report bias, cross-sectional design, small sample size, use of non-probability sampling – cannot be generalized  
• Only available to those with internet access | • Increase awareness of male IPA within the healthcare sector  
• Social workers and service providers to increase their knowledge and understanding of IPA  
• Unbiased and gender inclusive training | 68 responses analysed | • Shelters and group counselling identified as not being sufficiently provided for men  
• 5 themes as reasons for men not seeking help (service not aimed at men, shame/embarrassment, denial, stigmatisation, fear.  
• 3 recommendations identified (raise awareness, gender inclusive services and training for professionals  
• Societal obstacles and lack of support cited as reasons for lack of help seeking  
• Internal barriers to help seeking – fear, shame, threats to masculinity | • Train service providers to respond to needs of men  
• Further research on men's experiences and assessing their needs  
• Review IPV policy to ensure accessibility for men  
• Gender inclusive language within IPV literature Definitions of abuse  
• Gender symmetry/asymmetry  
• Help-seeking  
• Masculinity  
• Societal norms  
• Stigma of abuse |
Use of non-probability sampling techniques with a combination of convenience, purposive and snowball sampling methods

Demographic questionnaire and three scales used; 'Barriers to help-seeking' (Mansfield, Addis & Courtenay, 2005) 'Service Use Scale' and Help-seeking Scale both specifically developed for the study – no mention of piloting these scales.

- 1 in 3 respondents accessed medical/hospital service but these were perceived as low levels of helpfulness
- Majority of respondents sought help through informal sources
- Police viewed as least helpful amongst formal sources
- Victims of male IPA are affected in the same way as women; experiencing physical and psychological issues.

| Whitaker, Daniel, J. et al | Differences in Frequency of | Quantitative – all participants part of the | Reciprocal violence as common as nonreciprocal violence | Multi-level education and intervention programs needed
|---------------------------|-----------------------------|---------------------------------------------|--------------------------------------------------------|-----------------------------------------------------
|                           |                             |                                             |                                                        | Service providers to involve men in internet services and online support groups
|                           |                             |                                             |                                                        | Future research should concentrate on victimization and perpetration in both partners
|                           |                             |                                             |                                                        | Future research to incorporate mixed methods with the use of in-depth interviews, focus groups to explore the decision to seek help.
|                           |                             |                                             |                                                        | Bi-directional abuse
|                           |                             |                                             |                                                        | Definition of abuse
|                           |                             |                                             |                                                        | Effects & types of abuse
|                           |                             |                                             |                                                        | Gender symmetry & asymmetry’
|                           |                             |                                             |                                                        | Help-seeking
|                           |                             |                                             |                                                        | Societal norms
|                           |                             |                                             |                                                        | Stigma of abuse
|                           |                             |                                             |                                                        | Future studies to investigate causes and
| 2007 | **Violence and Reported Injury Between Relationships With Reciprocal and Nonreciprocal Intimate Partner Violence**<br>**U.S.A Study** | National Longitudinal Study of Adolescent Health (Add Health)<br>Analyses for this study involved wave 3 of the Add Health – 14,322 participants aged 18-28<br>2952 excluded – left 11,370 participants<br>Measure used scale but no details of validity or reliability | • Violence perpetrated more frequently by women among relationships with nonreciprocal violence<br>• More likely to result in injury if violence is reciprocal<br>• Men in reciprocally violent relationships more likely to be injured than women in non-reciprocally violent relationships<br>• Study used participants self-reports about their own and their partners violence<br>• Questions in the Add Health study did not capture all forms of violence which can occur<br>• Study does not collect any data with regard to causes or function of violence<br>• Sample is limited with regards to age range<br>• Research, prevention and treatment programs to examine the context of partner violence<br>• Understand the causes and motives of IPV<br>• Research should use representative samples as well as samples of victims and perpetrators from clinical settings.<br>• Definitions of abuse<br>• Effects & types of abuse<br>• Gender symmetry/asymmetry<br>• Help-seeking<br>• Family violence<br>• Feminist/patriarchal |<br>Zverina, Michaela, Henderikus, Stam. J & Wagner – Babins, Robbie | **Managing Victim Status in Group Therapy for Men: A Discourse Analysis**<br>Qualitative – 14 men, former clients of counselling centre which offers 14 week program for male victims<br>Conversation material previously recorded were | • Consistent finding that the men in this study did not feel they are accepted as victims of abuse<br>• Use of 'bolstering' victim identity status via facilitators and group participants<br>• Uncertainty as to what it means for men to be abused<br>• Policy makers to increase recognition of the impact of non-physical abuse<br>• Therapist working with male to be aware of how language of
<table>
<thead>
<tr>
<th>Year</th>
<th>Event/Description</th>
<th>Analysis Points</th>
<th>Additional Points</th>
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<tbody>
<tr>
<td>2011</td>
<td>Analysed. Audiotapes were selectively transcribed</td>
<td>Men perceived abuse as physical violence with limited acknowledgment for other forms such as psychological abuse.</td>
<td>Resistance can create strains that need to be addressed and resolved.</td>
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<td>Use of theoretical perspective of discourse analysis</td>
<td>Therapeutic services for men are designed based on women-centred approaches.</td>
<td>Gender-sensitive approach for men</td>
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<td>Study only included men who had participated and accessed the counselling programme.</td>
<td>Help-seekings</td>
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<td>Self-identified victims of IPA - issues of legitimacy.</td>
<td>Family violence theory</td>
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<td>Feminist &amp; patriarchal theory</td>
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## Appendix 6 - Literature review grid: Literature reviews and articles

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<thead>
<tr>
<th>Author &amp; Date</th>
<th>Title</th>
<th>Methodology/Methods</th>
<th>Key points (strengths/weaknesses)</th>
<th>Themes &amp; Recommendations</th>
</tr>
</thead>
</table>
| Archer, J 2000 | Sex Differences in Aggression between Heterosexual Partners: A Meta-Analytic Review UK | A meta-analytic review of data on sex differences in aggression and its consequences in heterosexual relationships  
Parallel literature searches using a variety of keywords via a variety of sources.  
Studies included in meta-analysis if an effect size could be calculated for sex difference  
82 independent studies included | • When measurements were based on specific acts, women were significantly more likely to have used physical aggression and used it more frequently  
• Measures based on physical consequences of aggression, men more likely than women to cause injury  
• Measures based on acts and consequences produce different results.  
• Women more likely to be injured, but more likely to perpetrate physical acts of violence  
• Limitation – majority of studies undertaken in US and western nations – little evidence from other cultures. | • Future investigations should take place within different cultural traditions.  
• Conflict of findings  
• Johnson's  
• Family violence  
• Feminist & patriarchy |
| Barber, C.F 2008 | Domestic violence against men U.K | Search parameters included a time frame of 15 years.  
Search engines such as ‘Google’ and literature databases included the British Nursing Index (BNI) and OVID | • Majority of studies focus on physical violence – little research carried out that focuses on other forms such as emotional or financial.  
• Male victims less likely to report abuse | • Male victims to be supported and encouraged to seek help  
• Recognition that domestic abuse against men covers |
Keywords: domestic abuse, domestic violence, male victims of domestic abuse/violence and domestic abuse/violence against men
Web based information also used as part of review

- Social prejudice linked to not reporting - government and health documents make little reference to men as victims, agencies not believing, discrimination and typical masculine views
- Lack of support networks and information – services such as refuges and those that support men are very limited

Joanne Belknap & Heather Melton 2005

*Are Heterosexual Men Also Victims of Intimate Partner Violence*

- Article seeks to critically review existing research on the question of gender symmetry in domestic abuse. Article is grounded in a feminist approach.
- Discusses the conflict of the existence of female perpetrated IPV
- Examines explanations as to why some research concludes that IPV is gender neutral (gender symmetry) and in some cases where female perpetrated IPV is higher
- It is important to examine women who abuse men and in the context of same sex IPA
- Data collection must improve in order to

...range of behaviours not only physical
- Sensitive communication and understanding by healthcare professionals to gain information from make victims
- Nurses to provide information on services that may be helpful
- Up to date training for health professionals on how to work with and support male victims
- In-depth research for men’s domestic abuse
- Improvement in service provision
<table>
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<tr>
<th>Braaf, Rochelle &amp; Barrett-Meyering, Isobelle 2013</th>
<th>The Gender Debate in Domestic Violence: The Role of Data Australia</th>
<th>Use of term 'intimate partner abuse' to constitute the wide range of abusive behaviours. Seeks to emphasise the importance of examining consequences of abuse not just the types of abuse.</th>
<th>• Criticism of CTS2 – ignores the context and consequences of IPV. • Difference in samples used (community based generally conclude gender symmetry, clinical samples conclude gender asymmetry). • Motivation for women's violence cited as self-defence or retaliation. • IPA is highly gendered. • Recognizes the existence of female perpetrated IPV but states this is less the 5% of cases. • Paper mentions a 'thorough review' but no discussion of the methods used to conduct literature search. • The discussion of the article has taken place through the context of a feminist stance of the researchers, findings and discussion could be considered biased.</th>
<th>• Intervention programmes should acknowledge gender differences and be tailored appropriately. • Conflict of findings dependent on measure &amp; sample. • Effects &amp; types of abuse. • Gender symmetry/asymmetry. • Help-seeking. • Limited Research. • Feminist &amp; patriarchal. • Family violence. • Johnson's typology.</th>
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<td>• Examines 4 sources of data commonly relied upon; • Official statistics using Australian official data sets – police crime, homicide, homelessness and health • Community sample surveys – from 3 Australian</td>
<td>Selected data sources within the review showed; • Clinical studies much more likely to document the motivation for violence. • Official data, community samples and clinical studies indicate male perpetrators domestic abuse at far higher rates than female.</td>
<td>• Theory grounded in the 'lived experiences' of victims must underpin practice responses. • Researchers need to be mindful of the</td>
</tr>
</tbody>
</table>
| Community sample surveys that examined male and female experiences of violence | • Conflict Tactics Scale (CTS) Studies – from 2 CTS studies  
• Clinical studies – from 4 studies  
• Focus on domestic abuse in heterosexual intimate relationships | • CTS studies found gender symmetry and more violence perpetrated by females  
• There is a greater severity of violence associated with men perpetration  
• All four data sources demonstrate that women more likely to experiences worse outcomes | strengths and weaknesses of a chosen approach or study when drawing conclusions or making recommendations  
• Research required into men’s experiences of violence  
• Conflict of research findings dependent on sample and measures  
• Family violence  
• Feminist patriarchal |

| Carney, Michelle Mohr & Barner, John R 2012 | **Prevalence of Partner Abuse: Rates of Emotional Abuse and Control U.S.A** | • Research studies after 1990 and within peer reviewed journals  
• Search engines to identify empirical work included; PsychINFO, EBSCO, ProQuest  
• Findings from identified research related to prevalence rates for; emotional abuse/control, sexual coercion, stalking, combined physical assaults | • There are gender differences & similarities in how IPV and CCV is reported.  
• Further similarities/differences between gender with regards to how data related to prevalence is collected and researched.  
• Review gives an example of this; large sample, national studies looking at emotional and psychological abuse using both genders tended to provide equal rates of incidence for men &  
• Referring to the debate over bi-directional abuse – continued research in this area is paramount.  
• Uniform definitions, legislations and law enforcement to address abusive behaviours. |
& emotional abuse/control, sexual coercion & stalking and controlling/coercive violence or combined rates of physical & non physical abuse.

- Studies included prevalence for male and female studies
- English speaking countries
- 204 studies met identified criteria

- No services found exclusively for men in Asia
- Services in UK and other western countries including the USA and Canada have telephone support lines that specifically target abused men
- These services list provisions that are available to men such as counselling, legal advice etc.
- Search limited to organisation who use internet technology to advertise services
- Gender inclusive services do not focus on men’s distinct needs
- Stigmatization attached to victimisation

- Community based practice to encompass a range of behaviours
- Service provision should included preventative work throughout the lifespan.
- Further research re: bi-directional abuse.
- Johnson’s
- Stark’s coercive control

| Cheung, Monit, Leung, Patrick & Tsui, Venus 2009 | Asian Male Domestic Violence Victims: Services Exclusive for Men USA | Article focuses on exploring men's help-seeking behaviour in general and among Asian men in the context of domestic abuse

Seeks to explore the service availability and characteristics of existing services for male DV victims in countries where Asian men live (11 countries included)

Methods – internet search between 2007-08 – using google.com and yahoo.com and using a combination of different keywords. | • No services found exclusively for men in Asia
• Services in UK and other western countries including the USA and Canada have telephone support lines that specifically target abused men
• These services list provisions that are available to men such as counselling, legal advice etc.
• Search limited to organisation who use internet technology to advertise services
• Gender inclusive services do not focus on men’s distinct needs
• Stigmatization attached to victimisation | • Further research to determine whether Asian men living in Western countries have utilized the services available
• Services must recognize the barriers faced by men when seeking help.
• Definition
• Help-seeking
• Limited research
• Social stigma
• Societal norms |
<table>
<thead>
<tr>
<th>Reference</th>
<th>Title</th>
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<tbody>
<tr>
<td>Dempsey, Brian 2013</td>
<td>Men's experiences of domestic abuse in Scotland: What we know and how we can know more</td>
</tr>
</tbody>
</table>

**Published by AMIS (Abused Men in Scotland)**

- Review of literature was undertaken – no outline of methodology to state how literature was identified
- Clear purpose and aims – to identify and explore literature that men be relevant to understanding men in Scotland who experience domestic abuse

- Limitations on identified literature – cannot be indicative of the current position of men experiencing abuse in Scotland.
- Identifies key concepts within the literature
- Over 10,000 reports to police in 2011/12 where victim was male
- 'Partner Abuse' Analysis of Scottish Crime and Justice Survey 2010/11 found that where abuse had occurred, 42% of men did not disclose
- No literature within Scotland that investigates men's coping methods and help-seeking experiences
- Limited literature that identifies the 'lived experiences' of abused men

- Research should seek to capture the 'lived experience' of men
- Identify barriers to disclosure
- Research should engage with gender theory and explore hegemonic masculinity
- Awareness should be gender inclusive and have images of men
- Innovative service provision for men and women to be developed
- Policy responses and service provision should be evidence based.
- Conflict of findings
- Definition
- Effects & types
- Masculinity
- Help-seeking
- Limited research
- Stigma
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Summary</th>
<th>Key Points</th>
</tr>
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</table>
| Dobash, Russell. P & Dobash, R. Emerson | Women's Violence To Men In Intimate Relationships: Working on a Puzzle | UK | Article is a discussion of a study conducted by Dobash et al. 2000 exploring the symmetry/asymmetry debate; Mixed Methods – Quantitative and Qualitative findings from 190 interviews with 95 couples reporting separately on their own use of violence and that of their partners (accounts of 'shared experiences') | - Men's violence is the main focus of the study  
- Women's violence is being examined only in the context of men's violence  
- All men in study convicted of violence against their partner  
- Men are less affected by the use of violence by their partner compared to the women in this study.  
- Men "unconcerned" by women's violence  
- Violence towards men is reactive and often in self-defence  
- Intimate partner violence is asymmetrical  
- Issues surrounding the lack of a standard definition of domestic abuse.  
- Acts based approach more often finds gender symmetry  
- VAW uses more comprehensive methodology  |
| Dutton, Donald. G | Female intimate Partner Violence and Development Trajectories of Abusive Females | Canada | Examines 3 “major” peer-cohort studies: The Concordia Longitudinal Risk Project, The US National Youth Survey, The US National Co morbidity Survey All three large community samples | - Female violence is common and occurs at approximate equal rates  
- Female violence occurs independently of the actions of current male partners  
- Female violence has a long development history preceding the current relationship and is therefore not perpetrated in self-defence.  |

- Research methods are needed that provide adequate representation within the context of which it occurs  
- Priority to policies that focus on women as victims of domestic violence.  
- Definitions of abuse  
- Effects & types of abuse  
- Gender Symmetry & Asymmetry  
- Limited Research  
- Family Violence  
- Feminist & patriarchal
| Dutton, Donald. G & Nicholls, Tonia. L 2005 | The gender paradigm in domestic violence research and theory: Part 1 – The conflict of theory and data Canada | Article discusses the 'gender paradigm' – discusses 14 points that contribute to the debate in regards IPV. The article critically reviews research that supports feminist theory From the feminist paradigm, the CTS2 debate, self defence debate, Male Under-reporting No methods outlined as to how research studies were located. | - Violence is most commonly mutual, followed by severe female only violence and then severe male only violence  
- General public and professional perceptions view abuse as less serious when perpetrated by women  
- Best predictor of violence is personality disorder, not gender  
- Legal and social policies do little to help those encountering 'common couple violence'  
- Feminist theory and researchers have dismissed research that has demonstrated female violence  
- A 'paradigm' has developed where perpetrators are solely men  
- Use of 'intimacy problem' (impact of attachment, related anxieties) as an explanation for IPV  
- Due to under-reporting by men, government surveys based on crime victimization data underestimate male victimization  
- 'A one size fits all' policy does not effectively deal with the variety of IPV  
- Women's perpetration is not explained exclusively by self defence  
- A humanistic, complex and community mental health model for intervention and treatment would be more effective  
- Social mandate should be to reduce victimization of all not just certain groups |
<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Summary</th>
<th>Key Points</th>
<th>Notes</th>
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</table>
| Dutton, D | The Gender Paradigm and the Architecture of Anti-science | Centres on the perspective that data contradicting the gender paradigm is ignored | - Numerous problems with the gender paradigm  
- Gender paradigm suppresses all other levels of analysis (race, class) other than gender  
- Refers to the architecture of anti-science  
- Abuse is a human phenomenon not a gendered one | Feminist & patriarchal  
Family violence  
Johnsons Typology  
Gender Symmetry/asymmetry |
| Hines, Denise | Women’s Use of Intimate Partner Violence against Men: Prevalence, Implications, and Consequences | Aims of article is to summarize estimates with regards to the extent that women use IPV towards their male partners  
No clear identification of methods used to source literature discussed within the article | - IPV against men can be a significant health and mental health issue  
- Using population-based surveys, between 25% & 50% of men are IPV victims  
- Policy and practice response uses ‘patriarchy theory’ which does not recognize that men can be victims and women can be perpetrators  
- Men who sustain IPV face internal and external barriers when help-seeking | Research needs to move away from the argument over who perpetrates more and who suffers more form IPV victimization  
Focus on injuries, mental health and consequences of male IPV  
Conflict of measures  
Effects |
<table>
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<tr>
<th>Author</th>
<th>Title</th>
<th>Details</th>
<th>References</th>
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</table>
| Hoff, Bert H  | US National Survey: more me than women victims of intimate partner violence | The article re-examines data collected from the National Intimate Partner and Sexual Violence Survey (NISVS), 2011.                                                                                       | - More men than women were victims of IPV during 2010  
  - Identifies lack of services for men  
  - Some studies mentioned in study are not referenced accordingly  
  - Identifies lack of research in regards to male victims  
  - IPV is a ‘people problem not a women’s problem  
  - Public education about IPV should be gender neutral  
  - DV services should be provided to men across US states  
  - IPV education should also address women and girls as well as men and boys as possible perpetrators |
| 2012          | U.S.A                                                                 |                                                                                                                                                                                                       |                                                                                                                                         |
| Johnson,      | Conflict & Control: Gender Symmetry and Asymmetry in Domestic Violence | Article – uses a previous study; (Freize, 1983) that utilized a mixed sample of women from an agency sample and a general survey sample.                                                             | - Identifies 4 types of IPV; intimate terrorism (IT), violence resistance (VR), situational couple violence (SCV) and mutual violent control (MVC)  
  - Every study should ask questions about control tactics and violence used by both partners                                                                 |
From this study, Johnson creates 7 measures; threats, economic control, use of privilege & punishment, using children, isolation, emotional abuse and sexual control.

Each measure was standardized and entered into cluster analysis

- Maintains that within heterosexual relationships IT is perpetrated almost exclusively by men, VR is found almost exclusively amongst women and that SCV and MVC are gender symmetric
- Use of the cluster analysis of Freize (1983) to demonstrate this
- Maintains that husbands violence is SCV within general survey or community sampling and IT within court or shelter sample – argues the case that family violence researchers who identify that men experience IPV use community sample and this is therefore likely to be SCV as opposed to IT.
- Concludes that gender symmetry debate ignores the different types of IPV
- Concludes that IPV is not a unitary phenomenon
- Useful for a consensus to be developed on the use of a standard set of control measures
- Distinctions of the 4 types; SCV, IT, VR & MVC must be made to develop effective support interventions & policy recommendations
- Conflict of research findings dependent on measure and sample
- Gender Symmetry/asymmetry
- Family Violence
- Feminist & patriarchal
- Johnsons typology

Kulkin, Heidi et al 2007  
*A Review of Research on Violence in Same Gender Couples: A Resource for Clinicians*  
No information of methodology used with regards to search terms, exclusion or inclusion criteria databases or other sources of literature.

- DA among same gender couples is underreported for reasons of fear of discrimination and fear of being 'outed'
- Few studies identified by author that address DA among gay male couples
- More research into male same sex DA
- Future research should include diverse ethnic minorities,
<table>
<thead>
<tr>
<th>Authors</th>
<th>Title</th>
<th>Methodology</th>
<th>Key Findings</th>
<th>Implications</th>
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| Langhinrichsen-Rohling, Jennifer et al. 2012 | *Rates of Bi-directional Versus Unidirectional Intimate Partner Violence Across Samples, Sexual Orientations, and Race/Ethnicities: A Systematic Review* | 48 studies reporting rates of bidirectional violence vs. unidirectional violence | - Bi-directional violence is a very common IPV pattern  
- Lowest rates of violence found in large population based or epidemiological studies  
- IPV prevention & intervention should consider relationship dynamics, communication patterns, problem-solving | - Treatment providers in all settings acknowledges that many violent relationships include perpetration from both partners |
| Comprehensive Review | **U.S.A** | Published during or after 1990, in peer reviewed scientific journals. Reviews, opinion or editorial articles, case studies and published books excluded from analysis. Various databases including; PsychINFO, CINAHL, SocINDEX from January 1990 – September 2011 | solving skills and conflict management  
- Notes caution to results, over half used CTS2  
- Mutually violent couples might view their own violence and their partners differently  
- Unidirectional violence significantly amongst men and women with women perpetrating more unidirectional abuse  
- Regular bidirectional IPV screening processes  
- National should work for all and follow the most robust empirical findings  
- Women's use of violence needs to be understood as part of the wider understanding of domestic abuse to aide effective intervention and prevention strategies |

| Murray, Christine & Keith Mobley 2009 | **Empirical Research About Same-Sex Intimate Partner Violence: A Methodological Review** | **U.S.A** | Review of 17 empirical studies that met study selection criteria, conducted between January 1995 and July 2006. Eight study selection criteria described in-depth within the review  
Adapted use of methodological review strategies by Heneghan *et al* (1996) and Murray and Graybell (2007). Evaluation criteria devised | Review does not include qualitative studies  
- The majority of studies reviewed suggests that studies investigating SSIPV (same sex IPV) are using appropriate methodology  
- Strengths of methodology when researching same sex IPV include; using statistical analysis which is appropriate for the study and clarifying types of abuse  
- Limitations of reviewed studies include; lack of representative  
- Develop creative strategies for recruiting representative samples  
- Use clear and consistent definition of terms  
- Account for variables unique to LGBT population  
- Replicate previous studies to provide weight to findings |
Research before 1999 excluded  
Research on under 18s excluded and those which focussed solely on female victims of IPV  
92 studies identified, 54 included within the review  
Literature on prevalence identified 34 studies | • Psychological abuse most prevalent and is experienced at similar rates by heterosexual and gay men  
• Highest prevalence of physical IPV found in heterosexual men  
• Men and women appear to experience similar rates of IPV over their lifetimes  
• Many studies on male same sex IPV have small study samples and were convenience samples may not be representative  
• No consistent picture with regard to IPV prevalence  
• Male victims of IPV more likely to have history of child abuse  
• Positive HIV status related to IPV in gay and heterosexuals  
• Identifies majority of male IPV research has been conducted using north American participants  
• Evidence of severe sexual coercion amongst male same sex relationships | • Research to focus on specific types of IPV to make estimate of prevalence more meaningful  
• Researchers to clearly define and use a uniformed language so that results can be meaningfully compared  
• Future research should use larger representative samples and relevant comparison groups  
• Researchers to be mindful of the various type of IPV  
• Resources should focus on supporting all victims |

- Search conducted via 8 databases including: PubMed and PsychINFO  
- sampling and not describing timing of data collection  
- This review used strict criteria and was systematic  
- Detailed limitations of review discussed  

- Future research examining SSIPV should be advocated for and funding sought
| Randle, Anna & Graham, Cynthia 2011 | *A Review of the Evidence on the Effects of Intimate Partner Violence on Men* U.K | Studies examining posttraumatic stress (PTS) symptoms, depression, and suicidal ideation in men who have experienced IPV are reviewed. No identified use of search terms, databases, clear outline of methodologies are provided in the review. | • Identifies theoretical frameworks used within the IPV arena  
• Discusses methodological issues/limitations such as sampling, definition of terms and types of violence  
• Role of gender is important factor  
• Several studies identified within review that identify psychological symptoms in men who have experienced IPV  
• Association found between; depression, PTS and suicidal ideation  
• Men experience more negative consequences than women | • Future qualitative research on men’s experiences of IPV – consider IPA and grounded theory  
• Systematic studies on effects of IPV involving psychological abuse  
• Larger cross-sectional studies with appropriate comparison groups  
• Use diverse samples of men who have experienced IPV (ethnicity, sexuality)  
• Development and validation measurements to assess outcomes of IPV in men  
• Clearly define terms to ensure they |
| Straus, Murray. A 2006 | Future Research on Gender Symmetry in Physical Assaults on Partners USA | Article – states that focus is not on debating whether gender symmetry exists as this has already been determined by previous research. Article focuses on physical violence only. | - Identifies 6 causes/issues as to why gender symmetry research is hampered:  
- Insufficient empirical research and a surplus of discussion and theory  
- Blinders imposed by commitment to a single causal factor theory—patriarchy and male dominance in the face of overwhelming evidence that this is only one of a multitude of causes  
- Research purporting to investigate gender differences but which obtains data on only one gender  
- Denial of research grants to projects that do not assume most partner violence is by male perpetrators  
- Failure to investigate primary prevention and treatment programs for female offenders  
- Suppression of evidence on female perpetration by both researchers and agencies | - The victimization experiences of men need to be studied in-depth  
- Perpetration experiences of women need to be studies in-depth  
- This must be within the same study so as to provide empirical data on symmetry or asymmetry  
- Men and women need to be included in studies that try to determine symmetry  
- Limited research  
- Gender symmetry/asymmetry |
| Straus, Murray. A. 2011 | Gender Symmetry and mutuality in perpetration of clinical-level partner violence: Empirical evidence and implications for prevention and treatment | Literature search fell into 2 categories; general population studies that measured clinical-level violence and studies of agency cases that measured perpetration and/or injury
Use of Family Research Laboratory, Social Sciences Citation Index and studies listed in annotated bibliography of Fiebert (2010)
91 empirical studies identified | • Clear of terms used
• Acknowledges that search procedure unlikely to have identified all relevant studies
• IPV by women is a serious social and health problem
• Recognises that many of the studies identified gathered data based on the self-reporting of the participant about their partners behaviour
• Female perpetration is neglected in theories and prevention programs
• Identifies that symmetry and mutuality exist in reviewed studies of clinical-level violence and agency involvement
| • To reduce IPV, prevention and treatment programs must be explicitly directed at women as well as men and look to address the dynamics of the relationship
• Treatment of IPV should assess dangerousness and symmetry in assault perpetration
• Equality in relationships needs to be a focus of prevention programs for women and men
• Family violence |
Information sheet for questionnaires

Faculty of Life Sciences and Education, University of South Wales
Research Participant Information Sheet and Consent Form

Domestic Abuse Service

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or would like more information. Take time to decide whether or not to take part. You are welcome to contact me if you have any questions or require further information.

