

**RECENT TRENDS IN PHYSICAL AND PSYCHOLOGICAL INTIMATE PARTNER
VIOLENCE AGAINST MEN IN CANADA: A MIXED METHODS STUDY**

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in Partial Fulfilment of the Requirements
for the Degree of Master of Arts
in the Department of Sociology
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By

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ABSTRACT

Since 1975, when Murray Straus and Richard Gelles released results from their National Family Violence Survey revealing similar rates of intimate partner violence (IPV) among male and female victims, debates on IPV have been driven by the concepts of gender symmetry (i.e. rates of IPV is similar for male and female victims) versus gender asymmetry (i.e. female victims are predominant). Debates also revolve around the use of various methods of data collection such as self-reported survey and police-reported data. Although meta-analytical studies regarding IPV (see Archer (2000), Capaldi, et. al. (2012), Desmarais, et. al. (2012), Hamel (2012) have revealed gender symmetry in IPV (excluding sexual assault cases), there has been limited or no studies that focus on IPV against men and how they cope with their abusive experiences. This study investigates recent trends in physical and psychological IPV against men by their female partners and explores strategies that male victims of IPV adopt to cope with their abusive experiences. The study adopts Marxist feminist, family conflict, and social learning perspectives to investigate and analyze the subject of IPV against men. Mixed research methods involving quantitative and qualitative approaches are adopted in the collection of the study's data, which were analyzed using NVivo and SPSS. The General Social Survey (Victimization) data for 2014 was also analyzed for the quantitative dimension of the subject matter while 16 male victims of IPV and 6 key-informants were interviewed for the study's qualitative dimension. Results of the data analysis revealed the prevalence and severity of various forms of IPV against men, the risk factors of IPV against men, determinants of IPV against male victims by their female partners, and the strategies through which male victims of IPV cope with their abusive experiences.

DEDICATION

I am dedicating this thesis to Jesus Christ, the author and finisher of my faith. I also dedicate this thesis to my late father, Eugene Onwusirika Dim.

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ACRONYMS

CDC	-	Center for Disease Control
CTS	-	Conflict Tactics Scale
DV	-	Domestic Violence
GSS	-	General Social Survey
IPV	-	Intimate Partner Violence
NCADV	-	National Coalition against Domestic Violence
SKY-RDC	-	Saskatchewan Research Data Center
WHO	-	World Health Organization

CHAPTER ONE

BACKGROUND OF THE STUDY

1.1. Introduction

The terms Domestic Violence (DV) and Intimate Partner Violence (IPV) are sex-neutral as anybody can be a victim or a perpetrator of violence, in the society. Domestic Violence refers to any incident or pattern that involves threatening, controlling, coercive behaviour, violence or abuse between adults who are or have been intimate partners or family members, regardless of gender or sexuality (United Kingdom Government, 2013). Intimate Partner Violence can be described as a subset of domestic violence because, according to Statistics Canada, it refers to acts of violence perpetrated against intimate partners, spouses and dating partners, either in current or former relationships (Sinha, 2013). IPV is categorized into four types: physical, sexual, verbal/psychological and economic violence. Physical violence involves attempting to inflict or inflicting of injury like pushing, shoving, throwing objects, choking or strangling, aggressive hair pulling, punching, and burning. Sexual violence includes rape of a victim, forcing a victim to penetrate someone else, non-physically pressured unwanted penetration, unwanted sexual contact etc. Verbal/psychological violence is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally. Economic violence involves the control of a person's financial resources, educational and employment opportunities.

According to the World Health Organization (WHO), IPV occurs in virtually all settings and among all socio-economic, religious and cultural groups in the world (Garcia-Moreno, et al 2012). The conceptualization of IPV is such that men are viewed as mainly the perpetrators of such violence while women tend to be portrayed as victims (Dutton & White, 2013; Lupri, 2004). However, the World Health Organization (WHO) has indicated that women can also be violent in

their relationships with men - often in self-defence - and that the most common perpetrators of violence against women are male intimate partners (Garcia-Moreno, et al 2012).

In addition, the fact that the average male is physiologically stronger than the average female (Miller, et al 1993; Janssen, et al 2000; Leyk, et al 2007) has created the notion that women are not capable of perpetrating IPV. Thus, the victimized male may not feel free to admit to being a victim of violence perpetrated by his female partner nor does he report any incidence to the appropriate authorities for assistance (Barber, 2008; Dutton & White; 2013; Nagesh, 2016). These issues draw the researcher's attention to the occurrence of IPV in heteronormative relationships (i.e. between people of the opposite sex). Lupri and Grandin (2004) argued that domestic violence against women has been the dominant focus of studies on domestic and spousal abuse for many years. Thus, DV against men is neither well known nor understood academically or socially.

In a critique of the conceptualization of DV from a gendered orientation, i.e. the idea that women are the predominant victims of DV, Kelly (2003) argued that the understanding of DV is rooted in an essentialist feminist tenet that society is controlled by an all-encompassing patriarchal structure. This feminist assumption of DV has far-reaching implications. By dismissing the possibility of female-initiated violence, the framing of legal programs and political norms are designed mostly to respond to male abuse of women (Kelly, 2003). Thus, female batterers may not be recognized and male victims may not be treated (Kelly, 2003; Lupri & Grandin, 2004).

Conversely, some historians believe that violence against women is tied to the history of women perception as property whose assigned gender role is subservience to men and other women (Harvey & Gow, 1994). In line with this thought, some feminists believe that domestic violence is a manifestation of the unequal and inequitable gender and power relationship between male and females in opposite-sex relationships (Amaral, 2011). They argue that the nature of

patriarchy in most societies implies that men's violence towards women is acceptable while women are socialized to be non-violent (Amaral, 2011).

However, both arguments presented above are problematic given recent trends in IPV. Statistics Canada first collected data on victimization and perpetration of IPV of both men and women in its 1999 General Social Survey (GSS). The survey revealed that almost equal proportions of men and women (7% and 8% respectively) had been victims of intimate partner physical and psychological violence (Bunge, & Locke, 2000; Lupri & Grandin, 2004). Recently, the GSS for 2014 revealed that men experience higher rates of IPV in their current relationships than their female counterparts did in the ten preceding years (i.e. from 2004 to 2014) with 306,933 men and 244,592 women reporting IPV. In 2009, the numbers for both sexes rose to 393,143 men and 267,459 women and by 2014, the numbers for both sexes decreased to 262,267 men and 159,829 women reporting IPV (Ibrahim & Burczycka, 2016). The 2014 GSS data also revealed that women (40%) were more likely to report physical injuries (24%), while men (76%) were more likely to report burns, cuts or scratches than women (33%) (Ibrahim & Burczycka, 2016).

Despite evidence of male victimization, there was little or no institutional support for their victimhood experience. Data from Statistics Canada (2014) revealed that women were almost four times as likely as men to report and have a restraining order enacted against their current or former spouse (i.e. 19% for women and 5% for men). The data from the 2014 survey also revealed that male victims were more likely to admit to not bringing the case of spousal violence to the attention of the police when compared to their female counterparts (Ibrahim & Burczycka, 2016). These findings did not change in any significant way from the GSS 2009 data (ibid). In addition, female victims of IPV had access to victim services or witness assistance, halfway houses or shelters and community or family centers for institutional support (Ibrahim & Burczycka, 2016). As of 2014,

in Canada, there were 627 shelters dedicated to female victims of IPV while there was no shelter dedicated to male victims of IPV (Beattie & Hutchins, 2014). IPV against men, as a subset of domestic and spousal violence, remains relatively under-researched and only limited information exists on the prevalence of male victimhood experiences (Swahnberg et. al., 2012). My review of the literature further reveals that little or no study has investigated the socio-economic profiles of male abuse victims or their female perpetrators. Thus, this study examines the recent trends of physical and psychological IPV against men in Canada. This study is motivated by the need to add to the literature with recent statistics on IPV against men using the GSS (Victimization) data of 2014. This study seeks to address the grey areas of IPV in terms of the debates on gender symmetry and gender asymmetry and, the various forms of IPV experienced by male victims.

1.2. Objectives of The Study

This study seeks to examine the recent trends in physical and psychological IPV against men in Canada. The specific objectives of this study are:

1. To examine the risk factors of the male victims of IPV;
2. To determine the socio-economic profile of the female perpetrators of IPV against men;
and
3. To describe the coping strategies adopted by the male victims of IPV.

This study simply seeks to know the socio-demographics of the male victims, their female perpetrators, and show how the male victims cope with their experiences of IPV. Understanding the risks factors of the male victims of IPV would enable one to better identify the demographics of men that may be relatively more vulnerable to IPV. Being able to identify the demographics of men who are vulnerable to IPV would enable the creation of approaches that would serve to minimize IPV among men. Similarly, identifying the socio-economic profiles of the female

perpetrators would help to highlight the demographics of women who might need anger management services. There is also a need to examine and explore the coping strategies that male victims employ in adapting to or addressing their experiences of IPV. An examination of coping strategies has the potential of identifying successful and unsuccessful strategies that can form a larger framework for enlightening the public about male victims of IPV.

This study can create the intellectual space where critical discourse can be furthered on the issues men face in Canadian society, and the world at large. It is also important to note that highlighting these facts does not, in any way, indicate that women do not face challenges in society, however, this study seeks to promote a more-inclusive gender approach in the discourse of this human condition.

1.3. Research Questions

The questions this study seeks to address include:

1. What are the risk factors of male victims of IPV and how can they be identified?
2. What are the socio-economic factors of the female perpetrators of IPV against men?
3. What are the coping mechanism used by male victims of IPV as survival strategies?

1.4. Ideological Viewpoints on IPV

Literature within the realm of intimate male partner violence convey two distinct and opposing viewpoints on the foundation on which domestic abuse manifests. The feminist conception of domestic violence is informed by the belief that it is a tool that men employ in the subjection and suppression of women to maintain power over them and therefore, uphold the patriarchal structure. This explanation reflects the way in which data on domestic violence focusing on females as victims is collected. Feminist historians believe that the history of violence

against women ties in with the history of women's perception as property whose gender role include subservience to men and other women (Harvey & Gow, 1994). Historically, the beginning of the second wave of feminist's contention focused on two major effects of women's position in the private sphere. Firstly, women being viewed as possessions of their partners or fathers and secondly, women's experiences of the private sphere of sex, sexuality, violence, domestic labour, and motherhood were often unspoken as they were considered as private matters that were not suitable for public political debate (Ahmed et al. 2000).

This silence around many aspects of many forms of women's oppression by men encouraged women to adopt individualist explanations and solutions for dealing with their daily predicament. For some women, the problem included systematic domestic abuse for which they felt they were responsible. For feminists, the problem was not the fate of a dissatisfied women but a manifestation of the systematic oppression of all women in society. One of the most significant achievements of feminism was its ability to identify and name the forces responsible for women's oppression. They pointed to patriarchy, i.e. the rule of the father, and its ideological justification, sexism, in explaining how men and their social structures exploited and subordinated women. According to Rich (1979):

(Patriarchy refers to) any kind of group organization in which males hold dominant power and determine how females shall and shall not play, and in which capabilities assigned to women are relegated generally to the mystical and aesthetic and excluded from the practical and political realms'. (Rich 1978, p 78)

Similarly, in citing patriarchy as the main structure responsible for the sidelined roles women played in society, Dorothy Smith (1977) mentioned that:

'We discover oppression in learning to speak of it as such, not as something which is peculiar to yourself, nor as something which is an inner weakness...but as

something which is indeed imposed upon you by the society and which is experienced in common with others'. (Smith, 1997, p 10 – 11)

Through this conceptualized idea, feminists debunked several cultural myths surrounding many aspects of women's lives. Some of the cultural myths that explained sexual violence saw women as responsible for their own sexual attack, rape and incest. They include sayings such as *'all women want to be raped,' 'she asked for it,' 'when she says no, she means yes,' 'some women need and like to be beaten,' 'she must have done something to provoke him,' 'she was seductive'* among others (Sheffield 1999).

In this regard, sexual and domestic violence are perceived as outcomes of the nature of patriarchy in societies that accept men's abusive behavior with the aim of controlling their wives or women (Raisborough, 2002). Dobash, Dobash, Wilson, and Daly (1992) claim that *'violence against wives...is often persistent and severe; occurs in the context of continuous intimidation and coercion; and is inextricably linked to attempts to dominate and control women.'* They also claim that female violence is a form or means of self-defence (Buttell & Starr, 2013). One of the outcomes of this is women's engagement in self-defence classes through which they learn how to defend themselves against abusers who may be bigger and stronger than them and their loved ones.

From the opposing angle, domestic abuse of women has been the dominant focus of domestic and spousal abuse studies for many years. The focus on female victims of IPV can be misleading as it gives the impression that only females are victims in IPV. In a critical analysis of the subject matter, Kelly (2003) suggested that the concept of domestic violence is rooted in an essential feminist tenet that society is controlled by an all-encompassing patriarchal structure. In analyzing the dominance of the feminist ideology of domestic violence, Kelly (2003) comments on the hegemony of the feminist model and its impact on the underreporting of cases of male abuse

and violence. Consequently, the extent of the domestic abuse of men is not well known and understood academically or by the society at large (Lupri & Grandin 2004).

Kelly (2003) has highlighted the impact of the 1970 women's social movement on the issue of their experiences as victims of domestic abuse. This movement shaped today's conception of domestic abuse as women being victims and men being perpetrators (Kelly, 2003; Shuler, 2010). In this context, Kelly mentioned that domestic abuse was viewed not a means through which men use physical power to inflict physical or emotional pain against women, but as a larger effort by men to gain and maintain control over women, which underlines the tone of patriarchy in the society (Kelly, 2003). Consequently, this definition of domestic violence dominated society's understanding of the subject matter replacing the cycle of violence perspective (i.e., violence being a predetermined expression of childhood experiences of violence) as it emphasized that physical violence formed only a part, but an important aspect of the patriarchal hegemony.

However, Kelly (2003) noted that the consequence of domestic violence from the feminist perspective is a small part of a much larger threat. The explanation of DV based on patriarchy represents the core term in feminist theoretical assumption that our legal, social and cultural norms are fashioned in a manner that allows men to engage in a constant and pervasive efforts to oppress women by any and every available means. Kelly (2003) argued that analyzing the 'women as victims' narrative and definition of DV challenges the core feminist assumptions regarding the role of patriarchy in DV, thereby opening the door for other theoretical explanations of DV.

Thus, to remain true to the feminist perspective, no aspect of male-female relations can be considered without first accepting the male as powerful and the female as powerless. Any form of explanation that seeks to explore the violent, not gendered, nature of domestic violence tends to be heavily be antagonized by feminists as it would imply the possibility of women being

perpetrators of violence. By dismissing the possibility of female violence, the framework of legal programs and social norms were designed narrowly to respond only to the male abuse of women. Thus, female batterers cannot be recognized and male victims cannot be treated (Kelly, 2003).

Considering these two conflicting arguments, it is noteworthy to address the issues of gender equality which has been desired by feminists. The idea of women-as-victim concept is at odds with the feminist emphasis on the equality of sexes, especially from the liberal feminist perspective (Young, 2014). Young (2014) argued that if society were to recognize women's ability for leadership and competition, it is only fair that society also acknowledge their capacity to be aggressive and evil. The traditional stereotypes of female weakness and innocence has created a double standard that often causes women's violence and abusive behaviour to be trivialized, excused or treated in a humorous way (Young, 2014). The simplistic assumptions of male power and female oppression tends to perpetuate these stereotypic views. Young (2014) suggested that women should be seen as fully human with agency, as ideally desired by liberal feminists, which includes the good sides and dark sides of their humanity; all sides should be brought to the fore. In other words, if we claim that women deserve leadership positions with male-dominant privileges and rights, then we can also accept that women can commit the atrocities and brutal behavioural tendencies displayed by men, including IPV.

1.5. Scope of the Study

This study investigated adult heterosexual male individuals in intimate partner relationship to address the objectives of this study. The General Social Survey (Victimization) data of 2014 adopted as a source of information for this research, has data on IPV or spousal violence from adult individuals (i.e., people older than 18 years) who are married or in common-law union as respondents. The interviews with individual subjects and key-informants involved male and

female participants who are knowledgeable about the subject matter (i.e. key-informant interviews) and male participants who have experienced intimate partner violence from a former or current female partner (i.e., interviews).

The decision to investigate heterosexual relationships was informed by the need to gain insights into the occurrence and dynamics of IPV among people of the opposite sex. By analysing heterosexual relationships, one can ascertain the prevalence of male-to-female and female-to-male IPV. Other researchers like Straus (1995), Whitaker et al (2007), and Langhinrichsen-Rohling, et al (2012) (who did a meta-analytical study), have made the distinction between male-to-female and female-to-male IPV. Moreover, heterosexual relationship has social dynamics that are different from same-sex relationships (Dailey, 2004; Kitzinger, 2001; Kurdek, 1998). For example, same-sex relationships tend to have much greater equality (i.e., power sharing) within the relationships than heterosexual relationships given that same-sex relationships do not adhere strictly to stereotypical traditional gender roles (Kitzinger, 2001; Kurdek, 1998). It is possible that couples in a same-sex relationship end up undertaking or observing several gender roles (i.e., masculine and feminine) depending on how the couples determine it. The adherence to traditional gender roles among same-sex couples may be present in the event of sexual intercourse, execution of domestic activities, household decisions, among others. However, such adherence to traditional gender roles in same-sex relationships tends to be far less rigid than that evident in heterosexual couples (Kurdek, 1998). This also indicates the tendency for strict power sharing to be prominent in heterosexual relationships than in same-sex relationships, in which power sharing is relatively flexible and unpredictable. Moreover, same-sex couples tend to break up more frequently due to having fewer barriers to leaving the relationship (Kurdek, 1998). There is relatively more fidelity in heterosexual relationships than in same-sex relationships (Van de Ven et al., 1997).

1.6. Significance of the Study

The discourse of IPV has dominantly focused on women's victimhood where men are seen as the major perpetrators (Kelly, 2003; Lupri & Grandin, 2004; Swahnberg, et. al., 2012). This has also directed policy towards addressing IPV against women with little consideration for men as victims, despite data showing that there are male victims. One of the core aims of this study is to broaden the discourse of IPV to include male victims. This study takes the discourse of male victims of IPV to a broader dimension as this inquiry has included structural factors that are associated with male victimhood experiences.

This study provides an avenue for the voices of male victims of IPV to be heard. It also provides an avenue to contribute to changing the notions of IPV as a woman-only issue. Statistics Canada data has shown that most men are far less likely than women to report their victimhood experiences to friends or to the police (Dutton & White, 2014; Ibrahim & Burczycka, 2016; Nagesh, 2016; Robertson & Murachver, 2009) because they do not see their victimhood experiences as worthy of reporting. Moreover, in view of the social stigma they may face in society regarding their perceived lack of machismo and other denigrations of their masculinity, they are reluctant to reveal their experiences of IPV (Lupri & Grandin, 2004; Migliaccio, 2001). This also adds to the common narrative that men are the main perpetrators of IPV. This narrative makes it difficult for male victims to be believed and taken seriously. They are often treated with suspicion by the criminal justice system (Rodney & Randall, 2007) to the extent that men who report DV stand the risk of being arrested themselves (Cook 1997; Grady, 2002; Douglas & Hines, 2011; Nagesh, 2016). Consequently, it may be difficult to estimate the actual rates of male victims of IPV.

Furthermore, IPV against men represents one of the issues within a broader context of social problems that men face in society, which tend to be undermined and receive less attention (Kay, 2015; Urback, 2015). Overall, the study seeks to engage in an empirical investigation of recent trends in physical and psychological IPV against men in Canada, by looking at the directions of prevalence and predictors of IPV against men.

As example, studies have shown that 70% of aboriginal homicide victims in Canada are men (i.e. from 1982 to 2011) (Jones, 2015), yet, a national inquiry into missing and murdered Aboriginal women excludes the men. In terms of missing aboriginal people, the Royal Canadian Mounted Police (RCMP) documented that there were about 105 missing aboriginal women in 2014 but it declined to compile statistics on missing aboriginal men (Jones, 2015). When asked about broadening the inquiry to all aboriginal people rather than only women, the spokesperson for the RCMP, Greg Cox, said ` *“The RCMP does not have plans to broaden the National Operational Overview on missing and murdered aboriginal women to include all Aboriginal Peoples”* (Andrew-Gee, 2014). Also as Mr. Mōnijāw, a blogger on this issue scornfully phrased it: *“Aboriginal men are murdered extremely often, relative to all other groups, and their homicides are more rarely solved. Nobody really cares. You can even say you don’t care in public, as a representative of the police because you know nobody else really cares either.”* (Jones, 2015). In other words, the lives of the aboriginal men are dispensable.