Study Title

‘An investigation into the needs of men experiencing domestic abuse and current service provision’.

What is the purpose of this study?

The study aims to understand the needs and experiences of men who have lived with domestic abuse from either a male or female partner. In doing so, the purpose of this study is to consider whether domestic abuse agencies in Wales are meeting the needs of men affected by domestic abuse.

Why have I been chosen?

Your service has been identified as providing domestic abuse support to men
Do I have to take part?

You do not have to take part in the questionnaire. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a reply form and return it to us. If you do not wish to take part, please discard this information sheet.

What do I have to do?

If you take part in the research, you will be asked to complete a questionnaire relating to the services your organisation provides. Upon completion of the questionnaire, you will be invited to take part in a semi-structured interview that will take place at a later date.

What about confidentiality?

The questionnaire will not ask for any information that requires any service user’s personal information. Questionnaires will be kept in locked cabinet on university property. Information taken from the questionnaire for data analysis will be stored securely on a password protected P.C.

Are there any risks?

We recognize that, although it is unlikely, it is possible for the research to cause concerns. If you wish to discuss any issues raised during the research process, we will make sure that you are able to discuss these immediately. You are able to discuss any aspects with Sarah Wallace

What are the benefits?

We cannot guarantee any direct benefits to your service. However, research that examines what needs a man has when experiencing domestic abuse is very limited. Within Wales, there is no research which focuses only on men and their needs and no research which reviews domestic abuse services for men.

If you agree to take part in the research, you are providing a valuable contribution of awareness and knowledge of male domestic abuse service provision. Findings from the research will provide recommendations and suggestions where improvements can be made. But most importantly the research will provide a voice to the male survivor of domestic abuse. Without having a complete understanding of what men’s needs are, domestic abuse support cannot move forward fully.

What will happen to the results of the research study?

Upon completion of the research, findings will be published via a PhD thesis. In addition, results are likely to be published within professional journals and through conferences.
Findings from the research will also be reported to the Welsh Government.

You can request a copy of the findings by contacting Sarah Wallace.

**What if there is a problem?**

If you have a concern about any aspect of this study, you should ask to speak to the researcher, Sarah Wallace who will do her best to answer your questions. You can also speak to the PhD supervisor, Dr Carolyn Wallace, telephone: 01443 483178. (carolyn.wallace@southwales.ac.uk).

**What will happen if I don't carry on with the study?**

You are free to withdraw from this research at any point and do not have to provide a reason. If you withdraw from the study we will destroy all your identifiable documentation. You will be provided with a choice as to whether un-identifiable data collected up to the point of your withdrawal can be kept or if you would like it destroyed.

This will not affect your employment or role within domestic abuse services as this is an independent PhD study.

**Who is organising and funding the research?**

The study is being undertaken by Sarah Wallace, University of South Wales, as part of PhD research and is funded by the All Wales Academic Social Care Research Collaboration (ASCC) in partnership with the University of South Wales and the Safer Wales Dyn Project.

**Contact for Further Information**

Please contact:
Sarah Wallace, PhD Research Student
University of South Wales
Pontypridd
CF37 1DL

Email: sarah.wallace@southwales.ac.uk

Thank you for reading this information sheet.

Yours sincerely

Sarah Wallace
Faculty of Life Sciences and Education, University of South Wales

Research Participant Information Sheet

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or would like more information. Take time to decide whether or not to take part. You are welcome to contact me if you have any questions or require further information.

Study Title

‘An investigation into the needs of men experiencing domestic abuse and current service provision’.

What is the purpose of this study?

The study aims to understand the needs and experiences of men who have lived with domestic abuse from either a male or female partner. In doing so, the purpose of this study is to consider whether domestic abuse agencies in Wales have the provision to meet the needs of men affected by domestic abuse.

Why have I been chosen?

You have been asked to consider participating in this research because you work (either as a manager, practitioner or both) within a domestic abuse service providing support to men.
Do I have to take part?

You do not have to take part in the semi-structured interview. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a reply form and return it to us. If you do not wish to take part, please discard this information sheet.

What do I have to do?

Your participation is sought for phase three of the research. If you take part in the study, you will be asked to take part in a semi-structured interview. Interviews will last for approximately 60-90 minutes and, will be arranged at a date, time and venue of your choice. This could be your place of work, the university or another location of your preference. Interviews will be taped by the researcher and consent to record the interview will be sought prior to the interview commencing. It is your decision whether you provide consent for the interviews to be taped, however, interviews cannot take place if consent is not provided. This links to the process of analysing the interviews. Analysing the interviews reliably depends upon the researcher focusing upon what has been said by you the participant. This may mean the researcher has to refer back to the recorded interview on several occasions. Without the use of taped interviews, this would not be possible.

Interviews will be transcribed and your anonymity preserved via the use of a pseudonym. Names used within the answers of your interview will also be anonymised as will the name of your service. You are able to request a copy of the transcript to verify/clarify the content of the interview.

What about confidentiality?

Confidentiality is very important. The consent form, which asks you to give specific permission for participating in this research, will be the only documentation that will show your name and this will be stored separately from any other research associated documentation.

All data from the interviews will be kept in a locked cabinet on university property. Information taken from the interview for data analysis will be stored securely on a password protected computer.

Following research guidelines from the Office for Research Protections, the documentations (audio recordings, transcript and consent forms) will be kept securely in a locked cabinet and then destroyed after a minimum of three years.
Are there any risks?

We recognize that, although it is unlikely, it is possible for the research to cause concerns. If you wish to discuss any issues raised during the research process, we will make sure that you are able to discuss these immediately. You are able to discuss any aspects with Sarah Wallace or her Director of Studies; Dr Carolyn Wallace.

What are the benefits?

We cannot guarantee any direct benefits to your service. However, research that examines what needs a man has when experiencing domestic abuse is very limited. Within Wales, there is no research which focuses only on men and their needs and no research which reviews domestic abuse services for men.

If you agree to take part in the research, you are providing a valuable contribution to knowledge and this research which should help raise awareness of male domestic abuse service provision in Wales. Findings from the research will provide recommendations and suggestions where improvements can be made. Most importantly the research will provide a voice to the male survivor of domestic abuse. Without having a complete understanding of what men’s needs are, domestic abuse support cannot move forward fully.

What will happen to the results of the research study?

Upon completion of the research, findings will be published via a PhD thesis. In addition, the research team intend to publish the results in professional journals and through conferences.

Findings from the research will also be reported to the Welsh Government.

You can request a copy of the findings by contacting Sarah Wallace.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researcher, Sarah Wallace who will do her best to answer your questions. You can also speak to the Director of Studies; Dr Carolyn Wallace, telephone: 01443 483178, (carolyn.wallace@southwales.ac.uk). Alternatively, you can contact; Mr. Jonathan Sinfield, Research Governance Officer, telephone: 01443 484518, jonathan.sinfield@southwales.ac.uk.
What will happen if I don’t carry on with the study?

You are free to withdraw from this research at any point and do not have to provide a reason. If you withdraw from the study we will destroy all your identifiable documentation. You will be provided with a choice as to whether un-identifiable data collected up to the point of your withdrawal can be kept or if you would like it destroyed.

This will not affect your employment or role within domestic abuse services as this is an independent PhD study.

Who is organising and funding the research?

The study is being undertaken by Sarah Wallace, University of South Wales, as part of PhD research and is funded by the All Wales Academic Social Care Research Collaboration (ASCC) in partnership with the University of South Wales and the Safer Wales Dyn Project.

Contact for Further Information

Please contact:
Sarah Wallace, PhD Research Student
University of South Wales
Pontypridd
CF37 1DL
Telephone: 01443 483085
Email: sarah.wallace@southwales.ac.uk

Thank you for reading this information sheet.

Yours sincerely

Sarah Wallace
Appendix 8 - Reply slip for whole study

An Investigation into the needs of men experiencing domestic abuse and current service provision.

You have been identified to participate within this research through either;
- Accessing a domestic abuse service
- Providing support to men who have experienced domestic abuse

Please tick the appropriate box:

Yes, I would be interested in taking part in this research

I would like more information about the study

All information given in this form is strictly confidential and will only be used for the purposes of this study. By signing below I give my consent under the Data Protection Act for the information given above to be used only for the purpose of this study.

Print name………………………………………………………………...
Signed………………………………………… Date…………………..

Please provide a telephone number and/or email address so that we can contact you to arrange a date and time to take part in the research.

Telephone number……………………………………………………
Email address …………………………………………………………….

Thank you for completing the form. Please return this form to:
Sarah Wallace, PhD Research Student
University of South Wales
Pontypridd
CF37 1DL
Or by email to sarah.wallace@southwales.ac.uk
Appendix 9 - Service description and service data questionnaire:
Introduction

My name is Sarah Wallace and I am a PhD Social Research Student at the University of South Wales. I am funded by the All Wales Academic Social Care Research Collaboration (ASCC). ASSC is a new initiative funded by the Welsh Government’s National Institute for Social Care and Health Research (NISCHR). Further details of ASSC are available through the following link; http://ascccymru.org/.

I am the lead researcher for the project and am supported by a research advisory group consisting of; Dr. Carolyn Wallace, Professor Joyce Kenkre, Dr. Jo Brayford and Mr. Simon Borja, Safer Wales Dyn Project Co-ordinator.

The research has an ‘All Wales’ approach and is entitled; ‘An investigation into the needs of men experiencing domestic abuse and current service provision’. The study will encompass gay, bisexual, transgender and heterosexual men experiencing intimate partner domestic abuse and sexual violence.

Aims of the study are; to identify the needs of men who are experiencing domestic abuse, to identify current service provision in Wales, to establish the methods of recording the occurrence of male domestic abuse by organisations and establish how that data is communicated.

To aide with the research and to ensure findings are as accurate as possible, I have developed some questions relating to the services your organisation provides and how data within your organisation is recorded, collected and communicated with other services.

To my knowledge, this is the first study of its kind to take place in Wales. Benefits of providing the information requested include;

- Identifying service provision for men in Wales provides the opportunity to map services and the development of a service map is one of the planned outcomes of the research.
The service map will be made available for professionals and will aide as a valuable tool in providing knowledge of support services available and locating services for men they are supporting.

Data collection and data sharing information will aide in providing an understanding of how procedures may be similar or different within male domestic abuse services across Wales. This information will enable accurate research information is obtained and presented.

Findings will be shared with agencies

I would be most grateful if you are able to distribute this email to all services within your area that support men experiencing DA & SV and request return via direct email to; sarah.wallace@southwales.ac.uk.

Your time and support in completing the attached questions is greatly appreciated.

If you have any queries or concerns with regards the study or the questions which are being asked, please do not hesitate to contact me; Sarah Wallace or alternatively my Director of Studies; Dr. Carolyn Wallace; Telephone: 01443 483178, email; carolyn.wallace@southwales.ac.uk.

Yours sincerely

Sarah Wallace
PhD Researcher
University of South Wales
Pontypridd
CF37 4BD
Tel: 01443 483 085
Appendix 10 - Participant information sheets for in-depth interviews with male service users

Faculty of Life Sciences and Education, University of South Wales

Research Participant Information Sheet

Dear Participant

My name is Sarah Wallace and I am a PhD research student at the University of South Wales. I would like to invite you to take part in a research study into the needs of men experiencing domestic abuse and current available service provision in Wales. The following information is given to help you decide if you would like to take part in the research. Please take time to read the following information carefully. If anything is not clear or you have any questions and would like more information you are welcome to contact me. Please refer to the end of this information sheet for my contact details.

Study Title

‘An investigation into the needs of men experiencing domestic abuse and current service provision (Wales)’

What is the purpose of this study?

The study aims to understand the needs of men who have experienced domestic abuse from either a male or female partner, and who have sought help for the abuse. The purpose of this study is to consider whether domestic abuse agencies in Wales are recognising and meeting the needs of men affected by domestic abuse.
Why have I been chosen?

You have been asked to consider participating in this research because of your experiences of living with and being affected by domestic abuse. From your experience of domestic abuse, you are able to provide a valuable insight into what it is like to be abused in a relationship and your experiences of seeking support.

What happens if I take part?

You will be asked to take part in an informal interview with the researcher. Interviews are not structured and aim to focus on your experiences of domestic abuse. Including if you felt your needs were met when seeking support. The interview will take place within the domestic abuse service where you are currently receiving support and will last for approximately 60-90 minutes.

You will be invited to discuss your experiences of domestic abuse. Your opinions, thoughts and views are a central part of the research. Interviews will be taped and written up by the researcher. Domestic abuse is a sensitive and complex issue. Recording the interview will ensure the focus is on you and what you are saying. The researcher can focus their attention on you and will also allow you to record in your own words what the key issues/problems that are and have been faced by you. Recording the interview means what you are saying and describing and what is important to you will not be missed. However, it is your decision whether you provide consent for the interviews to be taped and written up. Interviews cannot take place if consent is not provided. This links to the process of analysing the interviews. Analysing the interviews reliably depends upon the researcher focusing upon what has been said by you the participant. This may mean the researcher has to refer back to the recorded interview on several occasions. Without the use of taped interviews, this would not be possible.

Are there any risks?

We recognise that discussing domestic abuse can be distressing for the victim of abuse; therefore asking you to open up about your experiences may cause upset. Such feelings are natural when discussing a sensitive topic. We would like to assure you that the research is not designed to worry or upset participants.

If you do agree to take part in this research, helpline numbers, websites and contact details of domestic abuse agencies that support men will be provided. Where necessary, a referral can be made on your behalf to a support service for you to access and seek support.
If you wish to discuss any issues raised during the research process, we will make sure that you are able to discuss any concerns immediately. If you become distressed by any aspect of the research you will be able to discuss and report these immediately to Sarah Wallace. Contact details for Sarah Wallace are provided at the end of this information sheet.

What are the benefits?

If you agree to take part you are providing a valuable contribution to knowledge and understanding of men’s needs. Research that examines what needs men have when experiencing domestic abuse is very limited. Within Wales, there is no research which focuses only on men and no research which reviews domestic abuse services for men. Findings from the research will provide recommendations and suggestions where improvements can be made. Most importantly you will be helping to provide a voice to men who have experienced domestic abuse. Without having a complete understanding of what men’s needs are, support for domestic abuse cannot move forward fully.

What will happen to the results of the research study?

Upon completion of the research, findings will be published via a PhD thesis. In addition, it is hoped to publish within professional journals and seek a voice through conferences.

Findings from the research will also be reported to the Welsh Government.

You can request a copy of the findings by contacting Sarah Wallace (please refer to the end of the information sheet for contact details).

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researcher, Sarah Wallace who will do her best to answer your questions. You can also speak to the PhD supervisor, Dr Carolyn Wallace, telephone: 01443 483178. (carolyn.wallace@southwales.ac.uk).

What about confidentiality?

Confidentiality is very important to us. However, if during the interview what you have said causes concern that there may be a risk of harm to you, another person, or a child, the researcher has a duty to report what has been said.
The consent form, which asks you to give specific permission for participating in this research, will be the only documentation that will show your name. This will be stored separately from any other documentation relating to the research and will be kept securely in a locked cabinet during the term of the research and then destroyed at an agreed period in keeping with recommended research guidelines.

What will happen if I don’t carry on with the study?

You are free to withdraw from this research at any point without providing a reason. If you withdraw from the study we will destroy all your identifiable documentation. You will be provided with a choice as to whether unidentifiable data collected up to the point of your withdrawal can be kept or if you would like it destroyed.

Who is organising and funding the research?

The study is being undertaken by Sarah Wallace, University of South Wales as part of PhD research and is funded by the All Wales Academic Social Care Research Collaboration (ASCC) in partnership with the University of South Wales and the Safer Wales Dyn Project Cardiff.

Contact for Further Information

Please contact:
Sarah Wallace, PhD Research Student
University of South Wales
Pontypridd
CF37 1DL

Email: sarah.wallace@southwales.ac.uk

Thank you for reading this information sheet.

Yours sincerely

Sarah Wallace
Appendix 11 - The interview schedule for in-depth interviews

**Objective:** To conduct qualitative interviews with men who have experienced domestic abuse and sought support.

1. **Introduction**
   - Introduce the study (use of participant information sheet), the aims and the researcher.
   - Brief discussion of ethical issues (confidentiality, anonymity, tape recording, outline of study through participant information sheet).
   - Signed Consent

2. **Context and background**
   - Experience of domestic abuse *Prompts: who was/is the abuser? Is this a current or previous experience? What types of abuse did/do you experience? What happens(ed)?*
   - What feelings do you/did you experience?
   - How do you/did you cope? *Prompts: What did you/do you do to try and cope with the abuse? Prompts: Do you/did you confide in anyone?*
   - Did you recognize that you were experiencing domestic abuse? *Prompts: Do you/did you confide in anyone?*

3. **Help-seeking**
   - Can you tell me about the first time you sought support for the abuse? *Prompts: what made you decide to seek help? What triggered you seeking support? How did you feel? What were your thoughts in seeking help? Experiences in accessing the services? Easy to find/identify?*
   - What support were you looking for? *Prompts: advice? Housing? Safety? Not sure? What were your expectations?*
   - Can you tell me about the support you received? *Prompts: What help were you offered? What services did you receive?*
   - Has the support you received helped you? *Prompts: how? If not why?*
• Can you tell me if the support you received met your needs? *Prompts:* did the services provide the support you were looking for?

4. **Additional thoughts**

• From your own experiences, what help and support do men who have or who are experiencing domestic abuse need?

• Is there anything you would like to add?
Appendix 12 - Briefing for in-depth interviews

The aim of developing a schedule is to facilitate a comfortable interaction with the participant which will, in turn, enable them to provide a detailed account of the experience under investigation (Smith et al, 2009 p.59).

Introduction

The lead researcher (Sarah Wallace) will introduce herself to the participant.

The participant will be provided with a brief overview of the study and provided the opportunity to ask any questions.

Confidentiality will be explained to the participant as per the participant information sheet.

A brief introduction/outline of the interview will be provided by the lead researcher;

‘You have been asked to take part in the following interview due to your experiences of living with/surviving domestic abuse. Within this interview I am aiming to understand your experiences of living with domestic abuse and to identify what you needs feel you have as a man who is living with/survived domestic abuse. Using your own words and perspective I would like you to be as open and honest as possible. Your views and experiences are invaluable.

What we discuss within this interview will not affect the support you are receiving.

I understand that this interview may trigger some distressing memories or experiences that you have encountered. The purpose is not to cause distress but if this does happen, you can take a break at any point during this interview. At the end of the interview you will be provided with contact details to access further support’.

Formal consent forms to be signed by the participant.
Appendix 13 - Semi – structured interview guides

Interview guide for managers

Section one - Perception of need

1. What do you think are the needs of men who experience domestic abuse?
2. Do you think there are any needs that impact specifically on male victims of domestic abuse?

Section two - Service provision

3. Can you tell me about the types of support your service provides to men?
4. Can you tell me the basis on which your services for men were developed? (Prompts; research/practice based evidence, service user involvement, forums, trustees, service direction)
5. How does your service engage with men?
6. How does your service promote itself to men?
7. What motivates your service to provide support to men?
8. If your service provides ‘signposting’ for men, can you tell me what this means to you and provide some examples of where your service signposts to?
9. Do you follow any procedure when you signpost a male victim to another service? (Prompts; do you provide advice on what the other service can offer? how do you ensure the male victim feels the alternative service is relevant to them?)
10. When you receive a referral from another service, do you receive sufficient information about the male service user?
11. Are there any gaps in the provision of support for men experiencing domestic abuse? If so what would you like to see developed? (Prompts; why do you feel the service needs to be provided?)
12. Do you think there are enough services for male victims of domestic abuse?

13. How frequently do men access your service? (Prompts; if the number of men accessing your service is limited, what do you think the reasons are?)

Section three - Male assessment/screening

14. What are your thoughts on using a male assessment/male screening tool for men accessing your service and does your service use one? (Prompts; if so, do you share that information from the assessment and if so how?)

Section four - Data Collection

15. Does your service have a framework for data collection; what is collected, how is it collected and who it is shared with?

Section five - Anything to add?

16. Is there anything you would like to add regarding male domestic abuse service provision in Wales?
Interview guide for practitioners

Section one - Perception of need

1. What do you think are the needs of men who experience domestic abuse?
2. Do you think there are any needs that impact specifically on male victims of domestic abuse?

Section two - Service provision

3. Can you tell me about the types of support your service provides to men?
4. Can you tell me about your experiences of providing domestic abuse support to men.
5. If your service provides ‘signposting’ for men, can you tell me what this means to you and provide some examples of where your service signposts to?
6. Do you follow any procedure when you signpost a male victim to another service? (prompts; do you provide advice on what the other service can offer?, how do you ensure the male victim feels the alternative service is relevant to them?)
7. When you receive a referral from another service, do you receive sufficient information about the male service user?
8. What (if any) are the issues that arise with abused men who have children? (Prompts; what service provision is available? What do you think the key factors/challenges are?)
9. Are there any gaps in the provision of support for men experiencing domestic abuse? If so what would you like to see developed? (Prompts; why do you feel the service needs to be provided?)
10. Do you think there are enough services for male victims of domestic abuse?
11. How frequently do men access your service? (Prompts; if the number of men accessing your service is limited, what do you think the reasons are?)

Section three - Male assessment/screening

12. What are your thoughts on using a male assessment/male screening tool for men accessing your service and does your service use one? (prompts; if so, do you share that information from the assessment and if so how?)

Section four - Data Collection

13. What types of data do you collect on the men accessing your service?
14. Do you think anything should be added what is currently collected?

Anything to add?

15. Is there anything you would like to add regarding male domestic abuse service provision in Wales?
Informed Consent Form for Research Participants

Title of Project: An Investigation into the needs of men experiencing domestic abuse and current service provision.

Name of Researcher: Sarah Wallace

Name of Supervisor: Dr. Carolyn Wallace

Please initial the boxes

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any consequence to myself.

3. I agree to my anonymised data being used in reports and articles that will appear in academic journals.

4. I agree to interviews being recorded

5. I agree to take part in the above study.

______________  ______________  ______________
Name of Participant     Date       Signature

______________  ______________  ______________
Name of person-taking consent     Date       Signature
Male Domestic Abuse Research:- Participants Required

‘An investigation into the needs of men experiencing domestic abuse and current service provision (Wales)’

- Are you a man who has experienced domestic abuse from either a male or female partner?
- We are seeking men to take part in interviews to talk about their needs and help-seeking experiences.
- The research is being undertaken by the University of South Wales and is supported by the Safer Wales Dyn Project, Cardiff.

If you are interested in taking part or would like more information, please ask for a participant information sheet or contact; Sarah Wallace on 01443 483 085 or email: sarah.wallace@southwales.ac.uk
21 Aug 2014

C/o Faculty of Life Sciences and Education, University of South Wales

Dear Ms J Wallace,

Re: An Investigation into the needs of men experiencing domestic abuse and the current service provision.

I am writing to confirm that on the 22 August 2014, the Faculty of Life Sciences and Education Ethics Sub Group approved your revised submission for ethical approval, via Chair’s action.

This approval encompasses the revisions that you have carried out at the request of the committee, as well as the inclusion of your questionnaire.

Please note: if you propose changes to an already approved protocol - the opinion of the Faculty Ethics Champion must be sought before any changes are implemented.

If you have any queries about the group’s decision, please do not hesitate to contact me.

Yours sincerely,

Dr. Ian Beech
Faculty Ethics Champion
Appendix 17 - Recruitment process for participants

Domestic abuse agencies: Questionnaires

1. All specialist male domestic abuse services identified through the service description information will be approached to participate within the questionnaire.

2. Specifically, domestic abuse managers/project leaders will be asked to respond to the questionnaires.

3. Information leaflets will be provided to these services and time provided to read over in their own time to consider if they would like to take part in the study.

4. Information leaflets will have a reply slip attached requesting managers/project leaders to return if they are interested in taking part in the study and agree to be contacted.

5. Upon receipt of reply slips, the lead researcher will make contact with potential participants to explain the consent process and answer any questions/concerns they may have regarding the study. Consent forms will be provided for those wishing to take part in the study to sign.
Men: In-depth Interviews

1. Specialist male domestic abuse services identified through the service description information will be approached to display recruitment posters.

2. Support will be sought from such agencies to identify potential participants and advise them about the research taking place.

3. Support workers and Independent Domestic Violence Advisors (IDVAs) who are providing support will be asked to advise their male service user of the study taking place and provide them with an information leaflet.

4. Information leaflets will provide information on the study, and will enable the potential participant to read over in their own time to consider if they would like to take part in the study.

5. The lead researcher will request that agencies make appointments or book slots with those who may be interested or who would like further information about the study. This provides the opportunity for potential participants to meet directly with the researcher and ask any questions.

6. Information leaflets will have a reply slip attached requesting potential participants to return if they are interested in taking part in the study and agree to be contacted. Those who do not wish to take part will not be required to return the slip and can discard the reply slip.

7. Upon receipt of reply slips, the lead researcher will make contact with potential participants to explain the consent process and answer any questions/concerns they may have regarding the study. Consent forms will be provided for those wishing to take part in the study to sign.

8. Upon receipt of signed consent forms, participants will be contacted to make arrangements for the interview process.

9. Interviews will take place within the venue where the participant is accessing support.
Domestic abuse agencies: Semi-structured interviews

1. Domestic abuse managers/project leaders and practitioners working within domestic abuse services supporting men previously identified from service description information and the service questionnaires will be approached to participate in semi-structured interviews.

2. Information leaflets will be provided to these services and time provided to read over in their own time to consider if they would like to take part in the study.

3. Information leaflets will have a reply slip attached requesting potential participants to return if they are interested in taking part in the study and agree to be contacted.

4. Upon receipt of reply slips, the lead researcher will make contact with potential participants to explain the consent process and answer any questions/concerns they may have regarding the study. Consent forms will be provided for those wishing to take part in the study to sign.

5. Upon receipt of signed consent forms, participants will be contacted to make arrangements for the interview process.
Appendix 18 – Association of Directors for Social Service Cymru: Correspondence

Initial blanket contact email to ADSS

Dear

Re: Permission to collect data from statutory domestic abuse services within your local authority on the needs of men experiencing domestic abuse and current service provision

My name is Sarah Wallace and I am a full time PhD research student at the University of South Wales. My PhD studies have been funded by the All Wales Academic Social Care Research Collaboration (ASCC). ASSC is a new initiative funded by the Welsh Government’s National Institute for Social Care and Health Research (NISCHR). Further details of ASSC are available through the following link http://ascccymru.org/.

I write following email correspondence from Karen Williams of ADSS Cymru who has advised me to contact you directly (please see attached email). To provide you with some information regarding my research;

I am the lead researcher for the project and am supported by a research advisory group consisting of; Dr. Carolyn Wallace, Professor Joyce Kenkre, Dr. Jo Brayford and Mr. Simon Borja, Safer Wales Dyn Project Co-ordinator. The research has an ‘All Wales’ approach and is entitled; ‘An investigation into the needs of men experiencing domestic abuse and current service provision’. The study will encompass gay, bisexual, transgender and heterosexual men experiencing intimate partner domestic abuse and sexual violence. The study will incorporate questionnaires to domestic abuse services in Wales, in-depth interviews with men who have experienced abuse and semi-structured interviews with domestic abuse service managers. I have attached a copy of my protocol which provides more detailed information about the research.

To confirm, the research study has received ethical approval from the University of South Wales. Following ethical approval, I am now preparing to commence data collection.

Prior to data collection, I am seeking permission from yourself to approach and engage with statutory domestic abuse services within your local authority. I have attached both the domestic abuse questionnaire and service description and data email which have been developed in preparation for distribution once approval has been received.

I appreciate your time taken to respond and look forward to hearing from you. If you have any questions/queries, please do not hesitate to contact me.
Follow-up blanket contact email to ADSS

Dear

Re: Permission to collect data from statutory domestic abuse services within your local authority on the needs of men experiencing domestic abuse and current service provision

I write regarding my previous correspondence to you (please see email below dated 20th August 2014).

For the purpose of my research, I would be most appreciative if you are able to provide your permission to approach and engage with statutory domestic abuse services in your local authority.

Since writing to you initially, I have received a number of positive responses from service directors and heads of services throughout Wales. I am currently in the process of documenting responses and consent from each of the 22 Local Authorities in Wales.

Having been granted ethical approval from the University of Wales, once permissions have been received from both directors and heads of services (as provided by ADSS Cymru), I can commence data collection.

If you have any queries or concerns regarding the research, please do not hesitate to contact me.

Thank you for your time and I look forward to hearing from you.
Appendix 19 - Record of responses and consent Directors and Heads of Social Services Wales

All contact names and addresses, taken from the ADSS website on 20th August 2014.


1st email issued on 20th August 2014

2nd email issued to Local Authorities with no response from either director or head of service – 12/09/2014

2nd email issued to Local Authorities where only one response received from either director or head of service – 16/09/2014

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Local Authority Directors of Social Services</th>
<th>Contact Notes</th>
<th>All Wales Adult Service Heads</th>
<th>Contact Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglesey</td>
<td>Gwen Carrington – Director of Community Isle of Anglesey County Council Community Department Council Offices, Llangefni ANGLESEY, LL77 7PY Email: <a href="mailto:GwenCarrington@anglesey.gov.uk">GwenCarrington@anglesey.gov.uk</a> Tel No: 01248 752706</td>
<td>Consent provided 10/09/2014</td>
<td>Alwyn Jones – Lead Officer Adult Services Isle of Anglesey County Council Housing and Social Services Department Council Offices, Llangefni ANGLESEY, LL77 7TW Email: <a href="mailto:alwynrhysjones@anglesey.gov.uk">alwynrhysjones@anglesey.gov.uk</a> Tel No: 01248 750057</td>
<td>Consent provided 20/08/2014</td>
</tr>
<tr>
<td></td>
<td>Response received on 20/08/14 requesting more information. This was provided and Gwen replied on 22/08/2014 advising email has been forwarded to Anwen Davies – Senior Partnership Manager for Ynys Mon and Gwynydd. Telephone call with Catherine Roberts of Gwynydd Council on 03/09/2014 who has confirmed will approach for consent. Issues identified that services within both Anglesey and Gwynydd are third sector and so directors and service heads would not be able to provide consent to approach these</td>
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<tr>
<td>Catherine Roberts – Community Safety Manager</td>
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<td>----------------------------------------------</td>
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<tr>
<td>Email: <a href="mailto:CatherineEirlysRoberts@gwynedd.gov.uk">CatherineEirlysRoberts@gwynedd.gov.uk</a></td>
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<td>Tel No: 01286 673553</td>
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agencies. Catherine has advised that consent would only be required if I was approaching the LA directly for information. Catherine has advised she will liaise with these agencies and seek to respond in 2 weeks

Catherine replied on 10/09/2014 confirming she has liaised with third sector domestic abuse providers and they have provided consent to be contacted.

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<tr>
<th>Blaenau Gwent</th>
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<tbody>
<tr>
<td>Liz Major – Director of Social Services</td>
</tr>
<tr>
<td>Blaenau Gwent County Borough Council</td>
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<tr>
<td>Community Services</td>
</tr>
<tr>
<td>Anvil Court, Church Street</td>
</tr>
<tr>
<td>ABERTILLERY, NP13 1DB</td>
</tr>
<tr>
<td>Email: <a href="mailto:liz.majer@blaenau-gwent.gov.uk">liz.majer@blaenau-gwent.gov.uk</a></td>
</tr>
<tr>
<td>Tel No: 01495 356067</td>
</tr>
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</table>

Consent provided 22/08/2014

| Damien McCann |
| Interim Assistant Director Adult Services |
| Blaenau Gwent County Borough Council |
| Dept. Of Social Services |
| Anvil Court, Church Street |
| ABERTILLERY, NP13 1DB |
| Email: damien.mccann@blaenau-gwent.gov.uk |
| Tel No: 01495 350555 |

Replied on 21/08/14 advising that DA sits within one of the service managers in Children's services (no details provided). Have been advised that he has forwarded my email to them for them to respond directly.

Christopher replied on 10/09/14 – consent provided.

<p>| Christopher Bradley – Service Manager |
| Email: <a href="mailto:Christopher.bradley@blaenau-gwent.gov.uk">Christopher.bradley@blaenau-gwent.gov.uk</a> |
| Tel No: 01495 355795 |</p>
<table>
<thead>
<tr>
<th>Bridgend</th>
<th>Susan Cooper – Corporate Director of Well-being Bridgend County Borough Council Sunnyside BRIDGENED, CF31 4AR Email: <a href="mailto:susan.cooper@bridgend.gov.uk">susan.cooper@bridgend.gov.uk</a> Tel No: 01656 642251</th>
<th>1st email – 20/08/14 2nd email – 12/09/14</th>
<th>Avril Bracey – Head of Adult Social Care Bridgend County Borough Council Sunnyside BRIDGENED, CF31 4AR Email: <a href="mailto:avril.bracey@bridgend.gov.uk">avril.bracey@bridgend.gov.uk</a> Tel No: 01656 643643</th>
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<td><strong>Consent provided 14/09/2014</strong></td>
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<td><strong>Consent provided 07/10/2014</strong></td>
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<tr>
<td>Caerphilly</td>
<td>Dave Street – Corporate Director of Social Services Caerphilly County Borough Council Directorate of Social Services Penallta House, Tredomen Park Ystrad Mynach Hengoed CF82 7PG Email: <a href="mailto:streed@CAERPHILLY.GOV.UK">streed@CAERPHILLY.GOV.UK</a> Tel No: 01443 864560</td>
<td>1st email on 20/08/14 2nd email on 16/09/14 Telephone contact – 30/09/14 – Dave Street has advised that he will seek to respond via email by 1/10/14 ADSS Cymru (28/10/14) has advised where consent received from service head but not director – to write and clarify whether this is sufficient to proceed – email sent to Becky Griffiths 30/10/14</td>
<td>Jo Williams – Assistant Director of Adult Services Caerphilly County Borough Council Ty Penallta, Tredomen Park, Ystrad Mynach Hengoed, CF82 7PG Email: <a href="mailto:WILLIJ6@CAERPHILLY.GOV.UK">WILLIJ6@CAERPHILLY.GOV.UK</a> Tel No: 01495 226622</td>
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<td>Telephone contact 07/10/14 – spoke with PA Jenny Mackenzie providing my contact details requesting Avril Bracey make contact Telephone contact 07/10/14 – spoke with PA Jenny Mackenzie providing my contact details requesting Avril Bracey make contact</td>
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<td><strong>Cardiff</strong></td>
<td><strong>Carmarthen</strong></td>
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<td><strong>Consent provided 30/10/14</strong></td>
<td><strong>Consent provided 27/08/2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Becky Griffiths – Interim Head of Service</strong>&lt;br&gt;Tel No: 01443 864485&lt;br&gt;Email: <a href="mailto:griff7@caerphilly.gov.uk">griff7@caerphilly.gov.uk</a></td>
<td><strong>Tony Young – Statutory Director of Social Services</strong>&lt;br&gt;Cardiff Council&lt;br&gt;County Hall, Atlantic Wharf&lt;br&gt;CARDIFF, CF10 4UW&lt;br&gt;Email: <a href="mailto:tony.young@cardiff.gov.uk">tony.young@cardiff.gov.uk</a>&lt;br&gt;Tel No: 02920 873803</td>
<td><strong>Replied on 20/08/2014 – agrees in principle however has copied in Sarah McGill Lead Director for Domestic Abuse</strong>&lt;br&gt;Sarah McGill replied on 1/09/2014 – consent provided.</td>
<td><strong>Sian Walker – Director of Health and Social Care</strong>&lt;br&gt;Cardiff Council&lt;br&gt;County Hall, Atlantic Wharf&lt;br&gt;CARDIFF, CF10 4UW&lt;br&gt;Email: <a href="mailto:sian.walker@cardiff.gov.uk">sian.walker@cardiff.gov.uk</a>&lt;br&gt;Tel No: 02920 873601</td>
</tr>
<tr>
<td><strong>Consent provided 01/09/2014</strong></td>
<td><strong>Sarah McGill – Director of Communities, Housing and Customer Services</strong>&lt;br&gt;Tel No: 02920 872900&lt;br&gt;Email: <a href="mailto:S.McGill@cardiff.gov.uk">S.McGill@cardiff.gov.uk</a></td>
<td><strong>Replied on 20/08/2014 – agrees in principle however has copied in Sarah McGill Lead Director for Domestic Abuse</strong>&lt;br&gt;Sarah McGill replied on 1/09/2014 – consent provided.</td>
<td><strong>Sheila Porter – Head of Primary, Community and Social Care</strong>&lt;br&gt;Carmarthenshire County Council&lt;br&gt;3 Spilman Street, Carmarthen&lt;br&gt;CARMS, SA31 1LE</td>
</tr>
</tbody>
</table>
| County Hall, Carmarthen | Email: BMcLernon@carmarthenshire.gov.uk  
Tel No: 01267 224697  
**Consent provided 02/09/2014** |
|--------------------------|----------------------------------------------------------------------------------|
| Ammanford Police Station | Email: sporter@carmarthenshire.gov.uk  
Tel No: 01267 234567  
Kate Thomas – Community Safety Manager  
Carmarthenshire County Council  
Ammanford Police Station  
Foundry Road, Ammanford, SA18 2LS  
**Consent provided 01/09/2014** |
| Ceredigion               | Email sent to Kate Thomas on 20/08/2014, replied on 01/09/14 - consent provided |

**Ceredigion**

Parry Davies – Strategic Director for Care and Protection and Lifestyle  
Ceredigion County Council  
Min Aeron, Rhiw Goch  
ABERAERON, SA46 0DY  
Email: Parry.Davies@ceredigion.gov.uk  
Tel No: 01545 572562  
**Consent provided 09/10/14**

1st email – 20/08/14  
2nd email – 12/09/14  
Telephone contact – 30/09/14 spoke with Seren Jones advised Parry Davies is in a meeting – message left.  
07/10/14 – spoke with Seren Jones who has advised to forward the emails so that she can raise them with Parry Davies. Email sent – 07/10/14

Susan Darnbrook – Assistant Director Adult Services and Mental Health  
Ceredigion County Council  
Min Aeron, Rhiw Goch  
ABERAERON, SA46 0DY  
Email: Sue.Darnbrook@ceredigion.gov.uk  
Tel No: 01545 570881

Mathew Richards – Contracts and Supporting People Manager  
Ceredigion County Council

**Verbal permission received 07/10/14 - await confirmation email**
<table>
<thead>
<tr>
<th>County</th>
<th>Contact Details</th>
<th>Correspondence Dates</th>
</tr>
</thead>
</table>
| Conwy       | Jenny Williams – Director of Social Services  
Conwy County Borough Council  
Government Buildings  
Dinerth Road  
Rhos on Sea, LL28 4UL  
Email: jenny.williams@conwy.gov.uk  
Tel No: 01492 575687  
**Consent provided 16/09/14** | 1st email – 20/08/14  
2nd email – 12/09/14 |
|             | Claire Lister – Head of Service, Integrated Adult and Community Service  
Conwy County Borough Council  
Government Buildings  
Dinerth Road  
Rhos on Sea, LL28 4UL  
Email: claire.lister@conwy.gov.uk  
Tel No: 01492 574000  
**Consent provided 26/09/14** | 1st email – 20/08/14  
2nd email – 12/09/14  
3rd email – 25/9/14 |
| Denbighshire| Nicola Stubbins – Director of Social Services  
Denbighshire County Council  
County Hall  
Wynnstay Road, Ruthin  
DENBIGHSHIRE, LL15 1YN  
Email: nicola.stubbins@denbighshire.gov.uk  
Tel No: 01824 706149  
**Consent provided 26/09/14** | 1st email sent – 20/08/14  
See notes opposite. |
|             | Phil Gilroy – Head of Adults and Business Services  
Denbighshire County Council  
Ty Nant, Nant Hall Road  
Prestatyn  
DENBIGHSHIRE, LL19 9LG  
Email: phil.gilroy@denbighshire.gov.uk  
Tel No: 01824 706000  | 1st email sent – 20/08/14  
Reply from Michelle Davidson-Beck – DAC on 02/09/2014 Advising that she has previously provided data and cannot provide further support. Have replied clarifying consent is required from both director and head.
<table>
<thead>
<tr>
<th>Consent provided 14/10/14</th>
<th>Consent provided 14/10/14</th>
<th>of service and have asked her support in doing this.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email received from Liz Grieve – Partnerships and Community Team Manager on 8/9/14 - requesting more clarification as to what I am requiring - responded with full details and have requested clarification of whether I need to re-request permission from director and head of service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone contact – 02/10/14 – advised Liz is in a meeting – message left and advised to send an email – email sent – need clarification whether I need to send 2nd email to Nicola Stubbins and Phil Gilroy or whether Liz is dealing on their behalf.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flintshire</th>
<th>Neil Ayling – Director of Community Services Flintshire County Council County Hall, Mold FLINTSHIRE, CH7 6NN</th>
<th>1st email – 20/08/14 2nd email – 12/09/14 Telephone contact – 30/09/14 – spoke with Sue, Mr Ayling’s PA. Sue advised is aware of previous emails</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO NAME PROVIDED Flintshire County Council County Hall, Mold FLINTSHIRE, CH7 6GD Email: Tel No: 01352 752121</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Contact Person</td>
<td>Position</td>
</tr>
<tr>
<td>----------</td>
<td>----------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Gwynedd</strong></td>
<td>Morwena Edwards – Statutory Director of Social Services (Corporate Director)</td>
<td>Gwynedd County Council Council Offices, Caernarvon Shirehall Street GWYNEDD, LL55 1SH</td>
</tr>
<tr>
<td><strong>Merthyr Tydfil</strong></td>
<td>Giovanni Isingrini – Director of Community Services</td>
<td>1st email – 20/08/14 2nd email – 12/09/14</td>
</tr>
<tr>
<td>Merthyr Tydfil County Borough Council</td>
<td>NO LONGER IN POST IN MERTHYR</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------------------</td>
<td></td>
</tr>
<tr>
<td>Civic Centre, Castle Street</td>
<td>1st Email to interim director on</td>
<td></td>
</tr>
<tr>
<td>MERTHYR TYDFIL, CF47 8AN</td>
<td>16/09/2014</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:giovanni.isingrini@merthyr.gov.uk">giovanni.isingrini@merthyr.gov.uk</a></td>
<td>Response received on 25/09/14 from</td>
<td></td>
</tr>
<tr>
<td>Tel No: 01685 724680</td>
<td>Heidi Jones – Senior business support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>officer on behalf of Suzanne Griffiths.</td>
<td></td>
</tr>
<tr>
<td>ADSS Cymru has updated to</td>
<td>Beverley Owen is the Community</td>
<td></td>
</tr>
<tr>
<td>provide new details;</td>
<td>Safety Manager and she has been</td>
<td></td>
</tr>
<tr>
<td>Suzanne Griffiths - Interim</td>
<td>copied into the email. Await response</td>
<td></td>
</tr>
<tr>
<td>Director of Social Services</td>
<td>from Beverley.</td>
<td></td>
</tr>
<tr>
<td>Merthyr Tydfil County</td>
<td>Email to Beverley Owen – 30/09/14</td>
<td></td>
</tr>
<tr>
<td>Borough Council</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civic Centre, Castle Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MERTHYR TYDFIL, CF47 8AN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:suzanne.griffiths@merthyr.gov.uk">suzanne.griffiths@merthyr.gov.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tel No: 01685 724680</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beverley Owen – Community</td>
<td>Consent provided on</td>
<td></td>
</tr>
<tr>
<td>Safety Manager</td>
<td>07/10/14</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:Beverley.owen@merthyr.gov.uk">Beverley.owen@merthyr.gov.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Merthyr Tydfil County Borough Council</th>
<th>Telephone contact – 30/09/14 no answer continue to try.</th>
</tr>
</thead>
</table>

|                                 | 3rd email – 6/10/14                                    |
| **Monmouthshire** | Simon Burch – Chief Officer of Social Care, Health and Housing  
Monmouthshire County Council  
Social & Housing Services Department  
Innovation House, Wales 1 Business Park  
Magor, NP26 3DG  
Email: simonburch@monmouthshire.gov.uk  
Tel No: 01633 644487  
**Consent provided 21/08/14** | Julie Boothroyd - Head of Adult Services  
Monmouthshire County Council  
Innovation House, Wales 1  
MAGOR, NP26 3DG  
Email: julieboothroyd@monmouthshire.gov.uk  
Tel No: 01633 644644  
**Consent provided 16/09/14** |
| **Neath Port Talbot** | Nick Jarman – Director of Social Services and Housing  
Social Services, Health & Housing  
Civic Centre, PORT TALBOT  
SA13 1PJ  
Email: n.jarman@npt.gov.uk  
Tel No: 01639 763279  
Mr. Leighton Jones – Business Strategy Manager, Policy & Special Projects Team  
Social Services, Health & Housing  
1st email – 20/08/14  
2nd email – 12/09/14  
Telephone contact – 30/09/14 – spoke with Liz – Mr Jarmans’ PA – copies of emails sent. Liz has advised she will chase this up  
Email received from Liz 12/01/15 providing details of the Chief Executive Rhian Bowen-Davies of Calan DVS and advised to contact.  
Email issued to Rhian Bowen Davies on 12/01/15 | Claire Marchant – Head of Community Care and Housing  
Neath Port Talbot County Borough Council  
Social Services, Health & Housing  
Civic Centre, PORT TALBOT  
SA13 1PJ  
Email: c.marchant@npt.gov.uk  
Tel No: 01639 763333  
1st email – 20/08/14  
2nd email – 12/09/14  
Telephone contact – 30/09/14 – spoke with Rebecca Millward, Claire Marchants PA who has requested I send her the emails so she can bring them to the attention of Ms Marchant and seek a response – email sent 30/09/14 |
<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Person</th>
<th>Consent Provided</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neath</td>
<td>Councillor John Rogers</td>
<td>02/04/15</td>
<td>02/04/15 – Councillor John Rogers has been approached via email for</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>support in securing the required consent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>05/06/15 – Mr Jones responded and advised that he has been tasked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>with supporting the progression of the research within NPT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consent provided</td>
<td>09/06/2015</td>
</tr>
<tr>
<td></td>
<td>Mr Jones</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newport</td>
<td>Mike Nicholson – Strategic Director – People</td>
<td>Consent provided</td>
<td>Consent provided on 04/09/14</td>
</tr>
<tr>
<td></td>
<td>Newport City Council Social Services Civic Centre, NEWPORT NP20 4UR</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pembroke</td>
<td>Jake Morgan – Statutory Director of Social Services (Director for Children and Schools) Pembroke County Council County Hall HAVERFORDWEST, SA61 1TP</td>
<td>Replied on 20/08/2014 – copying Jenny Hart – DAC and sits within development directorate and Steven Jones who is director within the development directorate</td>
<td>Replied on 20/08/2014 – copying Jenny Hart – DAC and sits within development directorate and Steven Jones who is director within the development directorate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powys</td>
<td>Amanda Lewis – Strategic Director for People Powys County Council County Hall Llandrindod Wells POWYS, LD1 5LG Email: <a href="mailto:amanda.lewis@powys.gov.uk">amanda.lewis@powys.gov.uk</a> Tel No: 01597 826906 Shelly Davies – Senior Manager CYPP Powys County Council</td>
<td>Replied on 20/8/2014 – advising email has been forwarded to Shelly Davies - senior manager for CYPP.</td>
<td>Joy Garfitt – Head of Adult Services Powys County Council Library HQ, Cefnllys Lane Llandrindod Wells POWYS, LD1 5LD Email: <a href="mailto:Joy.Garfitt@powys.gov.uk">Joy.Garfitt@powys.gov.uk</a> Tel No: 01597 826578 Pauline Higham – Head of Children Services Email: <a href="mailto:pauline.higham@powys.gov.uk">pauline.higham@powys.gov.uk</a> Replied on 26/08/2014 from Hayley Morris, PA to Joy Garfitt advising this has been passed onto Bethan Herman PA to Head of Children's services Pauline Higham as DAC is line managed within Children's services not adult. 1st email sent to Pauline on 02/09/2014 2nd email sent on 16/09/14</td>
</tr>
</tbody>
</table>
| Rhondda Cynon Taff | Ellis Williams – Group Director of Community and Children Services  
Rrhondda Cynon Taff County Borough Council  
The Pavilions  
Cambridian Park, Clydach Vale  
TONTYPANDY, CF40 2XX  
Email: ellis.williams@rhondacynontaff.gov.uk  
Tel No: 01443 424141  
ADSS Cymru has updated new details;  
Giovanni Isingrini – Group Director of Community and Children Services  
Rrhondda Cynon Taff County Borough Council  
Email: shelley.davies@powys.gov.uk  
Tel No: 01597 826 058  
**Consent provided 27/08/14** | 1st email – 20/08/14  
2nd email – 12/09/14  
**NO LONGER IN POST**  
1st email to new director – 16/09/14  
2nd email 01/10/14 | Bob Gatis – Service Director, Community Care  
Rrhondda Cynon Taff County Borough Council  
Ty Elai, Dinas Isas East  
Industrial Estate  
Williamstown, TONTYPANDY  
CF40 1NY  
Email: robert.gatis@rhondacynontaff.gov.uk  
Tel No: 01443 424000  
Paul Mee – Service Director  
Public Health and Protection  
Email: paul.mee@rctcbc.gov.uk  
**Consent provided by Mr. Paul Mee 30/10/14 confirming his** | 1st email – 20/08/14  
2nd email – 12/09/14  
Telephone contact – 30/09/14 with Bob Gatis PA.  
Advised that Mr Gatis forwarded email on  
20/08/14 to Mr. Paul Mee – Service Director for Public Health and Protection as Domestic abuse comes under his remit.  
Email to Paul Mee sent 01/10/14  
ADSS Cymru (28/10/14) has advised where consent received from service head |
<table>
<thead>
<tr>
<th>Location</th>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
<th>Consent Provided</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swansea</td>
<td>Deborah Driffield – Chief</td>
<td>01792 636245</td>
<td><a href="mailto:deborah.driffield@swansea.gov.uk">deborah.driffield@swansea.gov.uk</a></td>
<td>17/09/2014</td>
<td>1st email sent on 20/08/14 2nd email sent on 16/09/14</td>
</tr>
<tr>
<td></td>
<td>Social Services Officer</td>
<td></td>
<td></td>
<td></td>
<td>Carol Rea – Interim Head of Social Services</td>
</tr>
<tr>
<td></td>
<td>City and County of Swansea</td>
<td></td>
<td></td>
<td></td>
<td>Oldway Centre, 36 Orchard Street</td>
</tr>
<tr>
<td></td>
<td>Swansea, SA1 5LD</td>
<td></td>
<td></td>
<td></td>
<td>Email: <a href="mailto:carol.rea@swansea.gov.uk">carol.rea@swansea.gov.uk</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tel No: 01792 636000</td>
</tr>
<tr>
<td>Torfaen</td>
<td>Sue Evans – Chief Officer</td>
<td>01495 762200</td>
<td><a href="mailto:sue.evans@torfaen.gov.uk">sue.evans@torfaen.gov.uk</a></td>
<td>01/10/2014</td>
<td>1st email – 20/08/14 2nd email – 12/09/14</td>
</tr>
<tr>
<td></td>
<td>Social Care and Housing</td>
<td></td>
<td></td>
<td></td>
<td>Telephone contact – 30/09/14 spoke with Helen Turner PA – emails</td>
</tr>
<tr>
<td></td>
<td>Torfaen County Borough</td>
<td></td>
<td></td>
<td></td>
<td>forwarded to Helen to bring to the attention of Sue Evans – emails</td>
</tr>
<tr>
<td></td>
<td>Council</td>
<td></td>
<td></td>
<td></td>
<td>30/09/14</td>
</tr>
<tr>
<td></td>
<td>Civic Centre, Pontypool,</td>
<td></td>
<td></td>
<td></td>
<td>Telephone contact – 30/09/14 – spoke with Gill Pratlett who advised</td>
</tr>
<tr>
<td></td>
<td>Torfaen</td>
<td></td>
<td></td>
<td></td>
<td>she had forwarded the emails onto Immy Lee (DAC) and Deb Davies –</td>
</tr>
<tr>
<td></td>
<td>NP4 6YB</td>
<td></td>
<td></td>
<td></td>
<td>Head of safeguarding for them to respond and provide consent on her</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>behalf. Have</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Consent provided 20/10/14 via DAC Immy Lee</td>
</tr>
</tbody>
</table>