It is important to note that 63% of the homeless population are men (Gaertz, et. al. 2013). Statistics Canada revealed that as of 2009, men were three times more likely to commit suicides than women at 17.9 deaths per 100,000 for men and 5.3 per 100,000 for women (Navaneelan, 2015). In Canada, men are victims of more than 97% of all workplace deaths (Todd, 2011) and boys occupied 63.7% of high school dropouts as of 2004/2005 (Bowlby, 2005), males accounted

for 85% of persons admitted to provincial and territorial correctional services (Correctional Services Program, 2015). On the other hand, women are less likely than to men to be convicted of crimes and women are more likely to receive lighter sentences for the same charges than men, according to the Canadian Center for Justice Statistics 2008 (Kerr, 2016). Men are also more likely to be victims of physical assault, physical assault in the public place outside the home and homicide than women (Vaillancourt, 2010). In fact, in Canada, the creation of men's issues awareness groups has received opposition, and refusal for certification and recognition (Urback, 2015). According to the Justice Centre for Constitutional Freedoms (JCCF), refusal of certification of a men's issues group have taken place in the University of Toronto (in 2012), Queens University (in 2014), and Ryerson University (in 2013 and 2015) (Urback, 2015). This study can create the intellectual space where critical discourse on the issues men face in the Canadian society, and the world at large, can be developed and expanded upon. It is also important to note that highlighting these facts does not, in any way, indicate that women do not face challenges in the society. This study seeks to promote more-inclusive gender approach in the discourse on the IPV.

1.7. Operational Definition of Terms

1.7.1. Intimate Partner Violence

This variable was analyzed in terms of four forms; physical, sexual, psychological, and financial violence, as collected in the General Social Survey (Victimization) data of 2014. Given the nature of data collection by the GSS (Victimization) data, physical and sexual violence (which measures incidence in the last five years with the current partner) were categorized as physical violence while psychological and financial violence (which measure incidence in a lifetime with the current partner) were categorized as psychological violence.

1.7.2. Severity of Violence

Physical violence was used for creating the basis of the severity of violence. The GSS (Victimization) data of 2014 measured physical and sexual violence similar to the revised Conflict Tactics Scale (CTS) (Straus, Harmby, Boney-McCoy & Sugarman, 1996). The revised CTS was used for analyzing the severity of physical violence, because some actions (such as threatening to hit with fist, throw anything, push/grab/shove, and slap) were categorized as minor physical violence (MPV). Others actions (such as kick/bit, hit with something, beat, choke, use/threat of use of gun/knife, being forced into any unwanted sexual activity and forced into sexual activity/not able to consent) were categorized as severe physical violence (Johnson & Leone, 2005; LaRoche, 2005).

1.7.3. Controlling Behaviour

Psychological violence was used in creating the variable for controlling behaviour. The incidence of psychological violence contains a nine-item scale, which indicate controlling behaviours exerted by the respondents' spouse or partner (LaRoche, 2005). Respondents who answered 'Yes' to two or fewer items were categorized under 'Low Control' while those who answered 'Yes' to three or more items were categorized under 'High Control'.

1.7.4. Risk Factors

Risk Factor refers to any attribute, characteristic or exposure of an individual that increases their likelihood of experiencing a particular event (i.e. IPV in the case of this study) (World Health Organization, 2016). It is important to note that risk factors were employed in this study as a correlational term, and not as a causative term. Thus, risks factors imply the associations, not causations, between the independent variables and outcome variables, i.e. physical and

psychological IPV. Given the cross-sectional nature of the data collected in the GSS (Victimization) data of 2014 and the evolving nature of socio-demographic data, only correlational factors were made from the analysis of the study's data. The risk factors investigated in this study were based on the number of socio-demographic factors collected by the GSS (Victimization) data of 2014 such as income, age, experience of childhood victimization, education and marital status, consumption of alcohol, use of marijuana, employment status and years of living with spouse.

This thesis, which consists of seven chapters, aims to examine the risk factors of male victims of IPV; the socio-economic profile of female perpetrators of IPV against men; and the coping strategies of male victims of IPV.

Chapter 1 consists of the introduction and provides a general overview of the situation of domestic violence in Canada. It includes the justification for the study, the objectives and the research questions addressed.

Chapter 2 entails the literature review of IPV in Canada and presents the main debates surrounding the topic of IPV, i.e. gender-oriented IPV and gender symmetry in IPV. The chapter also features the notion of masculinity and its possible association with IPV against men, and literature on risk factors, and effects of IPV.

Chapter 3 provides the theoretical framework for analyzing IPV against men. The theories examined in this chapter include feminist theory of domestic abuse, family conflict theory, social learning theory of aggression, and control theory. The chapter shows the conceptual framework developed to connect various cogent concepts from the individual theories as it possibly related to IPV against men.

Chapter 4 reveals the methodology adopted for the research. The chapter also outlines the means through which a mixed research methodology and triangulation was used in analyzing data.

Chapters 5 and 6 reveal the data analysis for the quantitative and qualitative data, including addressing the study's objectives. Chapters 5 and 6 also include a description of the respondents from the data collection and the various thematic issues in the context of the study.

Finally, chapter 7 is the conclusion of the study, the limitations and recommendations from the study for future research.

In summary, this chapter articulates the need to research the issues of Domestic Violence (DV) and/or Intimate Partner Violence (IPV) against males. It provides the scope of the study and presents the objectives. The chapter also outlined the knowledge gap that produce the need to research Intimate Partner Violence against males. It provides a different perspective on the problem of Intimate Partner Violence in Canada. This chapter also identifies the deeply rooted structural factors behind the lack of research pertaining to Intimate Partner Violence against males.

CHAPTER TWO

LITERATURE REVIEW

This literature review entails a presentation of summaries, indication of sources and a critical assessment of the relevant works done in the field of IPV against men by indicating their strengths and weaknesses (Soyombo, 1996). The chapter consists of several sections that examine the following themes:

- Masculinity and IPV
- Between Gender-Oriented IPV and Gender Symmetry
- Psychological and Sexual IPV
- Risk Factors of IPV
- Effects of IPV for Male Victims
- Institutional Services for Male Victims of IPV

2.1. Masculinity and IPV

Masculinity entails a description of the nature and characteristics of men. For Scott and Marshall (2005), masculinity refers to the social characteristics of the male sex. For Kimmel (2004), it refers to the social roles, behaviours, and meanings prescribed for men in any given society at any particular time. The term seeks to emphasize social idea of gender, not biological sex, and the diversity of identities among different groups of men (Kimmel, 2004). Extensive research and theorizing about the concept began in the 1970's largely as an offshoot of the women's movement, whose proponents suggested that the problem of patriarchy was the problem of men (Scott & Marshall, 2005). For Connell (2005), masculinity is not a coherent object about

which a generalizing science can be produced. The concept constitutes an aspect of a larger social structure (Connell, 2005). The conceptualization of masculinities varies across cultures, in any one country over time, over the course of a person's life and across any given society at any one time (Kimmel, 2004). The concept is crystallized in the nature of gender, which is an ever-changing fluid assemblage of meanings and behaviours, and thus, calls for speaking about masculinities. Connell (2005) further argues that the concept of masculinities is mainly described in relational terms, for example, masculinity does not exist except in contrast with femininity.

Definitions of masculinity and gender are plural, relational and situational (Kimmel, 2004). The description of a man's nature varies in different institutional contexts as different institutional contexts demand and produce different forms of masculinity (Kimmel, 2004). One of the most common forms of masculinity is hegemonic masculinity. Hegemonic masculinity is defined as the configuration of gender practice that embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women (Connell, 2004; Pp 508). This is the notion of masculinity that embodies a currently accepted strategy within a particular historical context (Connell, 2004). However, Connell (2004) argued that hegemonic masculinities is not a fixed character type but a configuration of practices generated in particular situations in a changing structure of relationships. Other forms and configurations of masculinities that may exist within the social structure include marginalized masculinities, toxic masculinities and herbivore masculinities.

The notion of hegemonic masculinity rests on two ideas – the domination of women and a hierarchy of inter-male dominance (Kupers, 2005). It also involves the stigmatization and marginalization of homosexuality, generally constructed in relation to various subordinated masculinities. This concept also encompasses the stereotypic notion of masculinity that shapes the

socialization and aspirations of young males (Pollack 1998 in Kupers, 2005). Hegemonic masculinity in the United States and Europe tend to involve a high degree of ruthless competition, an inability to express emotion other than anger, an unwillingness to admit weakness or dependency, devaluation of women and all feminine attributes in men, and homophobia among other features (Brittan, 1989 cited in Kupers, 2005; 716). In terms of race relations, hegemonic masculinity sustains the institutional oppression of other forms of masculinities in a society (Connell, 2004).

Toxic masculinity is the aspect of masculinity that delineates the aspects of hegemonic masculinity that are socially destructive like misogyny, homophobia, greed and violent domination (Kupers, 2005). Other features of male proclivities associated with toxic masculinity are extreme competition and greed, insensitivity to or lack of consideration of the experiences and feelings of others, and a strong need to dominate and controls others. In addition, features such as an incapacity to nurture, a dread of dependency, a readiness to resort to violence and the stigmatization and subjugation of women, gays and men who exhibit feminine characteristics are evident (Kupers, 2005, p. 717).

Marginalized masculinities involve the interplay of gender with other structures like race, class, and sexual orientation, which creates further relationships between masculinities (Connell, 2004). Marginalized masculinities are forms of masculinities which men do not have access to hegemonic masculinity given factors like race and class. Examples of those with marginalized masculinities are men of colour and disabled men. Herbivore men or masculinity is a concept theorized by Fukusawa in 2006 (Morioka, 2013) where he described the notion of men who exhibit feminine behaviour. Some of the features of herbivore men are lack of assertiveness, whereby the women in their lives take the lead in romance. It is a gendered nature where there is excessive

scheming and romantic techniques are off limits and replaced with more easily understood displays of affection; not bound by manliness; view women as equals; and the elevation of their human qualities (Morioka, 2013). The term also redefines other brands of being masculine within a different socio-cultural context, i.e. Japanese society.