Consent is sufficient to proceed but not director – to write and clarify whether this is sufficient to proceed – email sent 30/10/14
<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Person</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Vale of Glamorgan | Phillip J Evans – Director of Social Services | **Consent provided 15/09/14 from Hayley Selway**  
Replied on 21/08/2014 - email has been forwarded to Alyn Billinghurst – head of public protection – number provided 01446 709720 – further email on 22/8/14 advising Hayley Selway is responsible for this area and she has been copied in  
2nd email sent to Hayley Selway on 12/09/2014  
Hayley has requested that I work with Gethin Robinson who is responsible for overseeing domestic abuse in the Vale. |
|                   | The Vale of Glamorgan Council Social Services| Lance Carver – Head of Adult Services  
The Vale of Glamorgan Council Social Services  
The Dock Offices, Subway Road  
BARRY, CF63 4RT  
Email: lcarver@valeofglamorgan.gov.uk  
Tel No: 01446 700111 |
|                   | The Dock Offices, Subway Road BARRY, CF63 4RT | 1st email sent on 20/08/14  
2nd email sent on 16/09/14  
Telephone contact with Jeanette Winter PA who has requested copies of emails to be forwarded to her and she will bring to attention of Lance Carver for response – emails sent 30/09/14 |
|                   | Hayley Selway – Head of Housing & Building Services | **Consent provided 01/10/14**  
Lance Carver has advised consent from Hayley Selway |
|                   | Email: hselway@valeofglamorgan.gov.uk  
Tel No: 029 20673124 | **Consent provided 15/09/14** |
|                   |                                             |                                                                      |
| Wrexham            | Andrew Figiel – Statutory Director of Social Services | **Consent provided 15/09/14**  
1st email – 20/08/14  
2nd email – 12/09/14  
Telephone contact – 02/10/14 – have been advised to forward the emails onto Karen Williams PA for her to  
Sheila Finnigan – Head of Service, Learning Disability Wrexham County Borough Council  
Second Floor Crown Buildings  
31 Chester Street, WREXHAM |
|                   | (Head of Adult Social Care) Wrexham County Borough Council | 1st email – 20/08/14  
2nd email – 12/09/14  
Replied on 15/09/14 advising that director Andrew Figiel is on annual leave |
|                   | Second Floor Crown Buildings |                                                                      |
| 31 Chester Street, WREXHAM  
LL13 8BG  
Email: Andrew.figiel@wrexham.gov.uk  
Tel No: 01978 298020  
Charlotte Walton – Head of Service for Older People  
Email: charlotte.walton@wrexham.gov.uk  
Tel No: (01978) 298017 or 07966567215  
**Consent provided 11/12/14** | **bring to the attention of Mr. Figiel – email sent on 02/10/14** | **LL13 8BG**  
Email: sheila.finnigan-jones@wrexham.gov.uk  
Tel No: 01978 292000  
leave until 22/09/14 and will follow up request with him then.  
Telephone contact – 02/09/14 - advised to forward the emails onto Karen Williams PA for her to bring to the attention of Ms. Finnigan. Email sent on 02/10/14 |
Appendix 20 – Responses from male victimisation data request to DAC’s

Sent on 22\textsuperscript{nd} May 2014 in all twenty-two local authorities, fourteen DAC’s (64\%) were either unable to provide the data or did not respond.

<table>
<thead>
<tr>
<th>Local authority</th>
<th>DAC</th>
<th>Response?</th>
<th>Data provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglesey</td>
<td>Maria Pritchard</td>
<td>None provided</td>
<td>N/A</td>
</tr>
<tr>
<td>Blaenau Gwent</td>
<td>Cath James</td>
<td>None provided</td>
<td>N/A</td>
</tr>
<tr>
<td>Bridgend</td>
<td>Bethan Lyndsey-Garland</td>
<td>Yes – but unable to provide data</td>
<td>'individual agencies will be able to advise you on the number of referrals based on gender they receive'</td>
</tr>
<tr>
<td>Caerphilly</td>
<td>Rebecca Haycock</td>
<td>None provided</td>
<td>N/A</td>
</tr>
<tr>
<td>Carmarthen</td>
<td>Natalie Hardess</td>
<td>MARAC &amp; police data provided</td>
<td>MARAC IDVA for 2013/14 – 21 male victims, Police data – 2013/14 – 168 male victim incidents recorded</td>
</tr>
<tr>
<td>Ceredigion</td>
<td>Helen Twiddle</td>
<td>None provided</td>
<td>N/A</td>
</tr>
<tr>
<td>Conwy</td>
<td>Michelle Davidson-Beck</td>
<td>Only MARAC data available to share</td>
<td>Yes – 07/09/2012 to 06/03/2014 – 85 male victims discussed at MARAC</td>
</tr>
<tr>
<td>Denbighshire</td>
<td>Michelle Davidson-Beck</td>
<td>Only MARAC data available to share</td>
<td>Yes – 21/01/2009 to 19/02/2014 – 60 male victims discussed at MARAC</td>
</tr>
<tr>
<td>Flintshire</td>
<td>Jackie Goundry</td>
<td>Yes – but unable to provide data</td>
<td>'It would be best to contact the service providers in each of the individual areas for a breakdown of males accessing their services'</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>Maria Pritchard</td>
<td>None provided</td>
<td>N/A</td>
</tr>
<tr>
<td>Merthyr</td>
<td>Leanne Webber</td>
<td>Yes</td>
<td>Total number of referrals in 2013, was 248 males</td>
</tr>
<tr>
<td>Monmouthshire</td>
<td>Rachael Allen</td>
<td>None provided</td>
<td>N/A</td>
</tr>
<tr>
<td>Neath Port Talbot</td>
<td>Julia Lewis</td>
<td>None provided</td>
<td>N/A</td>
</tr>
<tr>
<td>Location</td>
<td>Name</td>
<td>Status</td>
<td>Additional Information</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------</td>
<td>-----------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Newport</td>
<td>Karon Eyers</td>
<td>Yes – but unable to provide data</td>
<td>'sorry but at present this data is not something I collect it know anyone that does. I do collect other DA data but not this sorry’</td>
</tr>
<tr>
<td>Pembrokeshire</td>
<td>Jenny Hart</td>
<td>None provided</td>
<td>N/A</td>
</tr>
<tr>
<td>Powys</td>
<td>Margaret Richards</td>
<td>Yes</td>
<td>2013 – 97 male victims</td>
</tr>
<tr>
<td>Rhondda Cynon Taff</td>
<td>Louise Thomas</td>
<td>Yes</td>
<td>2013/14 - 635 male victims for the RCT IDVA service</td>
</tr>
<tr>
<td>Swansea</td>
<td>Ali Morris</td>
<td>None provided</td>
<td>N/A</td>
</tr>
<tr>
<td>Torfaen</td>
<td>Immy Lee</td>
<td>None provided</td>
<td>N/A</td>
</tr>
<tr>
<td>Vale of Glamorgan</td>
<td>Jennie Roberts</td>
<td>Yes</td>
<td>28/05/2014 – currently supporting 26 males 01/04/2013 – 31/03/2014 – supported 46 males</td>
</tr>
<tr>
<td>Wrexham</td>
<td>Ann Dann</td>
<td>None provided</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Appendix 21 - Correspondence from WG: No set organisational structure of domestic abuse services in Wales

Sarah Wallace

From: Weetman, Lisa (LGC - CSD) [Lisa.Weetman@Wales.GSI.Gov.UK]
Sent: 22 April 2014 15:34
To: Sarah Wallace
Subject: RE: PhD research student - national meetings opportunities

Hi Sarah

Sorry I haven’t come back to you but it’s been really hectic. There is no set organisational structure across Wales each area does things differently but there should be Domestic Abuse Coordinators in all CSP areas who should be able to provide you with local information. I’ve attached their contact details for you to contact them directly.

The funding provided by Welsh Government is listed in last year’s annual report which is available on the website – as are many other documents which could be of use.

I hope this information is useful. If we can be of any other use just let us know.
Appendix 22 - Correspondence from WG: Data from domestic abuse services is not routinely requested

Sarah Wallace

From: Weetman, Lisa (LGC - C3D) [Lisa.Weatman@Wales.GSI.Gov.Uk]
Sent: 29 May 2014 19:11
To: Sarah Wallace
Subject: RE: Welsh Government Domestic Abuse Policies & Publications

Hi Sarah

Welsh Government does not ask for the data from service providers but The Crime Survey for England and Wales 2012 – 2013 did collect the data so you should be able to get the information from them.

I know you are in contact with Simon Borja so he might have more statistics for you.

Hope this helps

Lisa

LISA WHEETMAN
Tim Trais yn Erbyn Menywod a Chann-drin Domestig / Violence Against Women and Domestic Abuse Team
Llywodraeth Cymru / Welsh Government
Rhyd-y-car / Rhydycar
Merthyr Tudfil / Merthyr Tydfil
CF48 4UZ
Rhf Ffon / Tel No: 0300 062 8081
Ffisio / Fax: 0300 062 8547
e-bost / e-mail: Lisa.weetman@cymru.gov.uk/Lisa.weetman@wales.gsi.gov.uk

www.cymru.gov.uk/trais yn erbyn menywod a chann-drin domesili
www.wales.gov.uk/violence against women and domestic abuse

All Wales Domestic Abuse & Sexual Violence Helpline
Llinell Gweadfaen Cambriaeth yn y Cartref
Appendix 23 - Correspondence with the ONS: Police data is not differentiated by gender

Sarah Wallace

From: Sarah Wallace
Sent: 20 April 2014 15:14
To: CrimeStatistics@ons.gov.uk
Subject: RE: Police statistics for Male victims of domestic abuse in Wales

Dear Paul,

Many thanks for your informative and prompt response to my query.

The information you provided is extremely helpful and I appreciate your time taken to respond.

It is very interesting to learn that domestic abuse incidents via gender are not currently available. I am trying to build an accurate picture as possible with regards to men as victims of domestic abuse and appreciate this will not be an easy task given the hidden nature of domestic abuse.

On your advice, I have made contact with the Home Office to determine whether they are able to provide any additional information.

Many thanks again for your support.

Kind regards

Sarah

Sarah Wallace
PHD Researcher
HESAS
University of South Wales | Prifysgol De Cymru
Pontypridd
CF37 4BD

Tel | Ffôn: 01443 483 085
Fax | Ffacs: 01443 480 558
http://www.southwales.ac.uk

From: Paul Sutherland [mailto:paul.sutherland@ons.gov.uk] On Behalf Of CrimeStatistics@ons.gov.uk
Sent: 10 April 2014 09:35
To: Sarah Wallace
Subject: Re: Police statistics for Male victims of domestic abuse in Wales

Hi Sarah,

Table 4.10 in the following link shows a breakdown of the percentage of adults who were a victim of domestic abuse by region as estimated by the Crime Survey for England and Wales. A split by gender is available in this table. This table is created from the self-completion section of the survey where we believe victims are more likely to tell us about such abuse and may not have been reported to the police.

You are right that an additional source of information on domestic abuse is available from the police. The police supply data to the Home Office on the number of domestic abuse incidents they have dealt with in their force. Domestic abuse incidents are defined as any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults aged 18 and over, who are or have been intimate partners or family members, regardless of gender or sexuality.

This collection is wider than police recorded crime – not all domestic abuse incidents will be crimes as defined in law, so therefore many domestic abuse incidents will not subsequently be recorded as crimes. While incidents are recorded under the National Standard for Incident Recording in accordance with the same victim focused approach that applies for recorded crime, it is known that there are variations between police forces in how they record domestic abuse incidents, with some forces unable to supply data for certain years. Table 4.07 shows the number of incidents by police force, including the four Welsh forces.

Unfortunately this is not currently available by gender. The Home Office may be able to provide more information, you can contact them on enquiries@homeoffice.gov.uk.

Due to the private nature of domestic abuse, the majority of domestic abuse incidents will not come to the attention of the police. These figures are therefore not directly comparable with the CSEW estimates of domestic abuse. Furthermore, CSEW estimates relate to the number of victims rather than the number of incidents.

Please do not hesitate to contact me if you have any further information.

Kind regards,

Paul

Crime Statistics and Analysis | Office for National Statistics
Appendix 24 - Correspondence with Home Office: Police data is not differentiated by gender

Sarah Wallace

From: Crime Stats [crime.stats@homeoffice.gsi.gov.uk]
Sent: 30 April 2014 15:22
To: Sarah Wallace
Subject: RE: Police statistics for male victims of domestic abuse in Wales

Sarah,

Paul Sutherland is correct – we don’t have gender specific statistics for domestic abuse.

It may be worth contacting the Welsh forces directly to see if they can help.

I am just aware of the ONS Focus on Violent crime report which just provides national figures from the Crime Survey for England and Wales on this subject –


I am sorry that I can not be more helpful.

Regards

Eddie Hallett
Home Office Statistics
Appendix 25 - Responses to FOI requests: Gwent, Dyfed Powys, South Wales and North Wales

Responses as received

Gwent Police

Sarah Wallace

From: Freedom Of Information [FOI@gwent.pnn.police.uk]
Sent: 09 June 2014 12:30
To: Sarah Wallace
Subject: Freedom Of Information Request 2014/16926 [NOT PROTECTIVELY MARKED]
Attachments: Appeals Procedure Front version 10 170912.pdf

NOT PROTECTIVELY MARKED

Dear Ms Wallace,

Freedom of Information Request 2014/16926

Thank you for your recent request under the Freedom of Information Act 2000 which was received in this office on the 29th May 2014.

Section 1 of the Freedom of Information Act 2000 (FOIA) places two duties on public authorities. Unless exemptions apply, the first duty at, Section 1(1) (a), is to confirm or deny whether the information specified in a request is held. The second duty at, Section 1 (1) (b), is to disclose information that has been confirmed as being held.

Under the provisions of those sections of FOIA, I can confirm that information you requested is held by Gwent Police for the below questions but we are only able to partially comply with your request to supply information.

The information that you are seeking is in relation to the following:

Q1. How many incidents of male domestic abuse/violence were recorded for your force in each of the following years; 2012/13 2013/14.

Q2. How many reports or logs of male domestic abuse/violence were recorded for your force for each of the following years; 2012/13 2013/14.

Q3. How many arrests/charges were made as a result of a man experiencing domestic abuse/violence within your force for each of the following years; 2012/13 2013/14.

A. Gwent Police can only provide data on crimes and not incidents. To obtain such data would require a member of staff to trawl through each DA incident (800+ per month) to establish whether the victim is male/female. This research would easily exceed the 18 hour limit on such requests.

I am aware that we have been in correspondence in relation to clarifying your request, so have included below what Gwent Police are able to provide.

The crime data for male domestic abuse/violence victims for the periods requested are as follows:

- 2012/13 = 21 crimes
- 2013/14 = 30 crimes

The Freedom of Information Act is a public disclosure regime, not a private regime. Any information disclosed under the Act is thereafter deemed to be in the public domain, and therefore freely available to the general public and will be published on the Gwent Police website.
Response

We understand from your request and the clarification provided that the information sought is as per the below request/response.

Section 1 of the Freedom of Information Act 2000 places two duties on public authorities. Unless exemptions apply, the first duty at Section 1(1) (a) is to confirm or deny whether the information specified in a request is held. The second duty at Section 1(1) (b) is to disclose information that has been confirmed as being held. I can confirm that the below information is held and relevant to your request:

1. Please can you provide figures on the crimes recorded for the time period 2012/2013 and 2013/2014 involving male domestic abuse/violence.

   **Response**

   2012/13 = 337 Male victims
   2013/14 = 386 Male victims

2. How many arrests/charges were made as a result of a man experiencing domestic abuse/violence within your force for each of the following years, 2012/13 and 2013/14

   **Response**

   2012/13 = 204 crimes where arrests were made
   2013/14 = 247 crimes where arrests were made
   2012/13 = 43 crimes where charges were made
   2013/14 = 74 crimes where charges were made
   2012/13 = 143 crimes were detected
   2013/14 = 174 crimes were detected

**Please note:**

It should be noted that owing to the systems adopted by Dyfed-Powys Police in relation to the recording of such matters the information provided may or may not be accurate.

Police Forces in the United Kingdom are routinely required to provide crime statistics to government bodies and the recording criteria is set nationally. However, the systems used for recording these figures are not generic nor are the procedures used locally in capturing the data. It should be noted that for these reasons this Force’s response to your questions should not be used for comparison purposes with any other response you may receive.

This is a response under the Freedom of Information Act 2000 and disclosed on to the 11 August 2014
RESPONSE

South Wales Police have a positive action policy in respect of all incidents of Domestic Abuse and work closely with partners to ensure that all necessary support is put in place for the victims of abuse thereby reducing the risk of harm.

Please note that the reduction in the volume of Domestic Abuse occurrences in 2013/14 was due to a change in counting methodology which encompassed the official Home Office definition of Domestic Abuse. The figures provided do not include the force code of Verbal Only Domestic Abuse.

Question 1
Please see below for the number of domestic abuse incidents where males have been recorded as the victim.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Incidents/Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>6,598</td>
</tr>
<tr>
<td>Not Known</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>6,612</td>
</tr>
</tbody>
</table>

Freedom of Information Request 1028/15

Question 2
Please see below for the number of domestic abuse crimes where males have been recorded as the victim.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Crimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1,190</td>
</tr>
<tr>
<td>Not Known</td>
<td>373</td>
</tr>
<tr>
<td>Total</td>
<td>1,563</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Crimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1,349</td>
</tr>
<tr>
<td>Not Known</td>
<td>140</td>
</tr>
<tr>
<td>Total</td>
<td>1,489</td>
</tr>
</tbody>
</table>

Question 3

<table>
<thead>
<tr>
<th>Gender</th>
<th>Detentions/Positive Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>653</td>
</tr>
<tr>
<td>Not Known</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>653</td>
</tr>
</tbody>
</table>

Freedom of Information Request 1028/15

<table>
<thead>
<tr>
<th>Gender</th>
<th>Detentions/Positive Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>656</td>
</tr>
<tr>
<td>Not Known</td>
<td>119</td>
</tr>
<tr>
<td>Total</td>
<td>775</td>
</tr>
</tbody>
</table>
Q1) How many incidents of male domestic abuse/violence were recorded for your force in each of the following years;

2012/13

2013/14

Please see response to question 3.

Q2) How many reports or logs of male domestic abuse/violence were recorded for your force for each of the following years;

2012/13
2013/14

Please see response to question 3.

Q3) How many arrests/charges were made as a result of a man experiencing domestic abuse/violence within your force for each of the following years;

2012/13
2013/14

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Number of incidents</th>
<th>Number of arrests</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>903</td>
<td>479</td>
</tr>
<tr>
<td>2013/14</td>
<td>735</td>
<td>398</td>
</tr>
</tbody>
</table>

The systems used by Police forces in the United Kingdom for recording such figures are not generic. It should be noted that, for this reason, this force’s response to your questions should not be used for comparison purposes with any other response you may receive.

THIS INFORMATION HAS BEEN PROVIDED IN RESPONSE TO A REQUEST UNDER THE FREEDOM OF INFORMATION ACT 2000, AND IS CORRECT AS AT 11/06/2014
## Summary table of responses received from each Welsh police force

<table>
<thead>
<tr>
<th>Police force and time period</th>
<th>How many incidents recorded</th>
<th>How many crimes recorded</th>
<th>How many arrests</th>
<th>How many charges</th>
<th>Crimes detected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyfed Powys Police 2012/2013</td>
<td>Information not provided</td>
<td>337</td>
<td>204</td>
<td>43</td>
<td>143</td>
</tr>
<tr>
<td>Dyfed Powys Police 2013/2014</td>
<td>Information not provided</td>
<td>386</td>
<td>247</td>
<td>74</td>
<td>174</td>
</tr>
<tr>
<td>South Wales Police 2012/2013</td>
<td>Male victims 6598 not known 14, Total: 6,612</td>
<td>Male 1,190 not known 373 Total: 1,563</td>
<td>Information not provided</td>
<td>Information not provided</td>
<td>653</td>
</tr>
<tr>
<td>South Wales Police 2013/2014</td>
<td>Male 4,664 not known: 1,795, Total: 6,459</td>
<td>Male 1,349 not known 140 Total: 1,489</td>
<td>Information not provided</td>
<td>Information not provided</td>
<td>Male 656, not known 119 Total: 775</td>
</tr>
<tr>
<td>North Wales Police 2012/2013</td>
<td>903</td>
<td>Information not provided</td>
<td>479</td>
<td>Information not provided</td>
<td></td>
</tr>
<tr>
<td>North Wales Police 2013/2014</td>
<td>735</td>
<td>Information not provided</td>
<td>398</td>
<td>Information not provided</td>
<td></td>
</tr>
<tr>
<td>Gwent Police 2012/2013</td>
<td>Information not provided</td>
<td>Information not provided</td>
<td>Information not provided</td>
<td>Information not provided</td>
<td>21</td>
</tr>
<tr>
<td>Gwent Police 2013/2014</td>
<td>Information not provided</td>
<td>Information not provided</td>
<td>Information not provided</td>
<td>Information not provided</td>
<td>30</td>
</tr>
</tbody>
</table>
Appendix 26 - Pilot study of questionnaires

Report one: Safer Wales Dyn Project Cardiff

Completed: 15th October 2014

Submitted by: Sarah Wallace – PhD Social Research

Director of Studies: Dr: Carolyn Wallace

Introduction

The aim of the pilot was to investigate the quantitative data collection tools to be used within the study. Piloting questionnaires provides the opportunity to pick up on questions that are left unanswered or those which could be misinterpreted (Gerrish & Lacey 2010). In essence, it allows a trial run of the where any issues are highlighted before the full scale study takes place.

Data Collection Tools

Two questionnaires have been specifically designed for the research. The service description and data seeks domestic abuse service details (name, address, contact, what services are provided) and how that service collects, organises and manages data. The specific service information is specific to domestic abuse agencies identified as supporting men and seeks information relating to the: number of referrals, types of support provided, how often different types of support were provided, identified needs and how the service met those needs.

Participants

On the 30th September 2014 The Safer Wales Dyn Project (a male only domestic abuse service based in Cardiff) was asked to participate in the pilot and complete both questionnaires. The Dyn Project was asked to report on the following:

- Are there any ambiguous questions or are some difficult to answer?
- Does each question provide an adequate range of responses?
- The format/structure of the layout and the questions
• How long did both documents take to complete?
• Any other feedback or comments? (Peat et al, 2002).

Results and Discussion

Questionnaire One – Service description and data

No feedback or revisions were provided.

Questionnaire Two – Specific service information

Comments were raised in respect to how some questions were worded, suggesting there may be some ambiguity when organisations are completing. Amendments pertaining to the format of some questions and how these may be re-worded to reduce any potential confusion were suggested. Specifically feedback highlighted:

• Question one – The inclusion of ‘Wales’ in the question.
• Question three – Use of a specific reporting timeframe (2013/14)
• Question four - The potential for ambiguity in how engagement is determined
• Question five - Use of more general terms and use of estimates.
• Question seven – Rephrasing of the question to determine whether the service user or the organisation identified the need(s), use of estimates, more choices of identified needs.
• Question eight – service may find it difficult to provide figures for needs that were not met. Consider agencies to be open and use a blank box.
• Question nine – noted that completion would rely on other services figures (e.g. refuge, floating support).
• Question ten – To be used as an earlier question to set the tone.
• Question eleven – Use of term ‘assessment tool’.

Actions

Acknowledging the feedback received, the following amendments were made to the specific service information questionnaire:
• Question one, three and four were revised to include ‘Wales’ ‘2013/14’ and ‘engagement through telephone and one-to-one support’.

• Question five was updated to include ‘Other agency/service’.

• Question seven has been amended to ensure this refers to what needs the organisation identified.

• Question eight has been revised and now asks the organisation what services they directly provided to meet the needs of men (and not whether they referred to another organisation).

• Question nine asks what types of services the organisation could not provide and asks for these to be listed.

• Question ten has not been re-arranged as an earlier question. The questionnaire builds up to this question. Questions that precede question ten are indentifying service information, provisions, referrals and numbers of service users.

• Question eleven was updated to read; ‘other assessment tool’.

Conclusions

Following the initial pilot, amendments have been made to the specific service information questionnaire. A second pilot of both questionnaires is currently being undertaken. The Oasis Centre – a gender inclusive IDVA service based within Rhondda Cynon Taff has been approached to participate in the pilot. The second pilot was issued via email to Ann Evans; Centre Manager and Louise Thomas; Domestic Abuse Co-ordinator on 11th November 2014.

Findings from the second pilot will be presented in a second report.

References


Report two: The Oasis Centre

Submitted: Sarah Wallace – PhD Social Research

Director of Studies: Dr: Carolyn Wallace

Introduction

An initial pilot of both questionnaires was completed by the Dyn Project on 15th October 2014. Comments received from the first pilot, focussed on the specific service information questionnaire (please refer to Pilot Study Report One for feedback and subsequent amendments). No revisions were suggested for the service description and data questionnaire.

A second pilot was undertaken on the original service description and data questionnaire and the revised specific service information questionnaire.

Participants

On the 11th November 2014, The Oasis Centre; a gender inclusive IDVA service based in Rhondda Cynon Taff was asked to participate in the second pilot. Following the basis of the first pilot, the Oasis Centre was asked to report on:

- Are there any ambiguous questions or are some difficult to answer?
- Does each question provide an adequate range of responses?
- The format/structure of the layout and the questions
- How long did both documents take to complete?
- Any other feedback or comments? (Peat et al, 2002).

Results and Discussion

Questionnaire One – Service information and data – Received 4th December 2014.

- Overall content of the questions was noted as ‘good’.
• Question 5 – Following question 5 and dependent on how the respondent answered, it would be useful to guide the person completing to which question they answer next (either question 6 or question 7).

• Overall questionnaire – some technical difficulties arose when trying to provide answers in the text boxes provided. Specifically text boxes would not expand to provide more room and answers had to be typed below the text boxes on some questions. This was described as being frustrating by the individual completing who noted that this may put some services off completing. Babbie (2014) highlights the importance of a well structured and formatted questionnaire by stating that respondents may discard a questionnaire if the format is confusing or improperly laid out.

Actions

In acknowledging the feedback received, the following amendments were made:

Question 5 – Following ‘Yes’ ‘No’ responses, a sentence has been added; ‘(If yes, please proceed to question 6. If no, please proceed to question 7)’. This will aide in guiding the individual completing as to which question they need to answer next.

• Overall questionnaire – The whole format of the questionnaire has been revised with the use of the ‘Developer Tab’ (which is a template authoring tool) within Microsoft Office Word Package. The tab has a feature ‘Insert Frame’ which provides text boxes that expand when participants provides a response. In addition, the tab provides the feature ‘Check Box Form Fields’, this provides a simpler format for checking ‘Yes’ ‘No’ and multiple choice answers. The participant double clicks on the box and then selects ‘Check Box’. For ‘check box’ answers, guidance/prompts was added to the end of questions to advise the respondent what to do and were highlighted in bold e.g. ‘Double click and check the box which applies’.
Questionnaire Two – Specific service information questionnaire

The initial design of the questionnaire had been amended in line with comments received (discussed above) and through the Research Advisory Group Meeting. Specifically, amendments include:

- **Formatting** - altered with the use of the ‘Developer Tab’ in Microsoft Office. This resulted in a ‘Draft 4’ for the second questionnaire. In addition to the ‘Insert Frame’ and ‘Check Box Form Fields’ features on the developer tab, ‘Form field shading’ (which provides a shaded area to type) had been used for questions which asked the respondent to write specific figures (i.e. the number of referrals received).

- **Guidance/Prompts** - Prior to ‘Draft 4’ being piloted, guidance/prompts at the end of questions were added/amended and these were highlighted in bold e.g. when asking for data; ‘April 2013 to March 2014’ and ‘Please type in the grey space’.

- **Question 12** – altered to include the option of another organisation providing support not currently available provided in the future. This was as a direct result of discussions with the Research Advisory Group Meeting.

**Draft Four issued on 19th February 2014, received 2nd March 2015**

- No specific issues were raised in regards to the types of questions asked or the information required to provide accurate responses.

- Comments received from ‘Draft 4’ focussed on the format of the questionnaire. It was noted that when typing in the ‘Form field shading’ shaded space resulted in the shaded area disappearing and not returning if the text was deleted. It was noted that this may cause some confusion when being completed by the respondent.
Actions

In acknowledging the feedback received, the following amendments were made to Draft 4 of the specific service information questionnaire:

- ‘Form field shading’ which provided the shaded area to type text was removed and replaced with ‘Rich Text’ on the developer tab. This provides a ‘click here to enter text’ message that when clicked upon provides a space to type figures. If the text is deleted, the message ‘click here to enter text’ returns. This option was chosen over the ‘insert frame’ option as the text box that this feature provides does not reduce to the small size required without altering the whole layout of the questionnaire.

Conclusion

Piloting has resulted in a clearer and succinct questionnaires being developed. The second pilot facilitated a number of changes that have primarily focussed on the overall format and design of the questionnaire. A user-friendly designed questionnaire has been identified as being only one of five factors that significantly improve response rates (Dillman et al 2014). Therefore the visual design and layout are two very important aspects in securing a response from respondents.

References


### Appendix 27 - Six steps to analysis using IPA (Smith et al, 2009): Steps and actions

<table>
<thead>
<tr>
<th>Step</th>
<th>Guidance</th>
<th>Actions completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Reading and re-reading the data</strong></td>
<td>Individual transcripts were read and re-read and the original recording played back on several occasions. Words or phrases that “stood out” were highlighted. A brief summary of each participant story was completed and brief reflections noted anything of interest or importance to the participant.</td>
</tr>
<tr>
<td></td>
<td>Owing to the ideographic focus of IPA, the transcripts should be read and re-read to facilitate the researcher becoming immersed in the data and ensure focus remains on the participant. This process also supports in securing familiarity with the data, which is the first stage of any qualitative method of analysis (Shaw, 2010, p. 183). Through their own words and from their own perspective, the researcher is maintaining a focus on the individual. Such detailed reading achieves a holistic perspective and works towards future interpretations remaining grounded in the participants story (Smith &amp; Eatough, 2012, 450).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Initial noting (exploratory notes)</strong></td>
<td>Transcripts were formatted with large margins to allow for handwritten notes. Descriptive commentary (noted in the right-hand margin of the transcript) considered what experiences and concerns were being described by the participant, what the key features of the experiences were and what was important about the experience to the participant. Reflections/thoughts were recorded. For interpretive comments the transcript was re-read in small sections and notes written within the left hand margin. During this process, descriptive comments were re-visited and consideration given to what the word, phrase or sentence meant to the researcher, what it meant to the participant, what was important about the experience to the participant and how is it related back to the research question. Imagery, patterns,</td>
</tr>
<tr>
<td></td>
<td>This step examines the meaning of the content and language used on an exploratory level. The key is to ensure an open mind and note anything of interest, this process works towards a growing familiarity with the data. The aim is to produce a comprehensive, detailed collection of notes and comments on the data. At this stage, there are two main focuses; writing a descriptive summary and writing initial interpretations. Within the descriptive summary focus on describing the content of what is said, what feelings are spoken and what issues are identified. Content descriptions within small sections (i.e. 4-5 lines at a time) are essential to ensure analysis is data driven and not theory driven</td>
<td></td>
</tr>
</tbody>
</table>


(Shaw, 2010, p.184). Initial interpretations should centre on what these feelings and experiences may mean. Shaw (2010, p.184) notes that these too should be completed in small sections; initial interpretations are linked directly to the data and forge the first steps towards interpretative work. Keywords, explanations and phrases should be recorded with a clear phenomenological (what matters to the individual and what it’s like to be them) and interpretive focus (what is the meaning of such, how do they aide in understanding the phenomena being investigated).

<table>
<thead>
<tr>
<th>3</th>
<th><strong>Developing emerging themes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing emerging themes</td>
<td>This stage requires more of a focus on the researchers’ notes/exploratory comments and a move away from the transcript. The aim is to transform notes into emerging themes. The process of identifying emergent themes requires a move from the whole to the part and is seen as one expression of the hermeneutic cycle. Themes are intentioned to not only reflect the participant’s original words and thoughts but also the interpretation of the researcher (Smith <em>et al</em>, 2009).</td>
</tr>
</tbody>
</table>

Initial noting and coding (exploratory notes) were reviewed with a focus on what key issues/topics that had been identified. Abstracts from transcripts were collated to represent each topic identified; extracts were reviewed to aide with determining the name of the theme. The key messages of each initial theme were provided in a written tabled summary with supporting extracts from each participant story. An additional column was added to the table which considered the need identified within each initial theme. Thus linking directly back to the research question: ‘What are the needs of men experiencing domestic abuse?’

<table>
<thead>
<tr>
<th>4</th>
<th><strong>Searching for connections across emergent themes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Searching for connections across emergent themes</td>
<td>This step requires the development of a charting or mapping exercise outlining how the researcher believes the themes may connect together. Some emergent themes can be discarded dependent on the research question and scope of the project. The aim is to organise the emergent themes and produce an arrangement of the most interesting and important aspects of the participants story. Identifying patterns between emergent themes, all emergent/initial themes were placed in a list according to chronological occurrence within the transcript. The list was printed to provide a hard copy to visualise connections between themes. Themes were moved around and clustered with brief notes on what each theme meant and the idea to how they were connected. A table: ‘connections across themes’ was developed to represent the grouping of emergent themes into super-ordinate themes. Super-ordinate themes were named in accordance to what need(s) had been identified. A written</td>
</tr>
</tbody>
</table>

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Initial noting and coding (exploratory notes) were reviewed with a focus on what key issues/topics that had been identified. Abstracts from transcripts were collated to represent each topic identified; extracts were reviewed to aide with determining the name of the theme. The key messages of each initial theme were provided in a written tabled summary with supporting extracts from each participant story. An additional column was added to the table which considered the need identified within each initial theme. Thus linking directly back to the research question: ‘What are the needs of men experiencing domestic abuse?’

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All emergent/initial themes were placed in a list according to chronological occurrence within the transcript. The list was printed to provide a hard copy to visualise connections between themes. Themes were moved around and clustered with brief notes on what each theme meant and the idea to how they were connected. A table: ‘connections across themes’ was developed to represent the grouping of emergent themes into super-ordinate themes. Super-ordinate themes were named in accordance to what need(s) had been identified. A written
developing a new name for the cluster and arranging like with like. Once preliminary themes are clustered together, super-ordinate themes are established, these represent the central concepts. Super-ordinate themes should have a title assigned to them and should be represented with extracts from the transcripts to support each theme.

Summary was provided on the actual process and for each super-ordinate theme to detail the thought process of connecting the initial themes. A further table was developed ‘table of themes’ this provided a collection of the super-ordinate theme, the initial themes within the super-ordinate theme and key extracts from the transcript to support each particular theme. Line and page numbers were also included for ease of reference. Super-ordinate themes were represented in the context of what the most important aspects of each participants story and were linked back to the research question. When considering ‘need’ and how they were interpreted within participants accounts, it was necessary to consider firstly what was meant by need and secondly at what point did participants experiences translate into a need. The emerging themes within the clusters were therefore underpinning concepts that drove the need identified within the super-ordinate themes.

5 Moving to the next case
Before moving onto the next participants’ transcript, there needs to be a full analysis completed on the preceding transcript (Shaw, 2010, p.180). Once this has been completed, the steps outlined above are repeated with the next participant transcript. Each case is analysed individually, any ideas emerging for the analysis of previous interviews should be put aside and this is in keeping with the ideographic aspect of IPA. New themes should be allowed to emerge within each individual story.

Each transcript was analysed individually on a case-by-case basis using the four steps outlined above. Previous completed cases were not referred back to and a conscious effort was afforded to treat each individual as a new story on its own merit. The rigour of following the proposed steps works to ensure there is scope for new themes to emerge within each participant account (Smith et al, 2009).

6 Looking for patterns across cases (Integrative analysis)
Re-examine identified themes from all participants and compare them across the whole data set. Consider what themes are most

To aide with analysis of data collected, NVivo data management and searching programme was initially implemented with emergent themes (step three) and super-ordinate themes (step four) all added to the data
powerful. This can result in a reconfiguration of themes. Results of this step can be illustrated in a number of ways, however the most common is use of a table of themes for the group of participants. management programme. Given (2013), notes the use of NVivo for analysis demonstrates the robustness and integrity of a research paper. However, the practical steps of printing the tables of themes and having them as physical copies, facilitated a clearer picture of patterns across cases. Smith et al (2009) do not recommend that novice researchers conduct analysis on computer software and instead advocate working largely with hard copy material.

All super-ordinate themes were printed and cut out individually. Super-ordinate themes were moved round according to patterns identified. Alongside this exercise, hard copies of the tables of themes from all participants (as created in step four above) were also spread out to serve as a reminder as to what each theme within each super-ordinate theme represented to the participant. Four overall tentative super-ordinate themes were developed: Safety, Acceptance, Impact and Rebuilding. A table 'Integration of super-ordinate themes' was created to illustrate each participant's super-ordinate theme and the emerging themes within that super-ordinate theme. These were placed according to where a connection was identified with the four tentative final themes. Some emergent themes were revisited to check the reasoning and interpretation of what participants had said. As a result some changes were made relating to P1 and P6. Master themes were represented with key abstracts from participant accounts. Revisiting emergent theme descriptions, participant extracts and the original transcript, amendments were made to the 'Integration of super-ordinate themes'.
Appendix 28 – Example of IPA analysis

Example of IPA analysis using participant three

Extract of reflective diary prior to interview

I was advised by P3’s support worker that he had been anxious about the interview and had accessed the service the day before saying that he didn’t think he had anything interesting to say. I thought this was important, did P3 think this because of his own personal thoughts around his experiences (were they not relevant to him or maybe weren’t that significant in his mind?) or that what he had to say would not be important, is this how he thought he would be perceived?

Extract of reflective diary post interview

I felt as though P3 was still struggling to make sense of his experiences and what had happened to him, and even still trying to accept that it was DA. There was a lot of reference to his previous alcoholism, I’m not sure if this related to self-blame, and that somehow he felt he was responsible for his wife’s actions. In some sense this removed his wife’s responsibility for the abuse she perpetrated.

Step one Reading and re-reading the data) and step two Initial & exploratory notes

34. It: Yeah, yeah I think so and then I think of course cos there were other circumstances involved as well er, you know, (sigh) or she doesn’t anymore but she used to work err shifts so she’d work nights, so there’d be a lot of days where she would be very very tired and I can remember if I needed to ask her about something or talk to her about something which was kind of delicate you know something maybe quite important, or, I would often put it off if I thought that she’d be tired and just put it down to the at the time that I was thinking well she’s a bit tired so I won’t bother her with it now but looking back I can say quite honestly I think what I really was doing was I was avoiding any kind of confrontation with her at that time because I knew that it was quite important and I have to say that there were times when I didn’t approach her with things and talk to her about things cos I was really, I really wasn’t quite sure how she was going to react cos her reactions became more unpredictable and more out of balance if you see what I mean? Or more disproportionate, does that make any sense?

35. P3: yeah absolutely.

36. It: I think looking back, I kind of avoided doing at times doing that sort of thing err (pause) I mean she, (sighs) it was interesting really cos she, she would very much, (sighs) she has always very much been a person that has been quite high strung, erm, and err, I think that, I think that’s her, it’s part of her upbringing and I think as a result she’s very used to kinda making solo decisions which she used to do quite a lot you know she’d come home and she’d say right we are going to this. Rather than like sitting down and having a discussion about it, if er...
505


Extract from reflective diary following first stage of analysis

It’s been some time since I listened back to the interview I conducted with P3. Reading and re-reading through the transcript took me back to the interview and I recalled P3’s mannerisms and the way he told his story. P3 tended to use laughter quite frequently and it seems I echoed or mirrored that laughter at times. Was this for reassurance? It certainly wasn’t because I thought there was any humour in P3’s story. I think his laughter was not only to do with nervousness but also to make lighter of his situation.

There is a lot relating to P3’s struggle to accept, his denial or complete avoidance with the fact he was experiencing DA. Within the relationship, P3 was told by his ex the reason she was physically abusive was as a result of his alcoholism. He accepted this and I think believed he deserved it, P3 talks a lot about alcohol. I think this helped him to cope, avoid/deny and justify his wife’s behaviour. Self-blaming and believing that the abuse was a result of his drinking made it easier to accept than to face the reality that his wife was abusing him and that there was no justification for this.

Step three Developing emerging themes

Chronological order of the occurrence of themes

What is important to Participant 3 – what are his needs?


Extract from reflective diary during emerging themes

I think the denial and avoidance of what was happening meant that he could maintain his male identity (male role that our norms and beliefs in society expects of men), it was not threatened by the experiencing DA as he had not admitted to himself or sought help. He talks about men being perceived as strong not weak and that abused men may feel emasculated. The use of P3’s language also demonstrates his avoidance, he rarely says abuse and instead refers to problems, personal problems etc. I think this was also a way of coping, denial meant he didn’t have to confront what was really happening.

Step four Connections across emergent themes

A need to recognise there is no justification – Acceptance, Alcohol as justification, self blame for DA. These three themes were connected through P3’s belief that the abuse he experienced was justified. This was reinforced by his ex wife telling him the reason she abused him was as a result of his drinking.
A need to be safe and live free from abuse – Escalation, Abuse to self and Living with DA. P3 experienced verbal, emotional and physical abuse. The abuse started as a slow progression from verbal and emotional abuse to physical abuse.

A need to accept/recognise the experience of male DA – Affect & impact, Avoidance – language, Leaving and help-seeking, Living in denial. These are all connected to P3’s inability to recognise or frame his experiences as male DA, or to accept the seriousness/importance of those experiences.

A need to accept men can and are victims – Perception of DA, Gender norms as a barrier to help-seeking. These two themes were connected through the conception of DA to be typically a problem faced by women at the hands of men. P3’s perception of DA hampered his ability to recognise or accept that it was DA he was experiencing.

The support men need – Recognising DA, help to understand/realise, support for other men. From P3’s story it is clear that men need support to recognise the signs of domestic abuse. Men also need support to understand and accept their experiences as domestic abuse, for P3 reflecting back on the support he received; understanding the severity, escalation, coming to terms and accepting DA was the most important aspect for him
### Examples of key extracts from super-ordinate and supporting themes

<table>
<thead>
<tr>
<th>1. A need to recognise there is no justification</th>
<th>Page and line ref</th>
<th>Key extracts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acceptance</strong>&lt;br&gt;Acceptance of the abuse he experienced. Being abrupt, rude was her manner/personality, she was like it to others too and so he accepted it was simply her nature.</td>
<td>5, 28:1</td>
<td>'initially she was kind of, she was quite placid, well she wasn't placid but she was alright and like I say I put her behaviour down to the fact that that's kind of the way she is with everybody. Coz I had seen her be like that with other people and of course people who knew her quite well it was OK but she could be like that with somebody who she had just met'</td>
</tr>
<tr>
<td></td>
<td>34, 139:1</td>
<td>'I just took it in the same way as I took all the years of her talking to me in public really quite harshly when, I just accepted it.'</td>
</tr>
<tr>
<td></td>
<td>47, 185:5</td>
<td>'like I said at the beginning I kinda put it down to that's kinda the nature of her personality'</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. A need to be safe and live free from abuse</th>
<th>Page and line ref</th>
<th>Key extracts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Escalation</strong>&lt;br&gt;The abuse began as verbal and emotional abuse and escalated to physical abuse, P3 was unable to identify the progression until after he left the relationship</td>
<td>2, 18:1</td>
<td>'I think what I am trying to say is that is for probably for a number of years, as my drinking got worse, er I think her behaviour towards me got worse not worse but got, that thing I was talking about before about her being quite abrupt and the way that she used to speak to me, I think that, that progressed. So in, if, if you're talking like more in terms of verbal abuse rather, I mean initially it became physical which I'll go onto later but erm'</td>
</tr>
<tr>
<td></td>
<td>7, 32:1</td>
<td>'Erm, so what I'm trying to say is that there was a kinda of a build up of that kind of control and a build up of er the way that she you know the way that she'd speak to me’</td>
</tr>
<tr>
<td></td>
<td>11, 46:1</td>
<td>'Erm, so yeah, like I say, the you know the sort of verbal abuse and control and things that's how it was for quite a while and then erm at the beginning of last year erm, that was when, that was when she started hitting me. Erm…’</td>
</tr>
</tbody>
</table>

### Extract from reflective diary following emergent and clustering themes

*I had previously considered the difficulty in men seeking help from the perspective that they struggled with their own masculine identities and didn’t want to be perceived as weak by disclosing and seeking help for DA. Within P3’s story this is still evident but is underlined by P3’s denial and not even comprehending that what he experienced was important enough to seek help. In effect he hid from what was happening, and even now he has sought help I still think he struggles to frame his experiences as DA.*
Step five Searching for connections across emergent themes and step six Looking for patterns across cases (Integrative analysis)

Example of integration of super-ordinate themes

<table>
<thead>
<tr>
<th>Participant</th>
<th>Safety</th>
<th>Acceptance</th>
<th>Recognition of impact</th>
<th>Rebuilding</th>
</tr>
</thead>
<tbody>
<tr>
<td>one</td>
<td>A need for safety</td>
<td>Gender constructs – A need for change</td>
<td>- A need for change</td>
<td>Help-seeking needs</td>
</tr>
<tr>
<td></td>
<td>- Violence threat to self in ‘A range of abuse’</td>
<td>- Protecting self &amp; Coping (Margell)</td>
<td>- Perception of police support</td>
<td>- Experienced needs in ‘More support’</td>
</tr>
<tr>
<td></td>
<td>- Living with fear in ‘Living in fear’</td>
<td>- Gender as a barrier to TVS in ‘Gender &amp; TVS’</td>
<td>- Coping alone</td>
<td>- The one who listened in ‘Gratitude’</td>
</tr>
<tr>
<td></td>
<td>- Living with the aftermath</td>
<td>- Challenging personal/social norms &amp; beliefs</td>
<td>- No-one is listening &amp; A lack of acknowledgement (merged) in ‘Men are victims too’</td>
<td>- Looking for help in ‘Awareness/promotion’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Relationships in ‘love &amp; relationships’</td>
<td>- Looking for help in ‘Awareness/promotion’</td>
<td>- Alcohol Abuse &amp; Mental Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant</th>
<th>A need to feel and be safe</th>
<th>A need for acceptance of male DA</th>
<th>A need for understanding and recognition</th>
<th>A need to rebuild</th>
</tr>
</thead>
<tbody>
<tr>
<td>two</td>
<td>A need to feel and be safe</td>
<td>A need for acceptance of male DA</td>
<td>A need for understanding and recognition</td>
<td>A need to rebuild</td>
</tr>
<tr>
<td></td>
<td>- Abuse to children</td>
<td>- Men and help-seeking for DA in ‘Gender &amp; TVS’</td>
<td>- The impact on me &amp; Destruction to self &amp; home (merged) in ‘Impact of abuse’</td>
<td>- My motivation</td>
</tr>
<tr>
<td></td>
<td>- Being afraid in ‘Living in fear’</td>
<td>- Recognising DA</td>
<td>- Recognising DA</td>
<td>- Basic needs &amp; survival</td>
</tr>
<tr>
<td></td>
<td>- Abuse to self in ‘A range of abuse’</td>
<td>- Leaving &amp; the unknown in ‘Awareness/promotion’</td>
<td>- Leaving &amp; the unknown in ‘Awareness/promotion’</td>
<td>- Essential needs &amp; survival</td>
</tr>
<tr>
<td></td>
<td>- Cycle of abuse in ‘Abuse as a continuum’</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Manipulation in</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example of key abstracts for ‘A need for safety’

<table>
<thead>
<tr>
<th>Master theme</th>
<th>Extract</th>
<th>Page line &amp; reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A need for safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A range of Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant One</td>
<td>The instances of aggression and attacks she got caught trying to buy a gun, she got caught paying somebody to break my, paying someone to break my legs (pause) she was violent and she has the ability to be very violent</td>
<td>6, 26:8</td>
</tr>
<tr>
<td>Participant Two</td>
<td>sometimes it was very very physical as well it was erm (pause) it was sexual abuse as well I’m not really gonna go into it but.......... there was that aspect of it as well (referring to sexual abuse) and that was partly psychological too but I don’t really want to give you lots of detail of that its erm quite unpleasant.</td>
<td>6, 26:1</td>
</tr>
<tr>
<td>Participant Three</td>
<td>Erm, so yeah, like I say, the you know the sort of verbal abuse and control and things that’s how it was for quite a while and then erm at the beginning of last year erm, that was when, that was when she started hitting me. Erm...</td>
<td>11, 46:1</td>
</tr>
<tr>
<td>Participant Four</td>
<td>er she’d end up (pause) emotionally dragging me down before I’d end up going to work shouting at me she used to something quite regularly she’d, she’d call me a paedophile and she’d be shouting I’m a paedophile and I’m sleeping around in the street when I was going to work you know and I’d be on I’d be on the bus going to work like I don’t cry but I’d be in bits my heads against the window</td>
<td>11, 24:24</td>
</tr>
<tr>
<td>Participant Six</td>
<td>Um, just, just chucking erm plates at me you know me if she was annoyed she would just you know drop me food over me and erm and that you know push me over and you know and just, just shout at me all the time it was, it was er that kind of abuse really</td>
<td>1, 8:1</td>
</tr>
<tr>
<td>Participant Seven</td>
<td>The first time was verbal, a lot of verbal um reduced me to, I know I say quivering wreck is a cliché but it almost was inside I’d ripped myself to pieces over it and the second time it’s almost gone now but I’ve got a burn mark on that arm where she hit me with an iron (pause) because I’d dared to go out</td>
<td>7, 10:1</td>
</tr>
</tbody>
</table>
Final integration of themes across participants