However, it is important to note that no empirical studies exist that have studied the percentage of people who fall into the form of herbivore masculinity, especially in Japan where it was developed (Morioka, 2013). Similarly, most of the configurations of masculinities are yet to be tested empirically to confirm the extent to which hegemonic masculinity is pervasive in different societies and to identify the forms of hegemonic masculinity that are prevalent in different socio-cultural context. Moreover, the definition of masculinity has mainly come from a feminist perspective (Scott & Marshall, 2005). It defines masculinity from the context of power, patriarchy, oppression and privilege and there is limited philosophical and theoretical basis for defining the nature of man's humanity. As such, the concept of masculinity tends to emphasize the social construction of man's nature, i.e. gender, and neglects the biological influences of man's behaviour. The concept of masculinity does not seek to harmonize the way socio-cultural and biological factors interplay to shape man's humanity or masculinity.

The concept of masculinity is employed as an explanatory or exploratory tool for understanding the dynamics of masculine behaviour. Various studies have employed the concept of masculinity to understand the experiences of male victims of IPV (Brooks, et al. 2017; Corbally, 2015; Durfee, 2011; Morgan & Wells, 2016). However, there has been a paucity of research on the applicability of the concept of masculinity to how men cope with their IPV experience and this study seeks to contribute to that aspect of literature. This study seeks to investigate the extent to

which the concept of masculinity is applied to the strategies male victims of IPV employ for their victimization experiences.

2.2. Between Gender-Oriented IPV and Gender Symmetry

One of the debates that has dominated the area of IPV in recent times is the gender symmetry and gender-oriented nature of IPV. Gender symmetry refers to the notion that men experience similar rates of IPV as women while the gender-oriented argument claims that IPV is a gendered issue where women are mostly the victims of IPV. Studies and surveys that involve the experiences of male victims of abuse are only a recent development from the middle 1970s through the work of Murray Straus and Richard Gelles. Their findings led to the conception of the idea of gender symmetry. However, initial studies on DV became part of public discourse through feminist advocacy on the incidents of wife battering and women's victimhood experiences. Thus, the predominant view of IPV is the notion of men as perpetrators and women as victims, which led to the gender-paradigm narrative in IPV. This next sections review some of the work within this debate, the areas in which research focus has been concentrated and the gaps that exists for further research.

2.2.1. The gender paradigm narrative of IPV

Various feminist groups like the National Organization for Women and American Association of University Women brought DV into the general conversation of America in the 1970s and, through many protests, into the criminal justice system (Shuler, 2010). Thus, the majority of individuals who reported incidents of DV or IPV victimhood were women. Tjaden and Thoennes (2000) analyzed findings from the National Violence Against Women Survey and discovered that women (20.4%) were significantly more likely to experience physical assault

compared to men (7%). The study also revealed that women were more often victims of forcible rape (4.5%) than men (0.2%) were.

In a study conducted in the United States, heterosexual men initiated significantly more violent episodes of DV than women did and were more likely to start the overall pattern of relationship violence (Hamberger & Guse, 2002). In another study of police reports, Hester (2013) found that women were more likely than men to use a weapon, but in self-defence. This claim is corroborated by the findings of other researchers (e.g. Miller & Meloy, 2006 and Saunders, 2002). Hester's study revealed that men (61%) were significantly perpetrators of DV relative to women (37%). The study also showed that men were more likely to use threats (29%) and harassment (29%) against their female victims. This also supports the claim that male perpetrated violence is directed towards harming and controlling female victims (Johnson, 2006; McFeely, Lombard & Burman, 2013).

McFeely, Lombard, and Burman (2013) provided statistical evidence from various scholars and surveys to refute gender symmetric claims. They found that:

- Women experience more forms of IPV on average than their male counterparts (Scottish Government, 2010);
- Female victims are more likely to be severely victimised, experience ill health and be less financially independent than male victims (Gadd et al, 2002);
- Female victims of abuse are more likely to experience fear than male victims (Hester, 2009; Gadd et al, 2002);
- Compared to women, men perpetrate abuse of greater intensity and severity (Hester, 2009);
- Men are more likely to be repeat perpetrators of domestic abuse (Hester, 2009);

- Women are more likely than men to be killed by a partner and ex-partner. Scottish homicide statistics for the past ten years suggest women are twice as likely as men to be killed in this way (Scottish Government, 2012).
- Furthermore, research suggests that where women killed by their partners were experiencing on-going abuse, men killed by their partners often had a history of perpetrating abuse (Walker, 1989; Stark, 2007).

In a critical analysis of the concept of IPV, and in reaction to the Conflict Tactics Scale created by Professor Murray Straus who found gender symmetry in IPV, Johnson (2006) differentiated between the concepts of intimate terrorism and violent resistance. He described intimate terrorism, as the case where a perpetrator is violent and controlling while the partner is not. He described violent resistance as a situation where the perpetrator is violent but not controlling as in the case of self-defence and retaliation against violent male partners. With his findings, he revealed that men (97%) were more likely to engage in intimate terrorism than women were at 3%. He also revealed that women (96%) were more likely to engage in violent resistance than men were at 4%. Hester (2013) also challenged the research instrument used in arriving at gender symmetric values for IPV, i.e. the Conflict Tactics Scale (CTS). She mentioned that the instrument's emphasis on tactics without contextual reference and limitation of impact to physical injury implies that the studies using the CTS have often had difficulties in differentiating between the experiences of victimization by men and women, where controlling behaviours may play an important part (Hester, 2013). She made analytical distinction between the National Victimization Surveys of the United States and United Kingdom, which showed symmetry in victims but differences in the severity of the abuse, that more female victims significantly experienced.

2.2.2. Gender Symmetry

Using the 1975 National Family Violence Survey, Murray Straus and Richard Gelles of the Family Research Laboratory at the University of New Hampshire discovered that women were just as likely as men, to report hitting their spouse/partner, and men were just as likely as women to report being hit by their spouse. The period of the research findings coincided with the feminist social movement era in the 1970's (Young, 2014). The researchers assumed that the women were defending themselves or retaliating in the case of mutual violence. However, they found that when subsequent surveys asked who struck first, women were as likely as men to start the assault or violence. This implied that women's motives for DV were often similar to those of men and ranged from anger to coercive control (Langhinrichsen-Rohling, et al. 2012; Young, 2014). Moreover, an increase in female arrests as IPV perpetrators in the United States was observed signifying the shift away from the traditional definitions of IPV as a predominantly male perpetrated offense (Hirschel, et. al. 2007; Shuler, 2010).

The first IPV survey of men and women in Canada, according to the 1999 General Social Survey (G.S.S.), represented a revelation to the nature of IPV against men. Respondents were asked ten questions concerning abuse by their current and/or previous spouses and common-law partners during the 12-month and 5-year periods preceding the telephone interview. The study revealed that 70 out of every 1000 women and 61 out of every 1000 men experienced violent behavior from their intimate partners in the previous five years (Bunge & Locke, 2000). The survey also revealed that there were similar victims of psychological abuse among men and women (18% and 19% respectively). Since 2004, the GSS (Victimization) data has shown relatively similar rates of physical and sexual IPV victimization among male and female victims, especially when victimization in past and current relationships are combined, see Table 2.1 (Ibrahim & Burczykca, 2016).

Table 2.1: Victims of self-reported spousal violence within the past 5 years by sex for 2004, 2009, and 2014.

	2004		2009		2014	
Relationship status	Males	Female	Males	Females	Males	Females
Current relationship						
Yes	306,933 (3.8%)	244,592 (3.1%)	393,143 (4.4%)	267,459 (3.2%)	262,267 (2.9%)	159,829 (1.8%)
No	7,544,958 (93.7%)	7,366,332 (94.8%)	8,422,734 (93.9%)	7,969,982 (95.2%)	8,761,887 (95.9%)	8,523,120 (96.6%)
Previous relationship						
Yes	247,404 (15.7%)	412,032 (21.4%)	195,182 (14.2%)	339,219 (20.1%)	164,936 (12.4%)	185,499 (13.8%)
No	1,291,042 (82.2%)	1,493,142 (77.6%)	1,162,900 (84.4%)	1,335,462 (79%)	1,129,069 (85.8%)	1,140,547 (84.9%)
Current & previous relationship						
Yes	525,755 (6.1%)	653,946 (7.2%)	585,100 (6%)	600,607 (6.4%)	418,163 (4.2%)	341,502 (3.5%)
No	8,225,936 (91.3%)	8,217,240 (90.8%)	8,937,394 (92.3%)	8,670,271 (92.1%)	9,264,466 (94.1%)	9,188,773 (94.9%)

Source: Ibrahim & Burczycka, (2016).

Self-report surveys and other studies of IPV among males and females (as victims and/or perpetrators) have revealed that the rates are similar as victims (i.e. gender symmetry), but not as perpetrators. (See Bates, Graham-Kevan & Archer, 2014; Du-Plat Jones, 2006; Fiebert, 2014; Jasinski, Blumentstein & Morgan, 2014; O’Leary, Slep, Avery-Leaf, & Cascardi, 2008; Slep & O’Leary, 2005; Renner & Whitney, 2010; Richards, Tillyer & Wright, 2017; Straus, 2004; Straus, 2011; Straus & Gozjolko, 2007; Straus & Ramirez, 2007.)

Meta-analytical studies involving statistical analysis and summarization of numerous peer-reviewed studies on IPV have revealed that there are similar prevalence rates for male and female victims (Archer, 2000; Capaldi, et. al., 2012, Desmarais, 2012a). In a systematic review of 111 peer-reviewed articles on IPV, Capaldi et al (2012b) also revealed that women were more likely to perpetrate IPV relative to men. Meta-analytical studies by Langhinrichsen-Rohling, et al. (2012) on the rates of bidirectional IPV against unidirectional IPV also revealed that unidirectional

female-to-male IPV was substantially more prevalent than unidirectional male-to-female IPV (Langhinrichsen-Rohling, et. al. 2012). Similarly, in the analysis of a convenience sample of 4,239 university students in 32 countries across the world, Straus (2008) found out unidirectional female-to-male IPV was more than unidirectional male-to-female IPV in all 32 countries. Straus (2008) also revealed that 25 of the 32 nations, more women engaged in more severe unidirectional physical IPV (e.g. beat up, choke, slam against a wall, burn, use of knife etc.) against their partners. Moreover, in 24 of the 32 nations, women dominated or controlled their partners more than men (Straus, 2008). Studies have also shown the prevalence of IPV within lesbian and gay relationships (Galvan et al. 2004; Stanley, et al. 2006; Kelly, et al. 2011). The meta-analytical studies and surveys, highlighted earlier, reveal the existence of male victims of IPV. A study by Whitaker et. al. (2007) revealed that in non-reciprocally violent relationships, women were the perpetrators in more than 70% of cases.

According to Kumar (2012), given the change in women's power dynamics, economic independence and control over the economy and resources as ushered in by the feminist Movement, violence against men by women seemed to have increased. It is possible to say that the unintended consequences of empowering women may have led to their expression of violent behaviour as the power dynamics swung in women's favour (Roscoe, 2014). The noun 'man' conveys gender-oriented undertones which connotes power, embedded with masculine behavior, appearance, countenance and the control of emotion, as men are believed to have better control of their emotions than women, although this has not been verified by scientific evidence. Human beings have the tendency to love, hate, be tender, violent and aggressive; there are no exceptions to this fact (Maguire, 2010). However, with socially constructed expectations of being a 'man' and 'woman', the conception of DV still tends to be skewed towards seeing men as perpetrators and

women as victims. Given the nature of gender socialization and the unusual nature of male abuse, male victims tend to be humiliated and stigmatized for allowing themselves to be beaten by women. The notion that the average male is stronger than the average female connotes a form of advantage for men (Kumar, 2012; Migliaccio, 2001). However, this view however, disregards the events where violent women use dangerous objects or sudden attacks on their male partners (Gelles & Straus, 1988). It also disregards forms of violence that do not depend on physical size e.g. throwing objects at the victim, verbal violence, economic violence etc.

2.3. Psychological and Sexual IPV

Another form of IPV against men that is generally overlooked is verbal abuse, which tends to have prolonged negative effects on the psychological well-being of the victim (Kumar, 2012). The National Intimate Partner and Survey Violence Survey (2010) in Canada revealed that both men and women experience very similar levels of psychological aggression from an intimate partner over their lifetime (i.e. 48.4% of women and 48.4% of men) (Black et. al. 2011). Studies on psychological violence tend to be rare because they do not have the direct juridical correlate shared by sexually based offenses and stalking or obsessive behaviour (Carney & Barner, 2012). Proving the experience of psychological violence may be relatively difficult for the victim, unlike physical and sexual violence, which tends to leave visible scars or injuries from the aggressor (Cahill, Kaminer & Johnson, 1999). However, several studies have shown that psychological violence is associated with the occurrence of physical violence (Coker, et al. 2000; Follingstad, et. al. 1990; Henning & Klesges, 2003; Pottie-Bunge, 2000; O'Leary, 1999; Stets, 1990; Straus & Smith, 1990).

The argument has also been made that even the victims of psychological abuse might not recognize the occurrence of the abuse they are experiencing (Goldsmith & Freyd, 2005), nor might they recognize the mental or emotional harm caused by psychological abuse (Champagne, 1999; Doherty & Berglund, 2008). It is also important to note that psychological abuse is a dimension of IPV, which both sexes can easily perpetrate, unlike physical IPV where the physical difference between men and women can play a major role in the impact of such aggression. Studies have shown that the perpetration of psychological abuse is motivated by the perpetrator's desire to exert control and destroy their partner or victim's sense of self-esteem (Evans, 1999; Johnson & Ferrero, 2000; Schwartz, 2000).

Various studies that have been analyzed data on psychological violence, along with physical and/or sexual violence, have shown that psychological violence is the most predominant form of IPV (Barnawi, 2017; Capaldi, et al. 2007; Carney & Barner, 2012; Frye & Karney, 2006; Romans, et al, 2007). Despite the subtle and sometimes invisible nature of IPV, psychological violence bears unique consequences for the mental and physical health of the victims (Coker, et al. 2000a; Straight, Harper & Arias, 2003; Witte, Hackman, Boleigh, Mugoya, 2015). According to the National Coalition against Domestic Violence (NCADV), psychological violence has been shown to elicit the trauma of physical and sexual abuse, and has been found to cause long-term damage to a victim's mental health (NCADV, 2015). Studies have also shown that victims of psychological abuse often experience depression, post-traumatic stress disorder (PTSD), suicidal ideation, low self-esteem, and difficulty trusting others (Street & Arias, 2001; Pico-Alfonso, et al. 2006; NCADV; 2015; Barros-Gomes, et al. 2016). A study by O'Leary and Mairuo (2001) reveals that subtle psychological abuse is more harmful than either overt psychological abuse or direct aggression. A study by Dutton et al. (2006) shows that psychological abuse is a stronger predictor

of PTSD than physical abuse among female victims of IPV. Similarly, Pico-Alfonso's (2005) study of women abused by their partners in comparison to non-abused control women reveals that the psychological component of IPV is the strongest predictor of PTSD.

Most the research on psychological violence has focused on female victims and relatively little is known about the experiences of male victims of psychological violence (Carney & Barner, 2012; Follingstad, 2007; McHugh, Rakowski, & Swiderski, 2013). However, several studies have shown the prevalence of female perpetration of psychological violence (Frieze 2005; McHugh 2005; Langhinrichsen-Rohling 2010; Hamby 2009). Also, various studies, including meta-analytical research on the subject matter and large population samples, have shown that men and women report similar rates of psychological violence. There is also a high level of reciprocity in the psychological violence among men and women (Black et. al. 2011; Breiding, Chen, Black, 2014; Carney & Barner, 2012; Davis et al, 2002; Frieze, 2005; Follingstad & Edmundson, 2010; Ibrahim & Burczycka, 2016; LaRoche, 2005; McHugh, 2005; Mihorean, 2005; Munoz-Rivas, Gomez, O'Leary & Lozano, 2007; Romans et. al. 2007).

A few studies have investigated the prevalence of psychological violence in Canada with the use of large sample surveys, particularly the 1999 GSS data. Romans et al (2007) found that there were no gender differences for psychological violence; 19.3% of women and 18.8% of men had experienced psychological violence from their partners. Daigneault, Hebert and McDuff (2009), in their assessments of rates of IPV and childhood sexual abuse among men and women in Canada, revealed that 18.8% of men and 19.2% of women had experienced psychological IPV. A college-sampled study by Sears, Byers and Price (2007) also found that 35% of male respondents and 47% of female respondents had used psychologically abusive behaviours in their dating relationships. As mentioned earlier, LaRoche's study (2005) also showed that gender symmetry in

psychological violence experiences. However, it was only LaRoche's (2005) analysis that has adopted Johnson's categories of psychological violence in its analysis. Most studies on psychological violence in Canada tend to analyze the general population, or only female victims, and this study looks specifically at the recent trends and occurrence of psychological violence in heterosexual relationships: male-to-female and female-to-male psychological violence victimization using the 2014 GSS (Victimization) data.

Few studies have investigated the predictors of psychological violence. Several studies have found an association between excessive alcohol use, extreme poverty (Lemon, Verhoek-Oftedahl, & Donnelly, 2002; Zavala & Spohn, 2010), childhood abuse, comorbidity of child maltreatment (Chang, Theodore, Martin, & Runyan, 2008), employment problems, substance abuse, (Henning & Klesges, 2003), and psychological violence. In Canada, Daigneault, Hebert and McDuff (2009), using the 1999 GSS data, revealed that marital status (common-law men), experience of childhood abuse, excessive drinking of the partner, and fewer years of living together predicts psychological violence. However, this study did not look at the predictor variables in the female-to-male and male-to-female dimensions of psychological violence. The data for this study was the 1999 GSS data with several changes made to the research instrument, for example, the inclusion of two more questions for measuring psychological and economic IPV (StatsCan, 2016). There is a paucity of recent research on the predictors of psychological violence in Canada and this study addresses the subject matter among heterosexual male respondents using the 2014 GSS (Victimization) data.

Sexual assault represents another source of controversy in the study of IPV. According to a survey conducted by the Center for Diseases Control and Prevention (2010), 4.8% of the male respondents experienced sexual abuse in intimate relationships. In another survey of male

victimization of IPV conducted in Sweden in 2010, lifetime experience of emotional abuse was 16.7%, physical abuse was 48.9%, and sexual abuse was 4.5% (Swahnberg et. al. 2012). The proportion of men who currently suffer from abusive experiences is highest for emotional abuse and abuse in health care (Swahnberg et. al. 2012). The Saskatoon Sexual Assault and Information Center (2014) reported that one out of every six boys becomes a victim of sexual abuse while one out of every four girls stands to experience sexual abuse in their lifetime, though not just in intimate relationships.

According to Uwujaren (2012), when it comes to getting support, justice or visibility, male rape survivors tend to be subjected to a number of victim-blaming myths like 'He got it up, so he must have wanted it' or 'He could have fought the rapist off.' However, the reality is that men do get unwanted erection and overpowered by their attackers. Sometimes, sexual assaults by female perpetrators can take a non-coercive form, as the male victims tend to have sex without consideration of their consent. According to an anonymous victim of sexual abuse:

"I had had sexual intercourse against my will. ... One can say that men cannot be raped due to the probable inability to gain an erection when undergoing that kind of ugly abuse. Whatever the speculative thought process that may reveal, I cannot get past the fact that I did not want to have sex. I think that I have been raped."
(Hidden Hurt, 2011).

Fiebert and Gonzales (1997) also asked for more profound reasons why a woman would assault her male partner. The five leading reasons the women gave to that query were:

- I believe that men can readily protect themselves so I do not worry when I become physically aggressive (24%).
- I have found that most men are trained not to hit a woman and therefore I am not fearful of retaliation from my partner (19%).

- I believe if women truly are equal to men, then women should be able to express anger physically as men (13%).
- I learned when growing up that I could be physically aggressive toward my brother and he would not fight back (12%).
- I sometimes find when I physically express my anger; I become turned on sexually (8%).

Qualitative study by Hines (2009) of men seeking assistance or help for abuse reveals some of the reasons why male victims of spousal abuse do not receive the appropriate assistance. Some of the reasons include not being believed; may be accused of being the batterer when seeking assistance; and not getting help from the domestic violence social service providers or agencies. Kumar (2012) also noted that one of the barriers to reporting of violence by men is the shame surrounding the disclosure of their suffering in a men-dominated society and such help seeking behaviour is perceived as 'feminine behavior'.

Studies have also shown that male victims of IPV tend not to be taken seriously when they report their female abusers given the notion that women are seen as victims rather than offenders before the law enforcement agencies and courts (Rodney & Randall, 2007; Nagesh, 2016). Moreover, men are more likely to be arrested in cases of bilateral violence, more likely to be treated harshly by the criminal justice system and less likely to receive protection orders from their female partners (Brown, 2004; Capaldi, et. al., 2009; Henning & Renauer, 2005). This adds to the narrative that men are mainly perpetrators of IPV while women are seen as mainly victims.