Draft one - Map of themes
Reflective diary extracts during integrative analysis and write-up

I have just spent the best part of three hours with my DoS looking across all the super-ordinate and emergent themes for each participant......The time spent with my DoS has been really helpful. I think at this point I definitely need to go back to the text on IPA to remind myself what it is I am trying to achieve by using IPA and to ensure the three building blocks of IPA are as close to the text and my themes as possible. Having a discussion about my themes with my DoS enabled me to verbally communicate my ideas and thoughts as to the name I had given themes, what they meant to me and what they meant to the participant. (08/02/16)

The four master themes that I have created do make sense to me and in creating the table I was able to recall individual participants and think to myself yes this does connect to this master theme or actually I need to go and check because did he mean he didn’t/couldn’t see he was a victim or was it that he felt wider society didn’t see him as a victim? (09/02/16)

I now have what I believe to be a complete master table of themes for all my participants. I revisited the whole process to ensure what made sense yesterday, still made sense to me today. I cross checked all the extracts I had used to represent my four master themes and updated my ‘integration table’ (draft three) as I went along. For me, this facilitated a linear and logical process moving back from the master theme (or concept) to the individual participant (part) and back again. The reconfiguration process resulted in providing new names for shared emergent themes, the connections across cases remained the same however having one ‘name’ simplified the process for representation within the ‘master themes with extracts’ table, I think this also strengthened the connections across cases. (12/02/16)

I have completed the presentation of each master and subtheme although at nearly 20,000 words, I know I have some editing to do! As the process of writing up the results has evolved, I have noticed one over-arching master theme that influences all others. To me, the master theme; a need for recognition (of male victims & the impact) directly influences the ability for the other master themes to be met. (25/02/16)
**Appendix 29 - Six phases of thematic analysis (Braun & Clarke, 2006): Steps and actions**

<table>
<thead>
<tr>
<th>Step</th>
<th>Guidance</th>
<th>Actions completed</th>
</tr>
</thead>
</table>
| 1    | **Developing familiarity with the data**  
Familiarity begins during data collection when as the primary researcher, some knowledge and initial thoughts begin to develop whilst the process of transcription further enables early familiarisation with the data. However, a fuller immersion of the data is required via actively reading and re-reading transcripts. | All data was collected and transcribed verbatim by the researcher. Transcripts were checked with the original audio interview for accuracy. Transcripts were read and re-read whilst listening to audio recordings at least once whilst noting any initial ideas. This process resulted in a list of ideas about interesting aspects of the data. |
| 2    | **Generating initial codes**  
This phase involves the development of initial codes (labels) from the data-set identifying interesting features of the data. Extracts of data can be coded as many times as relevant to the research question that is guiding the analysis. Coding can be undertaken manually or via a computer programme like NVivo. | The entire data-set was coded and interesting aspects that showed potential for the basis of repeated patterns (themes) highlighted. Notes were written on the transcripts noting potential patterns and/or segments of the data. Numerous themes were coded and all data extracts collated together within each code. |
| 3    | **Searching for themes**  
A theme is a coherent pattern in the data that is relevant to the research question (Clarke & Braun, 2013). This stage begins with a list of all initial codes identified from across the data-set; codes are sorted into potential themes and all coded extracts collated within identified themes. Some codes may develop into overarching themes, sub-themes whilst others may be discarded if not relevant to the research question. Completing this phase should result in a collection of over-arching themes, sub themes along with text extracts related to the coding of them. | All codes across the data-set were collected together and listed, duplicated codes were removed. Codes were collated into emerging themes grouping all related data to each emergent theme. Each code was provided with a description/summary. |
| 4 | **Reviewing and refining themes** | Reviewing and refining themes is undertaken within two levels. The first level requires reviewing at the level of coded data extracts; all collated extracts for each theme are read to establish whether a coherent pattern is formed. During this process either a lack of data or too diverse data will mean that some themes are not actually themes or that other themes may collapse into each other or need to be separated. If patterns are identified within the collated extracts of themes, the second level ‘refining themes’ can begin. However if theme extracts do not form a coherent pattern consideration must be given to; whether they actually fit within that theme, whether they belong in another existing theme, whether a new theme should be created or whether they can be discarded from analysis. For level two, the validity of themes are reviewed in relation to the whole data-set and to determine accurate representation across the data-set. | **Phase one** – All collated extracts were reviewed for each theme to identify and source patterns, following the considerations provided via the guidance.  
**Phase two** – The entire data-set was re-read to establish whether themes represented the entire data-set. A thematic map of overarching themes and sub-themes aimed at accurately reflecting the meanings evident across the whole data-set was developed. |
| 5 | **Defining and naming themes** | This stage requires a further refinement of the themes for representation within analysis. Each theme requires refinement, identifying the story that each theme tells and how it fits into the overall story of the data as related to the research question(s). By the end of this phase themes (including any subthemes) should be clearly defined. | A detailed analysis of each theme was created. Themes were considered in relation to other themes and how they built towards answering the research question(s). |
| 6 | **Producing the report** | The final analysis and write up can only commence once a full set of themes is produced. The write up must provide sufficient evidence of themes within the data whilst being concise and logical in its approach. However the analytical narrative must go beyond description and make a clear argument related to the research question(s). | Final themes were evidenced with data extracts with a focus on selecting extracts that sought to demonstrate the essence of what was being communicated. Extracts provided an immediate example of the subject. |
Appendix 30 – Example of Thematic Analysis

Example of thematic analysis

Phase two - Generating initial codes

<table>
<thead>
<tr>
<th>Interview transcript (Service interview one, Manager – M1)</th>
<th>Initial / Open coding framework (following summaries of lines within text)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I: Ok so if I can start and ask you what do you think the needs are of men who experience domestic abuse?</td>
<td>Where to go? Who can help?</td>
</tr>
<tr>
<td>Oh (pause) I think the still the priority for men experiencing domestic abuse is to know where to go to if they want somebody to help because I think a lot um a lot still think er they can’t speak to family and friends um may speak to the GP most GPs haven’t a clue where to send them I’ve got to be perfectly honest um we are getting more and more men in we’re not dealing with huge numbers obviously but we are getting more and more men who said they did ring the Women’s Aid helpline to find out where to go to get support which I thinks brilliant um others um have got in touch er with or if there’s been police incidents police are starting to signpost them um but I think on the whole by the time they come to us its well they’ve waited months to find whose the right person to speak to coz I think you know although for the refuge I would say a lot got helped via the helpline or by another Women’s Aid group um I think there’s other people just wouldn’t even think of ringing there so it’s that words getting out but I think priority for men it’s to know where to go to help or who to speak to um where I would think the majority of women would know I don’t I’d be very surprised if there’s any women who haven’t heard of Women’s Aid whether they would know how to get hold of them or what’s you know or whether they need friends or family to support them or GPs or social services or police or anybody but I think most women have heard of Women’s Aid but I think</td>
<td>Hidden, cannot disclose</td>
</tr>
<tr>
<td></td>
<td>External agency ignorance</td>
</tr>
<tr>
<td></td>
<td>Awareness of service as a positive</td>
</tr>
<tr>
<td></td>
<td>Where to go? Who can help?</td>
</tr>
</tbody>
</table>
for men it’s still that they haven’t a clue where to go to get help so I think that that’s priority um I’ve got, I’ve probably got I’ve got nothing to back this up but I would still say from referrals we receive for people who say they need refuge um most men prefer not to come into refuge if possible obviously most women prefer not to um but I don’t think there’s the need personally at this stage I wouldn’t say that there was the need for them to have the network like there is for women because a lot of the men who’ve contacted us for help or we don’t have telephone support um they don’t want to leave their chosen areas so they don’t maybe don’t want to leave their family, their work same reasons as women but women the refuges are full of women the greatest majority referrals we get for men turn down refuge and say that at this time they’re happy that they’ll stay with friends or they’ll family or they’ll try and get it their working they’ll get own flat but they wouldn’t want to relocate to start a new life, so um....

<table>
<thead>
<tr>
<th>Comparison – knowledge vs. no knowledge of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reluctance for male refuge</td>
</tr>
<tr>
<td>Lack of need for male refuges</td>
</tr>
<tr>
<td>Refuge as a last option</td>
</tr>
<tr>
<td>Refuge vs. family, friends &amp; work</td>
</tr>
</tbody>
</table>
## Phase three - Searching for themes

<table>
<thead>
<tr>
<th>Participant</th>
<th>Initial code</th>
<th>Extract</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td>Female victims as priority</td>
<td>I God forbid the day ever comes where they say right you've only got enough we're only going to provide you with enough to provide one service or one refuge for us it would have to be the women it would have to be coz the numbers stack that up</td>
</tr>
<tr>
<td></td>
<td>Access reserved for female victims</td>
<td>other Women's Aid groups have got units where men and children can go so it's the one thing we haven't got we've got shared accommodation but people so they might have a woman come along who maybe can't because of whatever can't actually fit in you know that's quite normal in a lot of areas so they have a dispersed unit so if somebody can't come into shared accommodation now those units a lot of Women's Aid groups now say well actually if there was a man and children we could put we could use that unit for them if it was empty</td>
</tr>
<tr>
<td></td>
<td>Female services take precedent</td>
<td>I rather think for most groups the very last thing they would cut would be support for women and I would have to agree with that but that doesn't make it right</td>
</tr>
<tr>
<td></td>
<td>Difficult decisions</td>
<td>that doesn't sit easy with me at all because we have a good provision here and its once it's gone its gone it isn't coming back um</td>
</tr>
<tr>
<td>Prac2</td>
<td>Validating experience as DA</td>
<td>I've had a couple of men of come in and they've sort of questioned me so is it domestic abuse? You know I think its they need the validation almost that (sighs) that they are suffering the way women are often perceived as suffering domestic abuse</td>
</tr>
<tr>
<td></td>
<td>Recognising DA</td>
<td>it’s down to the individual some do know what they’re going through but I think perhaps especially the older generation they don't see it as much of as domestic abuse if there’s no violence or anything um you know they tend to come in and they'll say oh she has hit me or but it could be ten years ago or something but they've actually come in for support because of more of the control and the psychological abuse that they're going through recently I think I don't know I think men can deal with physical abuse but not necessarily the emotional and psychological abuse over a prolonged period of time I think that's when they're more likely to come in and need that support then um</td>
</tr>
</tbody>
</table>
### Phase four - Reviewing and refining themes

**List of initial codes - Managers**

<table>
<thead>
<tr>
<th>Initial code</th>
<th>Excerpt</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M1 Q1.</strong></td>
<td></td>
</tr>
<tr>
<td>Where to go? Who can help?</td>
<td>Where to go? Who can help?</td>
</tr>
<tr>
<td>Hidden, cannot disclose</td>
<td>Oh (pause) I think the still the priority for men experiencing domestic abuse is to know where to go to if they want somebody to help</td>
</tr>
<tr>
<td>External agency ignorance</td>
<td>I think a lot of men still think or they can’t speak to family and friends</td>
</tr>
<tr>
<td>Awareness of service as a positive</td>
<td>We are getting more and more men who said they did ring the Women’s Aid helpline to find out where to go to get support which I think is brilliant</td>
</tr>
<tr>
<td>Where to go? Who can help?</td>
<td>I think priority for men it’s to know where to go to help or who to speak to</td>
</tr>
<tr>
<td>Comparison – knowledge vs. no knowledge of service</td>
<td>I’d be very surprised if there’s any women who haven’t heard of Women’s Aid … but I think for men it’s still that they haven’t a clue where to go to get help so I think that there’s priority um</td>
</tr>
<tr>
<td>Reluctance for male refuge</td>
<td>From referrals we receive for people who say they need refuge um most men prefer not to come into refuge … I wouldn’t say that was the need for them to have the network like there is for women</td>
</tr>
<tr>
<td>Lack of need for male refuges</td>
<td>They don’t want to leave their chosen area so they don’t maybe don’t want to leave their family, their work … they would didn’t want to relocate to start a new life … obviously the men we’ve got in the refuge the risk was so high to them that they did choose to relocate</td>
</tr>
<tr>
<td>Where to go? Who can help?</td>
<td>The priority I would say is what’s needed is for men to know where to go if they are cuz I don’t know whether we’re sitting on a time bomb</td>
</tr>
<tr>
<td><strong>Comparison – those men</strong></td>
<td></td>
</tr>
<tr>
<td>Comparison – no different to women</td>
<td></td>
</tr>
<tr>
<td>Where to go? Who can help?</td>
<td></td>
</tr>
<tr>
<td>Time bomb of hidden victims?</td>
<td></td>
</tr>
<tr>
<td><strong>M1 Q2.</strong></td>
<td></td>
</tr>
<tr>
<td>Comparison – same needs</td>
<td>Wherever I try to find an argument for differences between men and women um I can’t</td>
</tr>
<tr>
<td>No specialist male victim recovery programme</td>
<td>We’re helping pilot a victim support programme for men but there isn’t one out there at the moment</td>
</tr>
<tr>
<td>A need for a male victim programme?</td>
<td>So I would think there could be a need for that because the men … are quite receptive to that</td>
</tr>
<tr>
<td>Limitations – designed for female</td>
<td>We can only pick out certain modules …. It is designed for women</td>
</tr>
<tr>
<td>Needs a ‘mirror image’</td>
<td>From our experiences …. It’s a mirror image of what women need really</td>
</tr>
<tr>
<td><strong>M1 Q3.</strong></td>
<td></td>
</tr>
<tr>
<td>Community and outreach</td>
<td>Community and outreach obviously to North (name of LA) um</td>
</tr>
<tr>
<td>Support ‘no different’</td>
<td>It’s now no different to women</td>
</tr>
<tr>
<td>Refuge as a last option</td>
<td>The male refuge … the risks been so high that they’ve had to relocate and come into refuge</td>
</tr>
<tr>
<td><strong>M1</strong></td>
<td></td>
</tr>
<tr>
<td>Established for women</td>
<td>It was in the late 60s [%21%20] where we only supported women and children um</td>
</tr>
<tr>
<td>Initial code</td>
<td>Excerpt</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Prac1 Q1. Knowledge of service</td>
<td>I think it’s about knowing um that there’s service provision out there for men......that point of actually getting support from knowing that there’s support provision and actually getting to the support provision I suppose</td>
</tr>
<tr>
<td>Prac1 Q1. Knowing how to access service</td>
<td>I think it almost goes back a lot to how women were maybe belted in the 70s or 80s and kind of not knowing there was service provision out there.</td>
</tr>
<tr>
<td>Prac1 Q1. Comparison - female victims prior lack of knowledge</td>
<td>I suppose it’s very it can be very similar to women in the fact that they want to get away from um their experiences they’d like to start afresh for men there’s almost like a bit of chivalry that goes on that they should be the ones that protect the women and this kind of goes against the male gender role</td>
</tr>
<tr>
<td>Prac1 Q1. Gender role confusion ‘s need to protect’</td>
<td>I think the needs of the men when they come into kind of our places like our refuge it’s about um building up a structure......I suppose finding themselves again I think they’ve been so you know the situation that they’ve been in they’ve lost who they are</td>
</tr>
<tr>
<td>Prac1 Q1. Rebuilding</td>
<td>I think part of their need is to find who they are again and that I think takes quite a bit of time because you can’t really, that doesn’t happen overnight</td>
</tr>
<tr>
<td>Prac1 Q1. Impact - loss of self/identity</td>
<td>you look at the female role you know as a whole caregiver you know um looks after the house in that respect man goes out um works provides</td>
</tr>
<tr>
<td>Prac1 Q1. Time to rebuild</td>
<td>it’s almost like the female wants to take over the whole of the house......and the man really doesn’t have a role apart from to be submissive to the woman.</td>
</tr>
<tr>
<td>Prac1 Q1. Gender role expectation</td>
<td>what I found um a bit with a few of the men that have come through the house is that they’ve ended up being the saviours of the women...the partner obviously I think takes that to the next level and starts to use it as control, rather than so it’s taking the caring and controlling role specifically for men against I think it’s about enabling them to be the man about the house you know.</td>
</tr>
<tr>
<td>Prac1 Q1. Loss of gender role</td>
<td></td>
</tr>
<tr>
<td>Prac1 Q1. Carer becomes victim</td>
<td></td>
</tr>
<tr>
<td>Prac1 Q1. Caring as a means for control</td>
<td></td>
</tr>
<tr>
<td>Prac1 Q1. Rebuilding self</td>
<td></td>
</tr>
<tr>
<td>Prac1 Q1. Similar support to men &amp; women</td>
<td>Um well our service provision is very similar to um the female refuge that we run</td>
</tr>
<tr>
<td>Prac1 Q1. Needs fed</td>
<td>it’s a tailor made package really it looks we look at the individual when they come into the refuge um</td>
</tr>
<tr>
<td>Prac1 Q1. Various needs</td>
<td>some may have had drug and alcohol issues before they came in or they’re still having drug and alcohol issues as a coping mechanism for the domestic abuse</td>
</tr>
<tr>
<td>Prac1 Q1. Multi-agency response</td>
<td>It’s a very kind of multi-agency response so we will link in to lots of different agencies um depending on their needs</td>
</tr>
<tr>
<td>Prac1 Q1. Safety needs vs. emotional need</td>
<td>I mean the safety...are dealt with I think relatively quickly.....but it’s the psychological affects I suppose on domestic abuse that take the longer to help so in that respect that’s why I think we need a multi-agency response in terms of assessing counselling for the gentlemen um</td>
</tr>
<tr>
<td>Prac1 Q1. multi-agency response</td>
<td></td>
</tr>
</tbody>
</table>
Phase five - Defining and naming themes (examples)

**Emergent themes and descriptions**

- **A need to recognise/accept DA** – Relates to the male victim unable to accept/admit/recognise their experience as DA. DA constructs hinder the ability to recognise DA with men seeking validation from services that it is DA they are experiencing.

- **Desire to support all** – the shared ethos of managers and practitioners to support and provide a service to all victims regardless of gender or sexuality.

- **Employment as a barrier** – Male victims tend to be employed and subsequently accessing a DAS during ‘normal’ working hours is not possible. A need therefore for an accessible/flexible service.

- **‘Man up’ (gender expectations)** – Expectations of men in society (both internal and external) to not need help and to be able to cope & be strong. Impacts on ability to recognise and accept domestic abuse.

- **Shame of victimisation** – the shame of being abused and subsequent reluctance to seek help. Not the sole domain of men as female victims also experience shame. Hence why this was separated and developed as its own theme, separate from ‘Man up’ (gender expectations).

- **Gratitude for support** – Expressed gratitude from male victims for the support they have received (however minimal). Suggests low expectations from services and suggests a need to know about what help is available and how to access it.
Appendix 31 – Service description and data questionnaire

Service description – Questions

1. Your organisation’s name:

2. Your organisation’s full contact details: (Please include: address, telephone and email address and where applicable, your website address).

3. Your organisation’s managers contact details:

4. Are you a domestic abuse specialist? (Double click and check the box which applies).

   YES ☐  NO ☐

5. Do you provide services for men? (Double click and check the box which applies).

   YES ☐  NO ☐

   (If yes, please proceed to question 6. If no, please proceed to question 7).
6. If yes, what services do you provide? (Double click and check the box, choose as many as apply).

a. IDVA

b. Refuge

c. Floating Support

d. Counselling

e. Signposting

f. Other Service (please state)

   

g. Other Service (please state)

   

h. Other Service (please state)

   

7. If your organisation does not support men, what are the reasons? (Double click and check the box, choose as many as apply).

a. Organisation does not have the capacity

b. No identified need

c. No available provision

d. No funding available

e. Not within organisations ethos

f. Other (please state)

8. If a specific provision is not provided by your organisation, where does your service refer to?
9. What are the times/days that your support is available to men?
Service Data – Questions

1. What methods are used to record/collect data? (Double click and check the box, choose as many as apply).

   a. Electronic
   
   b. Written
   
   c. Other (please state)

2. How is data collected? (Double click and check the box, choose as many as apply).

   a. Face to Face
   
   b. Via telephone
   
   c. Electronic sources (i.e. email)
   
   d. Other (please state)
3. How often is data gathered? *(Double click and check the box which applies).*

a. Monthly

b. Quarterly

c. Annually

d. Other (please state)

4. Who is responsible for managing data collection?
5. What type of data is collected? **(Double click and check the box, choose as many as apply).**

   a. Number of men accessing/referred
   
   b. Demographics
   
   c. Source of referrals
   
   d. Number of men engaging with service
   
   e. Other (Please state)

6. What organisations/services/individuals do you share/communicate your data with?
7. How is information which is collected by your organisation, shared/communicated with other organisations/services/individuals? 

(Double click and check the box, choose as many as apply).

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Email</td>
</tr>
<tr>
<td>b.</td>
<td>Reports</td>
</tr>
<tr>
<td>c.</td>
<td>Publications</td>
</tr>
<tr>
<td>d.</td>
<td>Briefings</td>
</tr>
<tr>
<td>e.</td>
<td>Other (please state)</td>
</tr>
</tbody>
</table>

Thank you for your time to complete the questions. Please return to; Sarah Wallace at: sarah.wallace@southwales.ac.uk.
Appendix 32 - Interactive service map of Wales examples

Example one
Example two

Example three: Information provided by the service map
Example four: Information provided by the service map

Example five: Information provided by the service map
Appendix 33 - Domestic abuse and sexual violence services for men in Wales: Service map information

The following information provides details of existing domestic abuse and sexual violence services throughout Wales that offer support to men experiencing domestic abuse. This resource is intended for anyone who might be seeking advice or support regarding domestic abuse. A brief glossary of terms is provided at the end of this document to explain the types of support offered.

All details were confirmed as correct up during direct telephone contact in October and November 2016.

<table>
<thead>
<tr>
<th>Local authority</th>
<th>Name of service &amp; contact details</th>
<th>Support provided</th>
</tr>
</thead>
</table>
| Anglesey | **Anglesey Domestic Abuse Service (Gorwel)**  
12 Fforldd Yr Efail, Llangefni, Gwynedd LL77 7ER. Tel: 01248 750 903. Web: [www.gorwel.org](http://www.gorwel.org)
Opening hours: Office hours are 9am-5pm Monday-Friday. Out of hours support provided via the Live Fear Free Helpline and on call worker. | Independent Domestic Violence Advisor, Floating support, Signposting, Non-gender specific refuge, Children and young people service. |
| Bridgend | **Calan DVS Bridgend**  
3rd Floor Suite, Derwen House, 2 Court Road, Bridgend, CF31 1BN. Tel: 01656 766139. Web: [www.calandvs.org.uk](http://www.calandvs.org.uk) email: adminbridgend@calandvs.org.uk.
Opening hours: 121 support available between 9am 5.30pm. Telephone support outside these hours is provided by the Live Fear Free Helpline. | Independent Domestic Violence Advisor, Floating support, Counselling, Signposting. |
| Caerphilly | **Llamau, Caerphilly Multi-Agency Centre (MAC)**  
Declare House, 4 Sir Alfred Owen Way, Pontygwindy Industrial Estate, CF83 3HU. Web: [www.llamau.org.uk](http://www.llamau.org.uk), Opening hours: Monday-Thursday 9am-5pm, Friday 9am-4.30pm. | Floating Support, Counselling, Signposting. |
<table>
<thead>
<tr>
<th>Location</th>
<th>Service Provider</th>
<th>Address</th>
<th>Contact Information</th>
<th>Services Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safer Caerphilly IDVA</td>
<td>Declare House, 4 Sir Alfred Owen Way, Pontygwindy Industrial Estate, CF83 3HU</td>
<td>Opening hours: Pre-booked appointments.</td>
<td>Independent Domestic Violence Advisor, Signposting.</td>
<td></td>
</tr>
<tr>
<td>Cardiff</td>
<td>Safer Wales Dyn Project</td>
<td>Safer Wales Ltd, 1st Floor, Castle House, Castle Street, Cardiff CF10 1BS. Web: <a href="http://www.dynwales.org">www.dynwales.org</a> Email: <a href="mailto:info@dynwales.org">info@dynwales.org</a>, Helpline Tel: 02920 226622. Email Support: <a href="mailto:support@dynwales.org">support@dynwales.org</a>. Opening hours: Monday-Thursday 9am-5pm, Friday 9am-4.30pm. Transfer available to the Live Fear Free Helpline - 0808 801 0321.</td>
<td>Independent Domestic Violence Advisor, Signposting, Helpline.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BAWSO</td>
<td>Clarence House, Clarence Road, Butetown, Cardiff, CF10 5FB Tel: 029 2064 4633. Web: <a href="http://www.bawso.org.uk">www.bawso.org.uk</a> Email: <a href="mailto:info@bawso.org.uk">info@bawso.org.uk</a> Opening Hours: Weekdays 9.30am-4.30pm, free 24 hour helpline for emergencies - 08007318147.</td>
<td>Independent Domestic Violence Advisor, Floating support, Signposting, Outreach support, Honour based violence and human trafficking, Refuge for victims of Human Trafficking, Language support.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gwalia – Cedar House</td>
<td>C/O 48 - 50 Richmond Road, Roath, Cardiff, CF24 3AT. Tel: 02920 440110 Email: <a href="mailto:simon.morris@gwalia.com">simon.morris@gwalia.com</a>. Web: <a href="http://www.gwalia.com">www.gwalia.com</a>. Support available 24/7.</td>
<td>Male Refuge, Signposting, Move on Support, Resettlement Support.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ynys Saff, Cardiff Sexual Assault Referral Centre (SARC)</td>
<td>Cardiff Royal Infirmary, Newport Road, Cardiff, CF24 0SZ. Tel: 029 2033 5795. Web: <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/ynys-saff-sarc">www.cardiffandvaleuhb.wales.nhs.uk/ynys-saff-sarc</a>. Opening hours: Monday-Friday 9am-5pm, 24 hours access via the police.</td>
<td>Counselling, Signposting, Independent Sexual Violence Advisor, Acute crisis support, Forensic examination, Assessment of sexual health needs, Follow-up support.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rainbow Bridge Specialised LGB&amp;T Domestic Abuse Service</td>
<td>Rumney police station, 713 Newport Road, Cardiff, CF3 4FD. Tel: 0300 3031 982. Email: <a href="mailto:rainbowbridge@victimsupport.org.uk">rainbowbridge@victimsupport.org.uk</a> Web: <a href="http://www.reportthat.victimsupport.org.uk/rainbow-bridge/">http://www.reportthat.victimsupport.org.uk/rainbow-bridge/</a> Opening hours: Operational 8-8 telephone line with an out of hours call back system.</td>
<td>Independent Domestic Violence Advisor, Floating support, Signposting, Emotional support, Practical support - personal safety, advocacy, criminal injuries compensation assistance.</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Service Provider</td>
<td>Address</td>
<td>Contact Information</td>
<td>Services Provided</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Carmarthen</td>
<td>New Pathways</td>
<td>Elm Tree House, West Wales General Hospital, Francis Well, Carmarthen, SA31 2AF. Tel: 01267 235464. Email: <a href="mailto:enquiries@newpathways.org.uk">enquiries@newpathways.org.uk</a>  Web: <a href="http://www.newpathways.org.uk">www.newpathways.org.uk</a></td>
<td>Opening hours: Independent Sexual Advisor Support (ISVA) available Monday-Friday 9am-5pm, Sexual Assault Referral Centre (SARC) (examination &amp; interview) available 24/7, 365 days a year.</td>
<td>Counselling, Sexual Assault Referral Centre, Independent Sexual Violence Advisor, Human Trafficking Advocate.</td>
</tr>
<tr>
<td></td>
<td>Carmarthenshire Domestic Abuse Service</td>
<td>5-6 Queen Street, Carmarthen SA31 1JR</td>
<td>Tel: 01267 238410 Email: <a href="mailto:refuge@carmdas.org">refuge@carmdas.org</a>  Web: <a href="http://www.carmdas.org">www.carmdas.org</a></td>
<td>Floating Support, Counselling, Signposting, Drop-in, 24 hour helpline.</td>
</tr>
<tr>
<td></td>
<td>Llanelli’s Women’s Aid</td>
<td>32 Station Rd, Llanelli, Dyfed SA15 1AN</td>
<td>Tel: 01554 752422. 24 hour on call Tel: 01554 741212. Email: <a href="mailto:enquiries@llanelliwa.org.uk">enquiries@llanelliwa.org.uk</a>  Web: <a href="http://www.llanelliwa.org.uk">www.llanelliwa.org.uk</a></td>
<td>Floating support, Outreach, 24 hour on call.</td>
</tr>
<tr>
<td></td>
<td>Calan DVS, Amman Valley (formally Amman Valley WA)</td>
<td>2 Church Street, Ammanford, Carmarthenshire, SA18 2NR. Tel: 01269 597474. Web: <a href="http://www.calandvs.org.uk">www.calandvs.org.uk</a></td>
<td>Opening hours: Monday-Friday 9am-5pm.</td>
<td>Community service.</td>
</tr>
<tr>
<td>Ceredigion</td>
<td>West Wales Domestic Abuse Service</td>
<td>c/o 42,Portland Road, Aberystwyth, Ceredigion. SY23 2NL.Tel: 01970 612225 Email <a href="mailto:lisa.fenton@westwalesdas.org.uk">lisa.fenton@westwalesdas.org.uk</a> <a href="mailto:sarah.baldwin@westwalesdas.org.uk">sarah.baldwin@westwalesdas.org.uk</a>  Web: <a href="http://www.westwales.wa.org.uk">www.westwales.wa.org.uk</a></td>
<td>Opening hours: Monday - Friday 9am-5pm and 24 hours access to emergency accommodation, 24 Hour Helpline - 01970 625 585 or 01239 615385.</td>
<td>Independent Domestic Violence Advisor, Male refuge, Floating Support, Counselling, Signposting, 24 Hour Helpline, Move-on Support.</td>
</tr>
<tr>
<td>Conwy</td>
<td>Aberconwy Domestic Abuse Service</td>
<td>Heulwen/Glyn y Marl Rd, Llandudno Junction LL31 9NS. Tel: 01492 872992 (Available 24 hours). Opening hours: Monday-Friday 9am-5pm, 24 hour helpline available outside these hours.</td>
<td></td>
<td>Services provided: 121 support, drop-in, 24 hour helpline.</td>
</tr>
<tr>
<td>Location</td>
<td>Service Provider</td>
<td>Address</td>
<td>Contact Details</td>
<td>Support Available</td>
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</tr>
<tr>
<td>Denbighshire</td>
<td>North Denbighshire Domestic Abuse Service</td>
<td>10 Brighton Road, Rhyll, Denbighshire LL18 3HD</td>
<td>Tel: 01745 337104 Email: <a href="mailto:nddas@btconnect.com">nddas@btconnect.com</a>. Opening hours: Monday-Thursday 9am-4pm for appointments. 24 hour support available via helpline - 01745 337 104.</td>
<td>Refuge, Floating Support, Counselling, Signposting, 24 hour helpline.</td>
</tr>
<tr>
<td></td>
<td>Glyndwr Women’s Aid</td>
<td>12-14 Hall Square, Denbigh LL16 3NU</td>
<td>Tel: 01745 814494. Email: <a href="mailto:admin@glyndwradas.org">admin@glyndwradas.org</a>. Opening hours: Monday-Friday 10am-12pm. 24 hour helpline - 01745 814 494.</td>
<td>Floating support</td>
</tr>
<tr>
<td>Flintshire</td>
<td>Domestic Abuse Safety Unit</td>
<td>Wrenmore House, 104 Chester Road East, Shotton, CH5 1QD</td>
<td>Tel: 01244 830436 Email: <a href="mailto:dasu@btconnect.com">dasu@btconnect.com</a> Web: <a href="http://www.dasuflintshire.org.uk">http://www.dasuflintshire.org.uk</a>. Opening hours: Monday, Tuesday, Thursday, Friday 9.30am-3.30pm. Appointments are available outside these hours. Out of hours support provided via the Live Fear Free Helpline.</td>
<td>Independent Domestic Violence Advisor, Male refuge, Floating support, Signposting.</td>
</tr>
<tr>
<td>Gwent</td>
<td>Gwent Domestic Abuse Service</td>
<td>Phoenix House, Surgery Rd, Blaina NP13 3AY</td>
<td>Tel: 01495 291202. Web: <a href="http://www.gwentdas.co.uk">www.gwentdas.co.uk</a> Opening hours: Monday-Friday 9am-5pm.</td>
<td>Services provided: Independent Domestic Violence Advisor, Signposting, Groups for victims (mixed gender).</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>De Gwynedd Domestic Abuse Service</td>
<td>Derwydd, Waterloo St, Dolgellau, Gwynedd, LL40 1DD</td>
<td>Tel: 01341 422 210. Email: <a href="mailto:swydda@degwynedd.co.uk">swydda@degwynedd.co.uk</a> Web: <a href="http://www.degwynedd.co.uk">www.degwynedd.co.uk</a>. Opening hours: Monday-Friday 9am-5pm plus 24 hour on call - 01766 830 878. Flexible meeting times can be arranged to suit individuals who are unable to meet up during the day.</td>
<td>Independent Domestic Violence Advisor, Floating Support, Signposting.</td>
</tr>
<tr>
<td>Merthyr Tydfil</td>
<td>Teulu Mac, Domestic Abuse One Stop Shop</td>
<td></td>
<td></td>
<td>Independent Domestic Violence Advisor, Outreach Support.</td>
</tr>
<tr>
<td>Location</td>
<td>Organization</td>
<td>Address</td>
<td>Contact Information</td>
<td>Website</td>
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</tr>
<tr>
<td>Pontmorlais</td>
<td>SMT</td>
<td>47-48 Pontmorlais, Merthyr Tydfil, CF47 8UN</td>
<td>Tel: 01685 388444</td>
<td><a href="http://www.smt.org.uk">www.smt.org.uk</a></td>
</tr>
<tr>
<td>Pontmorlais</td>
<td>New Pathways</td>
<td>11 Church Street, Merthyr Tydfil CF47 0BW</td>
<td>Tel: 01685 379310</td>
<td><a href="http://www.newpathways.org.uk">www.newpathways.org.uk</a></td>
</tr>
<tr>
<td>Monmouthshire</td>
<td>Llamau</td>
<td>Monmouthshire Multi Agency Centre, 26 Monk Street, Abergavenny, NP7 5AB.</td>
<td>Tel: 01873 733590</td>
<td><a href="http://www.llamau.org.uk">www.llamau.org.uk</a></td>
</tr>
<tr>
<td>Neath Port Talbot</td>
<td>Hafan Cymru</td>
<td>17 Victoria Gardens, Neath SA11 3AY.</td>
<td>Tel: 01639 622353</td>
<td><a href="http://www.hafancymru.co.uk">www.hafancymru.co.uk</a></td>
</tr>
<tr>
<td>Calan DVS</td>
<td></td>
<td>Suite 24, Lan Coed House, Darcy Business Park, Llandarcy, SA10 6FG.</td>
<td>Tel: 01639 633580</td>
<td><a href="http://www.calandvs.org.uk">www.calandvs.org.uk</a></td>
</tr>
<tr>
<td>Newport</td>
<td>Llamau</td>
<td>Merton House. 70 Stow Hill Newport NP20 4DW</td>
<td>Tel: 01633 244134</td>
<td><a href="http://www.llamau.org.uk">www.llamau.org.uk</a></td>
</tr>
<tr>
<td>Location</td>
<td>Organization</td>
<td>Contact Information</td>
<td>Services</td>
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</tr>
<tr>
<td>BAWSO</td>
<td>Information Station, old Station Building, Queensway, Newport, NP20 4AX. Tel: 01633 213213 Email: <a href="mailto:newport@bawso.org.uk">newport@bawso.org.uk</a> Web: <a href="http://www.bawso.org.uk">www.bawso.org.uk</a></td>
<td>Opening hours: Floating support - Monday-Friday 9.30am-4.30pm, Advice services &amp; drop-in - Monday &amp; Tuesday 9.30am-4.30pm, Thursday 11.30am-3.30pm.</td>
<td>Floating support, Drop-in.</td>
<td></td>
</tr>
<tr>
<td>Pembrokeshire</td>
<td>Hafan Cymru</td>
<td>8 High Street, Haverfordwest, Pembrokeshire, SA61 2DA. Telephone: 01437 768671. Web: <a href="http://www.hafancymru.co.uk">www.hafancymru.co.uk</a>, Opening hours: Monday-Friday 9am-5pm. Domestic abuse information drop-in - Thursdays 9.30am -12 noon.</td>
<td>Floating Support, Signposting, Drop-in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gwalia</td>
<td>Gwalia the Bridge, St Lawrence Hill, Hakin, Milford Haven SA73 3LE Tel: 01646 698820. Opening hours: Monday-Friday 9-5pm, flexibility if required.</td>
<td>Independent Domestic Violence Advisor, Floating Support</td>
<td></td>
</tr>
<tr>
<td>Powys</td>
<td>Calan DVS</td>
<td>2 Wheat Street Brecon Powys LD3 7DG Tel: 01874 614404 Email: <a href="mailto:enquiries@calandvs.org.uk">enquiries@calandvs.org.uk</a>. Web: <a href="http://www.calandvs.org.uk">www.calandvs.org.uk</a> Opening hours: Monday - Friday 9am-5pm. Emergency out of hours number available. Access via pre-arranged telephone appointments via the office number.</td>
<td>Floating support, Signposting, Short-term outreach support, BRAVE EIP (Early Intervention Programme) - beneficiary forum and service users under 25.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Montgomeryshire Family Crisis Centre</td>
<td>Ty Carol, Ffordd Croes Awdy, Newtown, Powys SY16 1AL Telephone: 01686 629114. Email: <a href="mailto:admin@familycrisis.co.uk">admin@familycrisis.co.uk</a>. Web: <a href="http://www.familycrisis.co.uk">www.familycrisis.co.uk</a>, Opening hours: Monday-Friday 9am-4.30pm &amp; 24 hour crisis line - 01686 629114.</td>
<td>Male refuge, Floating Support, Signposting, 24 crisis line, Recovery toolkit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hafan Cymru</td>
<td></td>
<td>Independent Domestic Violence advisor</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Organisation</td>
<td>Address</td>
<td>Phone</td>
<td>Email</td>
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</tr>
<tr>
<td>Newtown</td>
<td>St. David House</td>
<td>St. David House New Road, Newtown, SY16 1RB</td>
<td>Tel: 01686 629835</td>
<td>Web: <a href="http://www.hafancymru.co.uk">www.hafancymru.co.uk</a></td>
</tr>
<tr>
<td>Mid Wales</td>
<td>Mid Wales Rape Crisis Centre</td>
<td>46 Great Darkgate Street, Aberystwyth SY23 1DE</td>
<td>Tel: 01970 610124</td>
<td>Email: <a href="mailto:enquiries@midwalesrsc.org.uk">enquiries@midwalesrsc.org.uk</a></td>
</tr>
<tr>
<td>Rhondda Cynon Taff</td>
<td>The Oasis Centre</td>
<td>Ty Ashgrove, The Oasis Centre, Upper Church Street, Pontypridd, CF37 2UF</td>
<td>Tel: 01443 494190</td>
<td>Web: <a href="http://www.famouspeoplerct.co.uk">www.famouspeoplerct.co.uk</a></td>
</tr>
<tr>
<td>Hafan Cymru</td>
<td>Hafan Cymru</td>
<td>59-61 Talbot Road, Pontyclun, Mid Glamorgan CF72 8AE</td>
<td>Tel: 01443 237015</td>
<td>Web: <a href="http://www.hafancymru.co.uk">www.hafancymru.co.uk</a></td>
</tr>
<tr>
<td>Swansea</td>
<td>BAWSO</td>
<td>63 Mansel Street, Swansea SA1 5TN</td>
<td>Tel: 01792 642003</td>
<td>Email: <a href="mailto:swansea@bawso.org.uk">swansea@bawso.org.uk</a></td>
</tr>
<tr>
<td>IDVA Service</td>
<td>Swansea Independent Domestic Violence Advisor (IDVA) Project, Domestic Abuse Department, Cockett Police Station, John Street, Swansea, SA2 0FR</td>
<td>Tel: 01792 562856 or 01792 562759. Opening hours: Monday-Friday 8am-5pm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Abuse One Stop Shop</td>
<td>Domestic Abuse One Stop Shop</td>
<td>35/36 Singleton Street SA1 3QN. Tel: 01792 345750. Web: <a href="http://www.hafancymru.co.uk">www.hafancymru.co.uk</a></td>
<td>Opening Hours: Monday-10-1pm, Tuesday-Friday 10am-4pm.</td>
<td></td>
</tr>
<tr>
<td>Torfaen</td>
<td>Hafan Cymru</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Vale of Glamorgan</td>
<td>Atal Y Fro</td>
<td>Independent Domestic Violence Advisor, Outreach, Signposting</td>
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<tr>
<td>222 Holton Rd, Barry, Vale of Glamorgan CF63 4HS. Tel: 01446 744755 Web: <a href="http://www.atalyfro.org">www.atalyfro.org</a></td>
<td>Opening Hours: Monday-Friday 9am-4.30pm</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wrexham</th>
<th>Welsh Women’s Aid</th>
<th>Independent Domestic Violence Advisor, Drop-in.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Temple Row, Wrexham, LL13 0BY Tel: 01978 310203 Email: <a href="mailto:wrexham@welshwomensaid.org.uk">wrexham@welshwomensaid.org.uk</a>  Web: <a href="http://www.welshwomensaid.org.uk">www.welshwomensaid.org.uk</a></td>
<td>Opening hours: Monday-Friday 9am-5pm. Drop in available: Monday, Tuesday, Thursday, Friday 10am-2pm.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hafan Cymru</th>
<th>Floating support, Signposting. Non-gender specific dispersed safe-house.</th>
</tr>
</thead>
<tbody>
<tr>
<td>High St, Wrexham LL14 6AA Tel: 01978 823077 Web: <a href="http://www.hafancymru.co.uk">www.hafancymru.co.uk</a></td>
<td>Opening hours: Monday-Friday 9am-5pm, flexibility available if required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Connect North East Wales</th>
<th>Floating Support, Signposting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewis House, Swan Street, Flint, Flintshire, CH6 5BP. Tel: 08450 549969. Email: <a href="mailto:info@acnew.org.uk">info@acnew.org.uk</a>  Web: <a href="http://www.acnew.org.uk">www.acnew.org.uk</a></td>
<td>Opening hours: Monday-Friday 9am to 5pm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BAWSO</th>
<th>Independent Domestic Violence Advisor, Floating Support, Outreach, Signposting, Honour Based Violence, Forced Marriage, Human Trafficking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 Grosvenor Road, Wrexham. Tel: 01978 355818 Web: <a href="http://www.bawso.org.uk">www.bawso.org.uk</a></td>
<td>Opening hours: Monday-Friday 9.30am-4.30pm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rape North Wales Rape and Sexual Abuse Centre</th>
<th>Counselling, Helpline, Independent Sexual Advisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel Helpline: 0808 80 10 800 Office: 01286 669267. Email: <a href="mailto:info@rasawales.org.uk">info@rasawales.org.uk</a>  Web: <a href="http://www.rasawales.org.uk">www.rasawales.org.uk</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Connect North East Wales</th>
<th>Floating Support, Signposting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewis House, Swan Street, Flint, Flintshire, CH6 5BP. Tel: 08450 549969. Email: <a href="mailto:info@acnew.org.uk">info@acnew.org.uk</a>  Web: <a href="http://www.acnew.org.uk">www.acnew.org.uk</a></td>
<td>Opening hours: Monday-Friday 9am to 5pm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BAWSO</th>
<th>Independent Domestic Violence Advisor, Floating Support, Outreach, Signposting, Honour Based Violence, Forced Marriage, Human Trafficking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 Grosvenor Road, Wrexham. Tel: 01978 355818 Web: <a href="http://www.bawso.org.uk">www.bawso.org.uk</a></td>
<td>Opening hours: Monday-Friday 9.30am-4.30pm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rape North Wales Rape and Sexual Abuse Centre</th>
<th>Counselling, Helpline, Independent Sexual Advisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel Helpline: 0808 80 10 800 Office: 01286 669267. Email: <a href="mailto:info@rasawales.org.uk">info@rasawales.org.uk</a>  Web: <a href="http://www.rasawales.org.uk">www.rasawales.org.uk</a></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Connect North East Wales</th>
<th>Floating Support, Signposting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewis House, Swan Street, Flint, Flintshire, CH6 5BP. Tel: 08450 549969. Email: <a href="mailto:info@acnew.org.uk">info@acnew.org.uk</a>  Web: <a href="http://www.acnew.org.uk">www.acnew.org.uk</a></td>
<td>Opening hours: Monday-Friday 9am to 5pm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BAWSO</th>
<th>Independent Domestic Violence Advisor, Floating Support, Outreach, Signposting, Honour Based Violence, Forced Marriage, Human Trafficking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 Grosvenor Road, Wrexham. Tel: 01978 355818 Web: <a href="http://www.bawso.org.uk">www.bawso.org.uk</a></td>
<td>Opening hours: Monday-Friday 9.30am-4.30pm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rape North Wales Rape and Sexual Abuse Centre</th>
<th>Counselling, Helpline, Independent Sexual Advisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel Helpline: 0808 80 10 800 Office: 01286 669267. Email: <a href="mailto:info@rasawales.org.uk">info@rasawales.org.uk</a>  Web: <a href="http://www.rasawales.org.uk">www.rasawales.org.uk</a></td>
<td></td>
</tr>
</tbody>
</table>
**Glossary**

**Independent Domestic Violence Advisor** – Short-term intensive support with individuals at high/very high risk of serious harm.

**Independent Sexual Violence Advisor** – Supporting individuals who have experienced sexual violence.

**Floating support** - On-going support that can include: housing related/tenancy support, help with daily living skills and encouraging social activity.

**Outreach** – Support provided in the home or within community settings.

**Drop-in** - Support can be accessed directly without the need for a pre-booked appointment or referral from another service.

**Recovery Toolkit** - Programme designed to help individuals who have left their abusers to develop positive lifestyle coping strategies.

**Safe house/refuge** – Safe, confidential accommodation for those escaping domestic abuse, offering emotional and practical support.
## Appendix 34 – Specific service information questionnaire

1. **Name of service**
   
   [Blank]

2. **Service contact details. Please include; address, telephone and email address and where applicable, your website address.**
   
   [Blank]

3. **How many referrals has your service received in the last 12 months (April 2013 to March 2014)?**
   
   [Blank]

4. **From referrals received, how many men have engaged with your service? (Please include total number from telephone and one-to-one support).**
   
   [Blank]
5. Please indicate how many referrals you have received in the last 12 months (April 2013 to March 2014) from each of these sources:

a. Police

b. MARAC

c. Self referral

d. Housing

e. Health

f. Other agency/service 1 (please state)

[Blank]

g. Other agency/service 2 (please state)

[Blank]

h. Other agency/service 3 (please state)

[Blank]
6. How many men who have used your services in the last 12 month (April 2013 to March 2014) have identified as;

a. Heterosexual  
   Click here to enter text.

b. Gay  
   Click here to enter text.

c. Bi-Sexual  
   Click here to enter text.

d. Transgender  
   Click here to enter text.

e. Information not provided  
   Click here to enter text.
7. How many men accessing your service in the last 12 months (April 2013 to March 2014) had the following needs identified by your organisation (where men had more than one need, please include all needs in the figures):

a. Safety
   Click here to enter text.

b. Housing
   Click here to enter text.

c. Refuge
   Click here to enter text.

d. Mental Health
   Click here to enter text.

e. Emotional Support
   Click here to enter text.

f. Substance Misuse
   Click here to enter text.

g. Legal advice/support
   Click here to enter text.

h. Financial advice/support
   Click here to enter text.

i. Other need (Please state)

   

j. Other need (Please state)

   

k. Other need (Please state)

   

8. Please state how often your organisation directly provided the following services in order to meet the needs of the men who accessed your service in the last 12 months *(April 2013 to March 2014)* *(Do not include figures where referral to another domestic abuse organisation has been made).*

a. IDVA service  
   Click here to enter text.

b. Refuge  
   Click here to enter text.

c. Floating Support  
   Click here to enter text.

d. Counselling  
   Click here to enter text.

e. Signposted to another service  
   Click here to enter text.

f. Target Hardening  
   Click here to enter text.

g. Legal advice/support  
   Click here to enter text.

h. Other need (please state)

i. Other need (please state)

j. Other need (please state)
9. Please identify what types of services could not be provided (unmet need).

10. Which of the following reasons led to needs not being met? *(Double click and check the box choose as many as apply).*

a. Provision unavailable
b. Service to capacity
c. Funding unavailable
d. No identified need
e. Other (please state)
11. If your service uses assessment tools, please indicate which tools are used. (Double click and check the box, choose as many as apply).

   a. CAADA DASH RIC

   b. Male Screening tool

   c. Other assessment tool (please state)
12. Are there any services that are not currently provided in your area that you would like either your organisation or another service to provide in the future? **(Double click the box, choose as many as apply):**

<table>
<thead>
<tr>
<th>Your Organisation</th>
<th>Another Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. IDVA service</td>
<td>□</td>
</tr>
<tr>
<td>b. Refuge</td>
<td>□</td>
</tr>
<tr>
<td>c. Floating Support</td>
<td>□</td>
</tr>
<tr>
<td>d. Counselling</td>
<td>□</td>
</tr>
<tr>
<td>e. Group work/programs</td>
<td>□</td>
</tr>
<tr>
<td>f. Legal advice/support</td>
<td>□</td>
</tr>
<tr>
<td>g. Internet/Social media support</td>
<td>□</td>
</tr>
<tr>
<td>h. Other (please state)</td>
<td></td>
</tr>
<tr>
<td>i. Other (please state)</td>
<td></td>
</tr>
<tr>
<td>j. Other (please state)</td>
<td></td>
</tr>
</tbody>
</table>
13. From the services you do provide, are there any improvements that you would like to see based on the level of need?


14. With regard to service provision for men who experience domestic abuse, is there anything you would like to add?


Thank you for your time to complete this questionnaire, please return to;
sarah.wallace@southwales.ac.uk
Appendix 35 - Insufficient data system: Participant response

Sarah Wallace

From: Sarah Wallace [mailto:sarah.wallace@southwales.ac.uk]
Sent: 10 September 2015 13:15
To: [email]
Subject: FW: PhD research - 'An investigation into the needs of men experiencing domestic abuse and current service provision (Wales)'

Hi Sarah,

I do apologise but the information you are needing will take too long to compile as we have not got a sufficient data system.

I am so sorry that I am not going to be able to complete this survey any further.

Kind regards and best wishes in the work you are completing.

carole

From: Sarah Wallace [mailto:sarah.wallace@southwales.ac.uk]
Sent: 11 September 2015 08:20
To: [email]
Subject: RE: PhD research - 'An investigation into the needs of men experiencing domestic abuse and current service provision (Wales)'

Hi Sarah,

I write regarding the above mentioned research and following my previous correspondence.

Thank you for taking the time to complete the first questionnaire, your participation is valuable to the research.

Please find the link to the second questionnaire:

Questionnaire two - Identified male domestic abuse service questionnaire -
https://www.onlinesurveys.ac.uk/questionnaire-to-identified-male-domestic-abuse-services-w

If you have any questions, please feel free to contact me.

Kind regards

Sarah
Appendix 36 - Pen picture of male participants

Participant one
Participant one experienced domestic abuse from his previous partner who he says was ‘considerably younger’ than himself. He is registered as disabled due to suffering from Chronic Cluster Headaches which he takes regular medication for. He and is ex-partner have a young son who now resides with him. Prior to his illness rendering him unable to work, he was a successful businessman and well thought of. Throughout the interview was a distinct sense of loss. This related to what he had lost in terms of the stature his business afforded him and to how he felt now following his experiences with his abusive partner. His isolation throughout the interview was palpable. He has lost friends, lives in a very isolated area. The only regular social contact he appeared to have was with his elderly mother. He had experienced various what he described as ‘phases’ of violence that included threats to kill. His ex-partner was caught trying to buy a gun and paying someone to break his legs. Post-abuse continued with telephone threats and the police became involved for harassment. However he was left very disillusioned by the help he received from the police, he feels the same towards the family court system following poor experiences with CAFcASS. Throughout the interview he used words such as ‘weakness’ and ‘shame’ when talking about how it felt to open up and talk about his experiences.