2.4. Risk Factors of IPV

An examination of risk factors surrounding the experience or perpetration of IPV reveal that socio-economic and demographic characteristics that are associated with IPV. These factors can be used in directing policies regarding the segment of the people who need victimization

services. According to the Center for Diseases Control (CDC), some of the risks factors for IPV victimization and perpetration are similar, while others are associated with one or the other (CDC, 2016). An example is childhood physical or sexual victimization, which is a risk factor for future IPV perpetration and victimization. Some of the individual risk factors include low self-esteem, low income, low academic achievement, young age, aggressive or delinquent behaviour as a youth, heavy alcohol and drug use, depression, anger, hostility, antisocial personality traits, borderline personality traits, and prior history of being physically abusive. Other factors are unemployment, emotional dependence, insecurity, belief in strict gender roles, desire for power and control in relationships, being a victim of physical or psychological abuse (which is one of the strongest predictors of perpetration), history of experiencing poor parenting as a child and history of experiencing physical discipline or abuse as a child (CDC, 2016).

A systematic review of peer reviewed articles on the risk factors leading to IPV by Capaldi, et. al. (2012) revealed some of predictors of IPV. Their findings revealed that there is an association between low age, unemployment, education, household income and IPV. However, the relationship between education and IPV seems to dissipate when other factors are controlled (Capaldi, et. al. 2012). When concepts based on social learning theory and intergenerational transmission were analyzed, findings show that exposure to early childhood abuse and witnessing parental IPV was strongly associated with IPV victimization and perpetration (Capaldi, et. al. 2012). Ferguson (1998) mentioned that some of the risk markers of dating violence include low self-image, alcohol usage, experiencing and witnessing violence in the family of origin, length of time in a relationship, stress (job loss, academic problems, role loss, financial problems) and socio-demographic factors like race, family, income, religion, and place of origin. However, it is indicated in literature the association between socio-demographic factors and victimization in

dating where violence is scarce and less concerted in patterns of correlations that can be identified (Ferguson, 1998).

Furthermore, some of the factors associated with IPV include younger age, low income or unemployment and minority group membership (Hamel, 2012). His analysis also showed that there is some association between childhood-of-origin exposure to abuse and IPV while married couples were at a lower risk of IPV than dating couples (Hamel, 2012). Alcohol use was more strongly associated with female-perpetrated than male-perpetrated IPV. Hamel (2012) also mentions that IPV risk factors are the same for men and women, with few exceptions. Similarly, Mignon (1998) assumed that men endure the mechanisms of intimidation, power and control, which battered wives suffer. In a peer-reviewed article where they analyzed the Nigerian Demographic Health Survey (NDHS) of 2013, several socio-economic factors were found to predict the perpetration of violence by Nigerian women against their husbands or partners (Nwanna & Kunnuji, 2016). The socio-economic factors were low education, employed women, women separated from their partners or spouses, and the use of alcohol by the husband (Nwanna & Kunnuji, 2016). The study revealed that lower educational attainment, and alcohol consumption by the male partner was associated with the perpetration of IPV among the women. The study also revealed that employed women and women separated from their partners were associated with perpetrating IPV.

Similarly, in Canada, a study by Romans, et al. (2007) found that the significant risk factors for physical and/or sexual IPV were younger age, being divorced/separated or single, having children in the household, and poor self-rated physical health. Another study by Daigneault, Hebert, and McDuff (2009) revealed that age, current marital status, and limitations due to physical and mental condition or chronic illness were predictors of IPV for men and women. A study by

Hutchins (2015) revealed that men in common-law relationships were more likely to experience spousal abuse than men who are married but educational attainment or marital status had no bearing on women's experience of IPV victimization. The experience of victimization through IPV was also more associated with women who identified as lesbian or bisexual (as against identifying as a heterosexual), an Aboriginal person (as against non-Aboriginal persons), drug users (as against non-drug users) and those who experience of emotional or financial abuse (as against those who did not experience emotional or financial abuse) (Hutchins, 2015). Similarly, analysis of the General Social Survey (Victimization) data of 2014 by Ibrahim and Burczycka (2016) revealed that age, marital status, childhood abuse (physically and sexually) and witnessing violence committed by a parent are associated with the experience of IPV.

2.5. Effects of IPV for Male Victims

A few studies have looked at the effects of IPV against male victims. A qualitative study of the emotional experience of a man abused by his spouse, conducted by Alifanoviene, Sapelyte, and Patkauskiene (2013), argued that some of the emotions exhibited include feeling of worthlessness, low self-image, shame, silence, anger, loneliness and guilt. An emergency clinic in Philadelphia found that 12.6 percent of all male patients over a 13-week period, among 866 male respondents, were victims of domestic violence (Mechem, Shofer, Reinhard, Horing & Datner, 1999). It is important to note that many emergency clinics ask women but not men about potential domestic violence origins of their injuries (Dutton & White, 2013). Analysis of the National Violence against Women data by Coker et al. (2002) revealed that physical and psychological abuse were associated with the same outcomes and had similar effects on men and women. Similar findings were revealed by LaRoche (2005) after analyzing the General Social Survey (1999) data

as 83% of men who feared for their lives, did so because, they were unilaterally terrorized, i.e. in the nature of intimate terrorism as defined by Johnson (2006), by their female partners compared to the 77% of women who were unilaterally terrorized.

The GSS (Victimization) data of 2014, revealed that women were more likely to report physical injuries than men were in general (Ibrahim, & Burczycka, 2016). The data revealed that 40% of female victims of spousal violence reported physical injuries, while 24% of male victims of spousal violence reported physical injuries. The female victims (92%) were more likely to report bruises than male victims (69%). However, more male victims (76%) were more likely to report cuts, scratches and burns than female victims (33%) (Ibrahim, & Burczycka, 2016).

2.6. Institutional Services for Male Victims of IPV

Institutional services, Douglas and Hines (2011) analyzed a sample of 302 men who sought help after sustaining IPV from their female partners and revealed that majority (84%) of male victims of IPV tend to seek informal forms of support like friends, neighbours, relatives and parents. Two-thirds of the men also used the informal resource of online support while 46.3% of men sought the Police intervention. In terms of the helpfulness of the support systems, men were mostly satisfied with the support they received from family and friends, while 50% to 66% of the men who contacted the Police, domestic violence agency or domestic violence hotline reported that the resources were not at all helpful. A large proportion of the men (i.e., 43% to 64%) were informed by the domestic violence agencies that they only help women. Some of the men were accused of being the batterer in the relationship when seeking help from DV agencies (40.2%), DV hotlines (32.2%) and online resources (18.9%). In addition, when the Police intervened after the male victims called them, in 54.9% of the cases the partner was determined to be the primary

aggressor. In 26.5% of cases where the Police intervened, the partner or aggressor was arrested, while in 33.3% of the cases, the complainant was arrested.

In terms of seeking institutional support in Canada, the Transition Home Survey (THS) identified 627 government-funded shelters for abused women that were operating across Canada, as at April 16, 2014 (Beattie & Hutchins, 2014). However, there was no federal government-provided or funded shelter dedicated to male victims of IPV. The GSS (Victimization) data of 2014 revealed that female victims of spousal violence (19%) were almost four times more likely than male victims of spousal violence to report having a restraining order enacted against their current or former spouse. These findings did not change in any significant way from the 2009 GSS (Victimization) findings (Ibrahim, & Burczycka, 2016). Moreover, female victims (56%) were more likely to report using formal support services than males (20%). More women were more likely to access crisis centers or lines, support groups, victim services and halfway houses or shelters than men (Ibrahim, & Burczycka, 2016). Some of the institutional services accessible to male DV victims in Canada are Men's Alliance Safe House (MASH Project), Ontario Association of Male Survivor Services (OAMSS), Ottawa Men's Center, The Family of Men Support Society, The Victoria Men's Center and The Canadian Association For Equality (CAFÉ) (Cheung, Leung & Tsui, 2009). These services providers are networking supports, treatment, victims' services, information, shelter services (only for MASH Project) and training for men (Cheung, Leung & Tsui, 2009).

2.7. Gaps in Knowledge

More male victims of IPV tend to be captured more in victimization surveys than police-reported surveys (Beaupre, 2015; Brooks, et. al. 2017; Sinha, 2013; Ibrahim & Burczycka, 2016) as male victims are less likely than female victims to report their experience of IPV to Police

(Dutton & White, 2014; Ibrahim & Burczycka, 2016; Nagesh, 2014). This may be one of the reasons why cases of female victimization tend to be more highly represented than men in Police-reported statistics. However, literature and results of victimization surveys are yet to reveal the socio-economic profiles of male victims and female perpetrators of IPV.

Although several studies have investigated the risks factors of IPV in various contexts, there remains a paucity of research on risk factors of IPV in Canada; male victims in particular, are under-represented in research studies in Canada. The study by Romans, et al (2007) analysed both male and female victims of IPV. Moreover, the study by Romans, et al (2007) and Daigneault, Hebert, and McDuff (2009) analyzed IPV using the 1999 Canadian GSS data, which is different from the 2014 GSS (Victimization) data. The GSS (Victimization) data has added more dimension of IPV to its indicators, such as the inclusion of two more questions measuring for psychological and economic IPV and one more question measuring for sexual IPV. Thus, this study also seeks to investigate the nature of economic and psychological violence, which has received very limited attention, especially in quantitative studies. It is also imperative to note that most of the studies about IPV rarely describe the coping strategies employed by male victims of IPV. How male victims of IPV handle the experiences of IPV and function in other spheres of their daily lives (i.e., work, with parenting, social commitments) are yet to be documented or researched. Thus, this study seeks to examine the socio-economic profiles of the male victims and female perpetrators of IPV, using the 2014 GSS (Victimization).

CHAPTER THREE

THEORETICAL LITERATURE REVIEW

This chapter presents the theoretical perspectives used in this thesis along with discussions of their relevance of male victims of IPV. A theory is a body of logically interdependent and generalized concepts of empirical reference (Parsons, 1964 cited in Haralambos & Holborn, 2004). It also refers to abstractions, ideas and conceptual constructions that are tentative and attempt to make a causal explanation or descriptive illustration of a phenomenon. This study's adopted theories for the analysis of DV are feminist theory, the concept of gender symmetry, family conflict theory, and control theory. Each of these theories is discussed in detail.