Participant two
Participant two experienced physical, emotional, financial and sexual abuse. Emotional and financial abuse were predominant but he did not provide specific examples. P2 was unable to disclose any details of the sexual abuse saying that he did not want to talk about it. This clearly still created very deep feelings of shame and distress. His primary focus throughout the interview was his children and it was a further physical assault to his son that was the deciding factor of him leaving, not the abuse he experienced himself. When he left he had no idea that help was available and instead presented himself and his children at the housing office as homeless. P2 had minimal expectations of support believing there nothing existed to help him and so has been overwhelmed at the support he did receive. His own abuse developed and escalated over time. He did not recognise domestic abuse and confused in no-one. Destruction was a key theme in P2’s account, he referred to having lost everything and having to rebuild a home for him and his children. He likened the impact to a ‘bomb’ going off and his focus was reduced to one of survival and little else. The impact of living with domestic abuse on P2 was evident through his manner and his tone of voice and he was still very much coming to terms with his experience.

Participant three
Participant three’s relationship appeared to have developed quickly from children to marriage in a short space of time. He described his partner as being “quite abrupt and very straightforward” but noted that this was part of her personality. He ‘accepted’ her personality, that she had a quick temper and that was the way she was. He predominantly experienced emotional abuse that was not confined to their home but also outside their home. However this escalated to physical abuse where injuries sustained included bruising and a bleeding nose. Despite the physical violence, P3 said he wasn’t afraid. During the interview he frequently referred to his previous alcohol problem and seemed to use this to almost justify his ex-partners actions. At the point of interview he still appeared to be working through conflicts of his drinking and his ex-partners abusive behaviours. He did not confide in anyone, however, his sisters suspected abuse and approached him about it. It was his sisters who encouraged him to leave although he himself was still very much in denial about the seriousness of his situation. He did not recognise domestic abuse and without the advice of his sister would not have accessed a domestic abuse service. P3’s journey since he left the relationship has very much been coming to terms with and accepting his victimisation. The support from the domestic abuse service is helping him come to terms with and accept the seriousness of the abuse. However, through his use of language, there is still an element of P3 still not fully accepting or believing that it really was domestic abuse that he experienced.

Participant four
Participant four was abused by his ex-partner, her son and her ex-husband. He experienced various types of abuse: physical (by both his ex-partner and her son), emotional, psychological, financial and controlling behaviours. His relationship developed quickly with his partner at a time when he was particularly vulnerable following the death of his mother. It was his ex-partner who suggested she move in with him a day after his mother passed away.

The impact of domestic abuse on P4 was evident throughout his interview. He talked about losing his identity and no longer feeling like himself. The controlling abuse he experienced was extensive, he was not allowed a key for his own home, his clothes were bought for him, he was not allowed a mobile phone, he was forced to destroy book/music collections that held real importance to him. The emotional and psychological abuse was extensive. P4 was abused as a teenager and he confided in his ex-partner but she used this against him, frequently calling him a paedophile in the street when he was going to work. Sex was used against him as was his mother’s death who his ex-partner said P4 was responsible for. He was repeatedly accused of having affairs. He worked long hours and was often denied sleep by having to do other household chores. His ex controlled the finances and his wages were paid into her bank account. P4 spoke of real fear following a serious assault from the ex’s son which resulted in significant injury (a double fracture in his cheek bone). In the midst of this abuse, his ex-partner was an active and highly respected member of the community involved with helping others. He did not recognise his experiences as domestic abuse. Clear in P4’s account was the determination to rebuild his life and recover the person he felt was lost through domestic abuse.
Participant five  
Participant five was a young male in his twenties, described as having a mild learning disability by his support worker. Prior to living at the safe house P5 lived with his family and endured numerous attempts to force him to marry against his will. These attempts were perpetuated by numerous family members including his mother, sister and aunt although from P5’s story the abuse was predominantly perpetrated by his father and brother.

In first attempt of forced marriage P5 was expected to go to Bangladesh and marry a girl of fourteen. Between that time and coming into the safe house now, P5 advised there were at least four or five further attempts to force him to marry. P5 was completely alone in his experience, whilst he had a brother and sister, it was only he that was being subjected to attempts of forced marriage. P5 did not experience physical abuse, however, his father and brother would become angry and verbally abusive when he would refuse to marry and P5 felt fear. He was also threatened to be taken to Bangladesh where black magic would be used on him. P5 told no-one and did not know anywhere being able to help him. He eventually received the help he needed when he disclosed what was happening when he began accessing his jobcentre/employment office from here he was referred for support. Since receiving support P5 says he is much happier and expresses the chance to tell somebody as a ‘release’. However, he continues to worry about his family finding him. P5 says he felt angry and sad about his experiences and sometimes considered ending his life. He continues to be affected by the abuse. He has trouble sleeping and fears returning to his previous situation, having recurring dreams about his family chasing him. What was important to P5 is feeling safe and having someone to talk to.

Participant six  
Participant six began his interview recalling a specific incident of physical abuse whereby he did contact the police but did not press charges. He was with his wife for 18 years and throughout that time experienced abuse but advised the abuse had escalated during the last 4 years with the last 2 being the worst. He experienced a range of abuse that included; physical, emotional and control. Throughout the years, P6 called the police once, he says that he could have called them a number of times and cites his reason for not doing so was to protect his wife. He did not want others to think badly of her. P6 experienced real conflict in his decision to call the police; coming to terms with the person he loved hurting him and a desire to protect her. P6 did not confide in anyone, only during the last 2 years did he access a domestic abuse service and disclose what had been happening. P6 would not have sought help (he didn’t know what help existed) without a mental health worker providing him with the information and advising P6 to go there. Before accessing the provision, P6 would not have admitted he was suffering; he didn’t believe these services were for men. P6 also felt weakness at not being able to ‘sort his wife out’ or stop what was happening. P6’s help-seeking experiences have been extremely positive. He felt supported and believed by the police, the domestic abuse service and the safe house where he was staying. Being and feeling safe is important, so too is being able to talk freely without feeling apprehensive and fearful of how his wife might react. P6 feels safe in the safe house but is fearful of the time when he has to leave worrying how he will cope alone. It was evident from the interview that P6 had a long way to go before fully coming to terms with the abuse and be confident enough to live independently.

Participant seven  
Participant seven was subjected to extensive control throughout his 11 year relationship and has been greatly affected by the abuse. He feels his life has been destroyed referring to this term on a number of occasions. He feels he has lost his identify and despite the support of the safe house feels he is a long way from recovery. P7 only confided in his manager at work who was understanding. The police became involved at the end of the relationship. They identified him as a high risk victim and referred him to MARAC. P7 had never considered that it was domestic abuse he was experiencing and even when identified and told by the police that he was a victim, struggled to accept his victimisation. He didn’t want to accept the woman he loved was an abuser. There were numerous and extensive abusive behaviours experienced by P7. From physical, emotional, control and manipulation. His wife had regular affairs that she blamed him for and he was made to feel that everything was his fault. Despite the abuse he still focused on wanting to protect and defend her to others and lost many friends and supporting relationships from doing this. P7 was angry with himself for allowing the abuse to happen, he felt he should not have put up with it. His upbringing was very much the ‘mans the man’ and he is in conflict with accepting he was a victim. He felt shame and like a ‘wimp’ P7 talks about loss, both of his own identify and the loss of friends having to leave the area where he lived. The abuse continued after he had left with severe threats, the first refuge he accessed he had to leave as his ex located him. The blame he feels for allowing the abuse to happen was extensive. He self harmed throughout the relationship to punish himself and to help frame the emotional and psychological abuse. Following the relationship ending, he attempted suicide. He lived on the streets for some time before accessing the support of a domestic abuse service. Despite the support he is receiving, he faces a wait to access additional support and is on the waiting list for counselling.
Appendix 37 - Participant five in-depth interviews: Reflection

Description (what happened)

I undertook an interview with a male as part of my PhD. The male was residing at a safe house specifically for men who had experienced domestic abuse. Beforehand, I was advised that P5 had mild learning disabilities but that he understood what the interview was about and had agreed to take part. P5 was at the safe house as he had escaped numerous attempts of forced marriage by his family. When I met P5, I introduced myself and asked him if he still wanted to proceed with the interview. Upon his agreement I introduced the information sheet, P5 advised he struggled to read and so I read the information sheet aloud whilst asking at the end of each section if he had any questions. P5 advised that his support worker had also explained the study to him and he confirmed he was happy to continue. The interview itself lasted 38 minutes and was much shorter than the prior interviews I had completed. I had my interview guide at the side of me but as per previous interviews, did not follow this strictly; the purpose was just that, a guide.

Feelings (what were you thinking and feeling)

I felt the interview was very different to other interviews. At times I was unsure of exactly how much P5 understood regarding the questions I was asking. I consciously tried to slow down and rephrase my questions trying to make them more understandable to him. Although I am not sure I succeeded and certainly listening back to the interview, I think I over complicated some questions without meaning too. At times during the interview, I felt I was struggling, P5 was difficult to understand and for the majority, his answers were mostly one word. I recognised that I struggled because I was not used to having one word answers and hadn’t prepared for such an experience. During the interview I felt concerned that my voice would be heard too much on the tape with much less of P5’s voice. I was continually asking questions and trying to probe for more information. I consciously attempt not to ask leading questions within interviews and in the past have been pretty hard on myself for doing so. But during this interview, I was conscious that this was exactly what I was doing. I felt the need to repeat answers back to P5 to affirm what he was saying. I felt cross with myself for not fully preparing an alternative interview style, or for finding out more regarding his learning disability – maybe if I had I would have been more prepared for the interview to be different from the others.

Evaluation (what was good and bad about the experience)

Despite my negative thoughts regarding this experience, there were positives. P5 expressed his desire to feel safe, to have someone to listen and for his experiences to be understood. In addition, the interview provided me with a new awareness of the issues faced by those in families where forced marriage occurs. I believe my approach was attentive and understanding and although I worried about repeating word/sentences back to P5 I believe that that summarising helped to ensure I was listening and understanding P5’s story.
However, I felt I struggled in the interview and asked too many questions. Listening back it seems at times I am firing questions too quickly and asked too many leading questions. Some questions were too long and confusing with too much to take in - I think this spanned directly from my lack of preparedness. My lack of understanding of the issues and complexities of forced marriage and the types of abuse experienced was evident. At one point P5 talked about having threats to use black magic on him and this really brought home my lack of knowledge regarding cultural abuse. P5 was unable to explain it in more depth.

Description (what sense can you make from the situation)

P5 had only been at the refuge for 22 days and so the situation is still very new to him. He has left his family and moved to an area that is unfamiliar to him. I think the experience has very much opened my eyes to the fact that men who have disabilities are also abused. This was not something that I didn’t think happened, but more something I didn’t even consider. This is strange to me as I am aware that disabled women are particularly vulnerable to domestic abuse. But abused disabled men did not even occur to me – maybe this is an influence of the gendered perspective? I am not sure how much of the interview I will be able to analyse. Responses were minimal and the topic was forced marriage and abuse from family members (and not an intimate partner). I am not of any studies that seek to understand the perspectives of abused men who have disabilities nor am I aware of statistics or investigations into the prominence of such. P5 had mild learning disabilities and he was eventually able to communicate what was happening and received help, however this may not be the case for other disabled men. Recommendations for future work should explore this issue further and in the meantime I intend to try and source previous literature to explore this topic further and hopefully advance my own understanding and awareness.

Conclusion (what else could you have done)

I should have been more prepared and had a greater awareness of the potential difficulties interviewing an individual with learning disabilities (however mild) might raise. Having more information about P5 would have meant I could have adapted the interview to suit him. I should have also obtained prior knowledge around the cultural types of abuse. Being more prepared would have helped me in ensuring I took my time and not asked too many questions at once – quite simply, I panicked through a lack of preparedness and awareness.

Action plan (if it arose again what would you do)

If I was interviewing another individual with learning disabilities, I would ensure to have a more in-depth discussion to their support worker about; their disability and their background (cultural, experiences, types of abuse). I would also share the interview guide with the support worker for advice or support on ideas to ensure questions could be easily understood and seek suggestions for re-phrasing if needed. I would seek the support of the worker to discuss the questions ahead of the interview and the best way to approach the interview (questions, scenarios, pictures etc). I would seek to read and develop an understanding of their experiences (forced marriage and the types of abuse) if they were unfamiliar to me.
## Appendix 38 - Meta-matrix across data-set

<table>
<thead>
<tr>
<th>Research question</th>
<th>Service description and data questionnaire</th>
<th>Specific service information questionnaire</th>
<th>In-depth interviews with men</th>
<th>Semi-structured interviews with managers &amp; practitioners</th>
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<tr>
<td>What are the needs of men experiencing domestic abuse</td>
<td></td>
<td>• The needs of men are not being recognised by other support services such as health, mental health, drug &amp; alcohol - Q5) The police provided the highest number of male referrals (n=790), followed by self-referrals (n=126) with very low referrals from health (n=9) and other support services e.g. drug &amp; alcohol (n=1) and mental health (n=1)</td>
<td>• We need recognition of our victimisation from wider society - the master theme; a need for recognition (of male victims and the impact) – P1, P2, P4, P5, P6, P7</td>
<td>• Men need recognition of their abuse from wider society – the overarching theme; against the tide of recognition - M2, M3, M5, M6, M7, MP1, Prac1, Prac2, Prac3, Prac4, Prac5, Prac6, Prac7, Prac8, Prac9, Prac11, Prac12</td>
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<td>• We need help to accept our experiences are domestic abuse - the master theme; a need to accept the abusive experience - P1, P2, P3, P4, P6, P7</td>
<td>• Men need to recognise &amp; accept their experiences are domestic abuse – the overarching theme; a need to recognise &amp; accept DA) - M1, M2, M3, M4, M5, MP1, Prac2, Prac3, Prac5, Prac6, Prac9, Prac10, Prac11, Prac12</td>
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<td>• We need to know it's ok to seek support - the subtheme; gender &amp; help-seeking – P1, P2, P3, P4, P6, P7</td>
<td>• Men need to know it’s acceptable to seek support - the subtheme; Gender expectations – M2, M3, M5, M6, M7, MP1, Prac1, Prac2, Prac3, Prac4, Prac5, Prac6, Prac9, Prac10, Prac11, Prac12</td>
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<td>• Low numbers of men- M1, M2, M3, M4, M5, M6, Prac2,</td>
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<td><strong>A need to be safe</strong> – Q7) Safety was the most identified need (77% of respondents, 506 cases)</td>
<td><strong>We need to be safe</strong> – master theme; <em>(a need for safety)</em> - P1, P2, P3, P4, P5, P6, P7</td>
<td><strong>Men need to know where to go and who can help them</strong> – the overarching theme; <em>knowledge of provision</em> - M1, M2, M4, M5, M6, M7, MP1, Prac1, Prac2, Prac3, Prac4, Prac5, Prac6, Prac7, Prac8, Prac9, Prac10, Prac12</td>
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<td>Q7) Refuge need identified in 62 cases</td>
<td><strong>We need knowledge of available support provision</strong> - two subthemes; <em>awareness/promotion</em> – P1, P2, P5, P6, P7</td>
<td><strong>Men need practical support</strong> (including housing, financial and support regarding child contact) – the subtheme; <em>practical support</em> - M2, M3, M4, M5, M7, MP1, Prac3, Prac4, Prac5, Prac6, Prac7, Prac10, Prac11, Prac12</td>
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<td>Q7) IDVA service provided the most times compared to all other provision (245 times)</td>
<td><strong>A need for practical support</strong> – Q7) Housing needs and financial needs identified for men accessing domestic abuse services (54% &amp; 50% respectively)</td>
<td><strong>Men need a flexible, accessible service</strong> – subtheme; <em>employment as barrier</em> – M2, M3, M5, Prac2, Prac7</td>
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<td><strong>A need for flexible support</strong> (Q9) 16% of respondents offered a flexible service outside of standard working hours</td>
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<td>Is current service provision meeting those needs?</td>
<td>• A perpetuating cycle of low numbers of men seeking help, un-evidenced need and limited provision stems from a lack of recognition. Low numbers of men – • Q3) Considerable disparity exists of the number of male referrals received by domestic abuse services, from as little as 3' to as high as 635 – nearly half of respondents (12 DAS's) received less than twenty male referrals over a twelve month period.</td>
<td>• Low number of men accessing DAS provision means a lack of demand and subsequent difficulty to evidence need for funding of new or additional support. Low numbers of men – the overarching theme; Low numbers - M1, M2, M3, M4, M5, M6, Prac2, Prac3, Prac4, Prac5, Prac6, Prac8, Prac10, Prac1, Prac12</td>
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<td>• Limited provision – Q6) Most common support is signposting (76% of respondents) • Limited provision to meet safety needs – • Q6) IDVA service provided to male victims by 49% of respondents. Refuge/male safe house provided by 13% of respondents • Q8) 49% of respondents did not answer where they would refer to if a specific provision was not provided by their organisation</td>
<td>• Limited provision – Q8) Signposting most commonly cited by respondents (11 times) and provided the second highest number of times (217) • Q10) For responses to 'reasons for unmet need', 42% cited 'provision unavailable' • Q12) 35% of respondents would like to provide male group work/programmes for male victims, 35% would like to provide counselling and 23% internet/social media support • Q13) 27% of respondents cited a need for more resources for their service and 19% wanted to see more provision for men</td>
<td>• We need more support – the subtheme; more support - P1, P4, P6, P7</td>
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<td>• A lack of a consistent approach to data collection resulting in; Misinformation</td>
<td>• A lack of a consistent approach to data collection resulting in;</td>
<td>• There is limited provision for male victims – the subthemes; Nowhere to go, huge gaps – M3, M5, M6, M7, M1, Prac1, Prac2, Prac3, Prac4, Prac5, Prac7, Prac8, Prac9, Prac10, Prac1, Prac12 • The horrendous wait to rebuild – M1, M2, M3, M4, Prac1, Prac2, Prac3, Prac8, Prac9 • Resources (time &amp; funding) – M1, M6, M7, Prac2, Prac3, Prac5, Prac7, Prac8, Prac9, Prac10, Prac1</td>
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<td>Q6) Clarification of responses sought from three respondents re: the provision of male refuge/safe house</td>
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<td>Inconsistency –</td>
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<td>Q12) How often is data gathered? – There is no consistency across services to whether data is gathered; monthly (46%), quarterly (35%), other (19%)</td>
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<td>Q13) Data collection is the responsibility of; managers (73%), IDVAS &amp; support workers (24%). Only 8% of respondents had a dedicated data monitoring officer</td>
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<td>Q14) 'Other types of data collected' was cited by respondents, ranging from: outcomes (16%), needs (16%), risk (14%), children (5%) and equality (3%)</td>
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<td>Q15) Services share their data with various agencies ranging from; Funders (70%), Welsh Government (38%) to; police (22%) and DA&amp;SV agencies/partners (16%)</td>
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<td>Missing data –</td>
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<td>Q14) 25% of respondents collecting data on the number of men accessing/referred did not collect demographic data</td>
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<td><strong>Missing/uncertain data –</strong> a need to clarify responses with participants for questions 3,4,5;</td>
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<td>Q3) The number of male referrals received</td>
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<td>Q4) The number of men who engaged with support</td>
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<td>Q5) The number of referrals from which sources (police, self-referral, housing, MARAC, health)</td>
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<td>Q7) 27% of participants did not provide a response to what needs were identified from the men accessing their service</td>
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<td>Q8) 31% of participants did not provide a response to what types of support were provided to meet the needs of men accessing their service</td>
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Appendix 39 - Response from James Rowlands, developer of the Dyn assessment tool

Sarah Wallace

From: James Rowlands [James.Rowlands@brighton-hove.gcsx.gov.uk]
Sent: 06 August 2016 18:52
To: Sarah Wallace
Subject: Re: Dyn project male assessment tool - information sought UNCLASSIFIED

Hi Sarah,

Thanks for your email.

In terms of the tool, it was developed as a practice resource so it has not had an external validated/evaluated.

At the time the available evidence base was very limited. Indeed the research around work with men is still fairly limited and I often find people referring even now to the 2006 evaluation. If I recall the published evaluation by Amanda and I included information on the development of the tool, with this being drawn from tools for assessing perpetrators but also the intimate partner screening tool from the US. The tool itself was developed by me as the project officer.

However, I think things have moved on somewhat - I would ask me now about practice guidance over screening and counter allegations I would direct them to the Respect toolkit.

Do get in touch if I can help further.

James Rowlands
Strategic Commissioner

Joint Domestic, Sexual Violence & Abuse and Violence against Women & Girls (YAVG) Unit
Brighton & Hove and East Sussex
Hello Sarah,

Thank you for your email. We haven’t had the Toolkit evaluated or validated externally.

I would be interested in finding out more about your thesis in due course and if there is another way you think we might be able to help, do get in touch.

Best wishes,

Ippo Panteloudakis
Respect Operations Director

Sent from my iPhone

On 7 Sep 2016, at 12:48, Sarah Wallace <sarah.wallace@southwales.ac.uk> wrote:

Dear Sir/Madam,

I write regarding my previous email (please see below) in relation to my query regarding Respect’s Male toolkit.

Please can you confirm whether the toolkit has undergone any formal evaluation/validation? If so please could you provide details etc. I would be most appreciative if you are able to forward me any additional relevant literature than you feel would be useful.

I have previously attempted to contact you with the same query via email sent on 30th June 2015. In your response then, you directed me to the toolkit and your reasons for developing. However, I was unable to source any information regarding the evaluation of the toolkit. Apologies if I have missed it.

I am in the process of my final write up of my thesis and would like to include as much accurate information as possible regarding the toolkit.

If you have any queries, please feel free to contact me.

I look forward to hearing from you.

Yours sincerely

Sarah Wallace
Hello Sarah,

Thanks for your email.

At the moment, we have IRIS commissioned and running in the two health board areas you mention, Cardiff & Vale and Cwm Taf. Both projects are funded via South Wales Police.

We are in discussions with the Welsh Government about the training agenda around Ask and Act and how IRIS might fit with that.

Our evidence base for IRIS is for female patients aged 16 and above. A number of services running IRIS do offer support for men who are referred as victims and survivors while the majority only support women directly and would signpost men. The projects running IRIS in Cardiff and the Vale don’t work directly with men and none were referred in for signposting either. I’m sorry that I don’t have this information for Cwm Taf but you could contact Safer Merthyr to ask them.

Our training discusses DVA as a gendered issue and we discuss signposting for male victims/survivors. We highlight key things including leaving/ending the relationship being the most dangerous time for women while it is the safest time for men. We also share that we know men seek help in different ways and want different options from women.

If a site where IRIS is running has local provision for male survivors, then the local IRIS team will include that on the local care pathways and health promotion literature.

I hope this is helpful and do mail me back with any further questions.

If you aren’t already familiar with “Hermes” and “Re-Provide” then do look these projects up:
http://www.bristol.ac.uk/sow/people/emma-williamsen/pub/317344
http://www.bristol.ac.uk/primaryhealthcare/research/themes/reprovide

You could also contact Prof Gene Feder who created IRIS and is still very involved. I know he would be happy to help.

gene.feder@bristol.ac.uk

Best wishes,

Medina

Medina Johnson
IRIS National Implementation Manager
Identification & Referral to Improve Safety
Next Link Domestic Abuse Services
Appendix 43 - Record of training completed

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
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<tbody>
<tr>
<td>Library Services</td>
<td>3/02/2014</td>
<td>Ann Cross – USW</td>
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<tr>
<td>Bibliographic Management Using Endnote</td>
<td>27/02/2014</td>
<td>Ann Cross &amp; Andrew Dalgleish – USW</td>
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<td>Originality in the PhD: What it is &amp; How it can be Demonstrated</td>
<td>28/02/2014</td>
<td>Dr Paul Gill – USW</td>
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<td>‘Good Viva Bad Viva’</td>
<td>28/02/2014</td>
<td>Dr Paul Gill – USW</td>
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<tr>
<td>Introduction to Good Clinical Practice</td>
<td>07/05/2014</td>
<td>Lynnette Lane - NISCHR</td>
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<tr>
<td>How to be an effective researcher</td>
<td>13/05/2014</td>
<td>Dr Afia Ahmed &amp; Dr Caroline Limbert – Cardiff University</td>
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<tr>
<td>Valid Informed Consent in Research</td>
<td>18/09/2014</td>
<td>Wendy Harris &amp; Lynnette Lane - NISCHR</td>
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<tr>
<td>The Art of Qualitative Interviewing</td>
<td>23/10/14</td>
<td>Liz Spencer – Social Research Association</td>
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<tr>
<td>Transferring from MPhil to PhD</td>
<td>28/11/2014</td>
<td>Dr Elaine Huntley – USW</td>
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<td>Publish or Perish</td>
<td>08/12/14</td>
<td>USW</td>
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<td>Pitch Perfect Public Speaking</td>
<td>08/12/14</td>
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<tr>
<td>Interpretive Phenomenological Analysis Workshop</td>
<td>13/03/15</td>
<td>Dr Julia Brown – Aston University</td>
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<td>Learning and Teaching in Higher Education (session 1)</td>
<td>17/03/15</td>
<td>Haydn Blackey – Director of CELT, USW</td>
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<td>Staff SPSS Training</td>
<td>02/07/15</td>
<td>Dr Paul Jarvis, USW</td>
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<td>NVivo on the run</td>
<td>26/08/15</td>
<td>Dr Gina Dolan, USW</td>
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<td>Reflecting on Learning and Teaching in Higher Education (Session 2)</td>
<td>13/05/16</td>
<td>Lyndsey Muir, USW</td>
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<td>Concept Mapping</td>
<td>19/01/17</td>
<td>Mary Kane, Concept Systems Incorporated</td>
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<td>GCP Refresher</td>
<td>19/04/17</td>
<td>Health and Care Research Wales</td>
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Appendix 44 - Conference Presentations

Completed presentations


Presentations confirmed for 2017