3.1. Feminist Theory of Domestic Abuse

It is difficult to conceptualize feminism as a unified body of thought in view of its various dimensions that convey feminist ideas (Appelrouth & Edles, 2008). One of the most common dimension for conceptualizing feminism is the political/ideological orientation (ibid). It implies that feminism is partly a theory and political activist movement or ideology, with the theory often providing the intellectual basis upon which political activism is directed. Generally, The Oxford Dictionary of Sociology conceptualizes feminism as a social movement, which combines theory and political practice in achieving equality between men and women (Scott & Marshall, 2005). Daly and Chesney-Lind (1988) also see feminism as a set of theories on women's oppression and a set of strategies for change (Daly & Chesney-Lind 1988 cited in DeKeseredy & MacLeod, 1997). Thus, at the core of the feminist theory is the concept of the oppression of women in society. Ritzer (2008) also conceptualizes feminism as the deconstruction of established systems of knowledge by showing their masculinist bias and the gender politics that frame and inform them.

DV is a phenomenon that has always attracted the interest of feminist theorists and it has been explained based on some variant of feminist theories such as radical, Marxist and socialist feminist explanations. Some of their explanations of domestic violence are influenced by their unique assumptions on the status of women in society. It is important to note that credit should be given to feminist theorists who raised DV as a vital social problem. It is upon their theoretical frameworks on DV from the 1970's that theoretical postulations and empirical investigations on other forms of DV, including IPV against men, from the sociological perspective is possible.

Radical feminists believe that the existence of patriarchy is the root cause of women's oppression and disadvantaged position in society (Beirne & Messerschmidt, 1991 cited in DeKeseredy & MacLeod, 1997; Scott & Marshall, 2005). For feminists, patriarchy means the systematic domination of men in society's various institutions (Scott & Marshall, 2005). For radical feminists, violence is an expression of male dominance over women. Radical feminists apply this idea to their explanation of the men's abuse of women and argue that men engage in violent behaviour in their desire to control and dominate women (DeKeseredy & MacLeod, 1997). Extending this argument to male abuse, radical feminists also believe female perpetration of abuse is a reaction to the prolonged experience of abuse from their male partner. In the same vein, female perpetration of abuse can be the result of self-defence. This is evident in the introduction of self-defence classes or use of pepper spray as reactionary measures towards any event of abuse.

Socialist feminists believe that not only gender relations but also social class are important and intertwined factors in determining the social order at any particular time in history (Messerschmidt 1986 cited in DeKeseredy & MacLeod, 1997). They argue that most incidents of domestic abuse occur among lower socioeconomic groups (DeKeseredy and Hinch, 1991). They

provide possible explanations for domestic abuse by lower class men based on the following factors:

- They do not have the economic means to afford the luxuries of life which puts a strain on them;
- They have little or no power in the workplace which makes their conjugal relationship a place to direct their frustrations;
- They are most likely socialized into a culture of violence and dominance of women (Rubin 1976 cited in DeKeseredy & MacLeod, 1997);

Finally, Marxist feminists believe that the economic foundation of the society has primacy over other social relations, such as gender relations. They argue that gender division of labour is the result of class division of labour (DeKeseredy & MacLeod, 1997). They assert that capitalist societies have the highest rape rates because they produce unequal gender relations that cause increased violence. They contend that rape cases are rare in non-capitalist societies as male-female relations are egalitarian (Schwendinger & Schwendinger, 1983 cited in DeKeseredy & MacLeod, 1997). It is also important to note Friedrich Engels (1884) description of the relations between men and women is like the relations between the bourgeoisie and proletariat, respectively. In this sense, women were dependent on men for the attainment of wages and hence their subordinate status. However, through the process of social revolution, the differences in classes and between the genders would be eliminated (Smith, 1997). This is evident in the demands for gender equality, as more women are becoming empowered, educated and enlightened which would lead to structural changes in society (ibid). Moreover, changes are occurring in the number of women attaining higher education and in labour market participation. There are reductions in gender wage gap, changes in the domestic roles of women and men, and in the family structure, especially in

developed countries (Diprete & Buchmann; 2013; Jurik, 1999; United Nations Department of Economic and Social Affairs, 2010; Wentz, 2016). Through these changes, women have gained more power in the social structure and these structural changes can lead to unintended consequences. It is also possible to say that women's increased control over assets or access to financial resources can upset household power dynamics and lead to unintended consequences like DV (Kumar, 2012; Roscoe, 2014).

However, one of the main flaws of the various strands of feminist theory is that they focus on women as the only 'true' victims of abuse. The theories do not provide critical explanations for women's capacity to be violent towards men, children, other women and the elderly (Cleary, 2002; Stitt & Macklin, 1997; Whiston, 2002). While mainstream traditional feminists have ignored the recognition of male victims of violence, some contemporary feminists are beginning to recognize the existence of male victims of abuse (Bennett, 2014; Gaboury, 2013; Newman, 2015; Uwujaren, 2012, Williams, 2014; Brooks, et. al. 2017). The Marxian feminist analysis directs one to the changes in the structural factors and power dynamics between men and women occurring in developed societies through women's social revolution. This also sheds light on the socio-economic factors that are associated with women's perpetration of IPV.

3.2. The Concept of Gender Symmetry

Germane to this work is an understanding of the concept of gender symmetry often adopted in the investigation of intimate male partner abuse. Before the 1970's, studies on domestic abuse were focused on female victims and this shaped the nature of policies on domestic abuse. Consequently, today, there are more shelters for women than for men in Canada (Beattie & Hutchins, 2014), including the number of services and institutions meant to cater for female victims of IPV, more public awareness programmes on IPV against women, treatment programmes

for violent men, legislation on IPV against women, and IPV training for Police officers and Crown Attorneys (Johnson, 2006). Gender symmetry is based on the belief that women perpetrate similar rates of IPV as men (Gelles & Straus, 1988). Murray Straus and Richard Gelles popularized this position in 1975 after they conducted studies of 2146 families in the United States National Family Violence Survey (Gelles & Straus, 1988). That study revealed that 11.6% of men and 12% of women had experienced some form of IPV in the previous one year (ibid). These findings represented a contradiction in the narrative presented by feminists on the discourse of IPV. Additionally, Straus (2010) revealed some results of other studies that validate gender symmetry as shown in Table 3.1 below.

Table 3.1: Surveys showing the similarities of perpetration of abuse by both sexes

Study	Severity of Assault	Men (%)	Women (%)
Canadian National Survey (1988)	Minor	17.8	23.3
	Severe	10.1	12.9
Canadian General Social Survey (2005)	Overall rate	7	8
British Crime Survey (1999)	Overall rate	4.2	4.1
National Co-morbidity Study (2001)	Minor	17.4	17.7
	Severe	6.5	6.2
National Alcohol & Family Violence Survey (1995)	Overall rate	9.1	9.5
	Severe	1.9	4.5
Dunedin Health & Development Study (1999)	Overall rate	27	34
National Violence Against Women Survey (2000)	Overall rate	1.3	0.9
Youth Risk Behavior Survey (2007)	Overall rate	8.8	8.9
National Youth Survey (1994)	Overall rate	20.2	34.1
Percentage of emergency visits for partner violence (1997)	Injury	19	20

Source: Straus (2010)

However, the concept of gender symmetry has been criticized for using a flawed methodology, i.e. the Conflict Tactics Scale (CTS) that involves a shifting of the attention to what is regarded as the 'victims' of abuse, i.e. women, to men who are seen as the 'perpetrators'. It is observable that the theory does not explain why men experience IPV or why women perpetrate IPV. However, gender symmetry implies a more gender-inclusive approach to the study of IPV

and that male victims of IPV are a valid subject for research. In a subsequent study, Murray and Gelles employed the family conflict theory to explain the bi-directional nature of IPV.

3.3. Family Conflict Theory

Richard Gelles and Murray Straus developed, defined and advanced the family conflict theory, which assumes that conflict is inherent in all human groups, including the family (Straus, 2005). The conflict is because group members, partners or couples, while sharing many interests, also have different interests. Within this context, conflict between family members, which may also imply intimate partners, are universal and inevitable and violence is seen as one of the means of resolving this predictable conflict (Lawson, 2012).

The family conflict theory explains the mutual nature of spousal abuse; no gender is excluded from the perpetration and victimization of spousal abuse. According to this model, both the man and woman contribute to violence in an intimate relationship (Paymar, 1994). According to Davis (2001), the family conflict model of violence is the result of the stress created in dysfunctional families as it seeks to exclude gender-oriented explanations of IPV. It attributes the occurrence of violent and aggressive behaviour among couples and within families as an inevitable phenomenon (Straus, 2007). The model suggests that family members may intentionally or unintentionally, contribute to the escalation of violence. The lower or less severe levels of family conflicts are often warning signs for families that they are at risk of much greater abuse. This implies that as couples fail to address adequately their interpersonal disputes and disagreements, anger and bitterness would build up over time, which would eventually lead to an outburst or heavy physical and verbal abuse (Straus, 2007).

The family model attributes IPV to aggressive behaviours created by the building up of conflicts, tensions and stressful situations. This theory was the basis of the creation of the Conflict

Tactics Scale (CTS) by Murray Straus that measures IPV from a quantitative perspective. Straus (2005) noted that the version of conflict theory on which the CTS is based assumes that any inequality in the family, including dominance by a female partner tends to increase the probability of violence. This is because the dominant partner employs violence to maintain his or her position, or the subordinate partner can employ violence to try to achieve a more equitable relationship. This simply creates room for investigation into the nature of IPV to be bidirectional, i.e. where the victims and the perpetrators abuse each other.

One of the main criticisms of the theory comes from feminist scholars who argued that the theory does not convincingly emphasize the importance of power dynamics within families (Bograd, 1986; Libow, 1985). The theory has also been criticized for analyzing IPV from a mutual standpoint, which has latent implications of victim blaming. It is also argued that the theory tends to provide further excuses for perpetrators of IPV and may provide the perpetrators with potential additional information, which can be used in manipulating the victim (Adams, 1988; Saunders, 2001). It is seen as contributing to the belief in victim responsibility for violence (Murray, 2006).

3.4. Social Learning Theory of Aggression

The Greek adage 'Demo quod non habet' which means that 'one cannot give what one does not have,' implies that one's behaviour, actions and expressed emotion emerges from a learned act, consciously or unconsciously. The social learning theory (of behaviour), developed by Albert Bandura, entails the idea that behaviour is a learned process (Hyde-Nolan & Juliao, 2012; Wallace & Robertson, 2011).

One of the philosophical ideas that support social learning is behaviourism. Behaviourism, as an ideology, places pre-eminence on the potency of the acquisition of knowledge in shaping the human mind and behaviour. It believes that a man's mind from birth is like a tabula rasa (i.e. blank

slate) upon which experiences and life events write. Thus, the belief also implies that no person can exhibit a character he or she has not learned. The theory argues that people model behaviour that they were exposed to as children. In the same token, they state that violence is learned through role models provided by the family directly or indirectly, reinforced in childhood and continued into adulthood as a coping response to stress or a method of conflict resolution (Mihalic & Elliot cited in Igwe, 2013).

The social learning theory is comprised of four key elements: imitation, definitions, differential associations and differential reinforcement (Sellers, et. al. 2005). Imitation refers to the extent to which one emulates the behaviour of role models, i.e. significant others one admires. Definitions refers to the attitudes and values individuals hold regarding the morality of the law in general and the wrongfulness of specific deviant or criminal behaviour. Such attitudes may approve, disapprove or be morally neutral towards a specific deviant behaviour. In this context, weakly held conventional morals and values or situationally neutralized morals and values are sufficient to generate deviant behaviour (Sellers, et. al. 2005).

Differential association refers to the influence of the definitions, attitudes and behaviour of significant others on individuals conduct and this is consistent with similar influences implied by the intergenerational transmission of IPV. This implies that exposure to the definitions and behaviour of others with whom one interacts has a powerful effect on one's own definitions and behaviour. Differential reinforcement refers to the net balance of anticipated costs and rewards associated with a given behaviour. An exhibited act that is likely to yield a greater reward than cost is more likely to lead to IPV. Thus, an individual in an intimate relationship most inclined to perpetrate IPV is one who views IPV as more rewarding than costly. Some of the rewards can include domination, manipulation, power, and control over another (ibid).

In relations to IPV, social learning theory predicts that the tendency toward IPV is greater among those who have witnessed others that they admire using aggression against a partner. IPV is also common among those who hold definitions that approve, only weakly disapprove or situationally neutralize the use of IPV. Those who associate with significant others that hold such definitions that are consistent with the use of IPV, and those who anticipate a greater balance of social and non-social rewards from partner violence than its cost also exhibit high levels of IPV (Sellers, et. al. 2005).

The theory also seeks to explain the presence of intergenerational transmission of violence in an individual (Hyde-Nolan & Juliao, 2012). When a child is growing up, he or she receives feedback from others regarding their own behaviour, from which they develop standards of judging their behaviour and seeking out models that match their standards. Thus, children who grow up in violent or abusive families may learn violent or abusive behaviours, imitate those behaviours and repeat them in their future relationships (Hyde-Nolan & Juliao, 2012). For example, researchers have found that individuals who experience or observe violence in their childhood are more likely to be in a violent intimate relationship as either an abuser or victim (Cappell & Heiner, 1990; Marshall & Rose, 1990).

It is also possible to apply the social learning idea to the experience of domestic violence. Children who sometimes experience child abuse or witness violence between their parents tend to accept subconsciously violent behaviour as a means of resolving conflict in relationships (Dibal, 2014). There have been studies that reveal the link between the experience of marital violence with earlier experience of abuse during childhood, by either witnessing violence between parents or childhood victimization (Capaldi, et. al. 2012; Dutton 1995; Nwabunike & Tenkorang; 2015; Solinas-Saunders, 2007; Straus, 2006). Such experiences from childhood become accepted as a

way of being in the world, with such individuals viewing violence as part of the social reality in intimate relationships.

It is noteworthy that this theory shows that aggression, including DV and IPV, is learnt and applies to all individuals in society. However, the theory neglects to analyze the power relations and development of tensions involved in aggressive behaviour. Social learning has been criticized for failing to explain certain kinds of spontaneous acts of aggression within the family, for example a frustrated parent who suddenly hits a crying child (Wallace & Robertson, 2011).

3.5. Control Theory

This theory is based on the idea that IPV results from an individual's need to attain and maintain power and control over another within a relationship (Hyde-Nolan & Juliao, 2012). The motivating factor for the perpetrator's violent behaviour is the power and control he or she can exert over the partner or members of the family. Such violent behaviours are intended to prohibit the less powerful members of the family from engaging in behaviour that the abuser does not want while establishing a demand for the abuser's 'desirable' behaviour to occur (Hyde-Nolan & Juliao, 2012).

The perpetrator of IPV can employ forms of intimidation such as coercion, isolation, economic abuse and denial of personal blame, to gain control over their partners. Within this context, the victims also learn how to engage in a form of behavioural adaptation to their events of IPV, that is, they respond to various forms of violence, intimidation and manipulation. The victim may begin to modify or adapt new behaviour, slowly giving up control in order to survive and avoid continued abuse (ibid).

This theory not only explains why some partners are violent, but also why some partners are not violent. This is because people are controlled by the fear of punishment, as well as their

social bonds to other people and institutions. Research has shown that men who have strong attachments to significant others and fear negative reactions from these individuals, are less likely to abuse their wives than men without these attachments (Lackey & Williams, 1995). Moreover, men who value attachments to home, work and their community may view the threat of arrest of IPV as a significant disincentive from engaging in IPV (Sherman, 1992).

However, one of the observable flaws of control theory is its lack of focus on the source of the occurrence of DV or IPV. It also neglects to explain the role that conflict of interest plays in shaping the incidence of IPV between the perpetrators and the victims. It underplays the role of reinforcement of behaviour among the victims in addressing their victimhood status.

3.6. Conceptual Framework

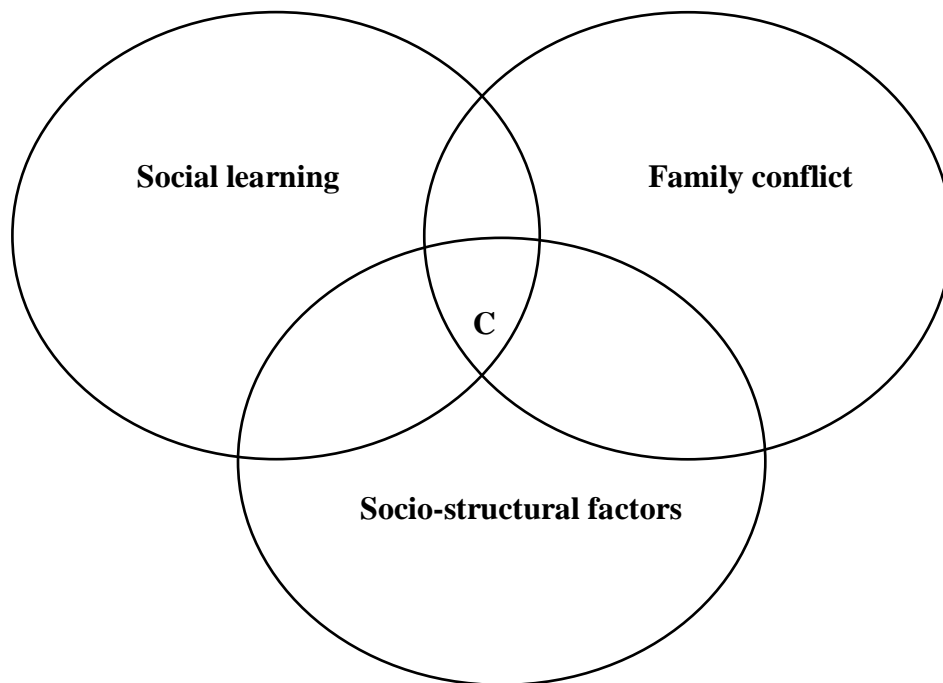


Figure 3.1: Diagram showing the intersections between the family conflict theory, social structural (Marxist feminist) factors, and social learning theories

The conceptual orientation for this research draws on several concepts from family conflict theory of IPV, Marxist feminist theory, social learning theory and the control theory. Figure 3.1

shows the intersections between the family conflict, social structural (Marxist feminist) theory, and social learning theories. The social learning and family conflict theory tends to be connected by the idea of the cycle of violence. The idea is that violence is learned or provoked from non-aggressive members of the family or spouse. The social learning and socio-structural theories are connected because socio-structural factors tend to perpetrate themselves over time in shaping individual's aggressive behaviour. For example, a child from a poor socio-economic background who experienced violence between and/or from the parents may accept that the experience of IPV is acceptable in the condition of poverty. The family conflict and socio-structural theories agree on the inevitability of conflicts which arises from basic interactions or unresolved issues between couples (i.e. the family conflict theory) and socio-structural influences (i.e. Marxist feminist theory). Finally, the three theories converge on the potential inevitability of violence and the possibility that violence is self-perpetuating.

There is a lack of specific theories that explain men's victimization experiences of IPV given the centrality of gender asymmetry, despite studies and survey findings that there are male victims and that women can engage in similar violent and controlling behaviours (Fiebert, 2014; Ibrahim, & Burczycka, 2016; Mihorean, 2005; Sinha, 2013).

Feminist theory of DV introduced a theoretical orientation into the discourse and even though it has pointed to the influence of structural factors in the perpetration and experience of DV and IPV, it has only presented the 'women's self-defence narrative'. It has not addressed the experience of male victims. The concept of gender symmetry was raised as a challenge to the gender-oriented explanations of DV and IPV that are centered on feminist theory. The concept of gender symmetry has broadened the discourse on DV and IPV to include men and women investigated as both perpetrators and victims of DV and IPV, which is empirically evident.

However, gender symmetry theory does not explain the existence of the similar levels of perpetration and victimization among men and women.

Social learning theory also shows that aggressive or violent behaviour is learned thereby implying that both men and women can exhibit violent behaviour. Human beings have the tendency to love, hate, be tender, violent and aggressive; there are no (gender) exceptions to this fact (Maguire, 2010). However, social learning theory neglects structural factors and power dynamics responsible for violent behaviour.

This study employs the structural approach of Marxist feminist theory that points to the changing social structure and the rising socio-economic status of women with its concomitant latent or unintended consequences. Family conflict theory points to the inherent and unresolved conflict of interests and tensions that stimulate violent behaviours among intimate partners. These tensions and conflicts are informed by the changing power dynamics between men and women and the latent consequences of women becoming violent through the social equalizing effect of gender equality (Kumar, 2012; Roscoe, 2014). Social learning theory is adopted in the analysis of the subject matter in order to highlight possibility of the impact of childhood victimization experiences and witnessing of domestic violence between parents and the experience of IPV among male victims. The concept of behavioural adaptation of being victimized, which can be stimulated by the partner's conflict and tension, sheds light on how the male victims cope with their intimate partner's violent behaviour that also shapes their adaptive behaviour towards IPV.

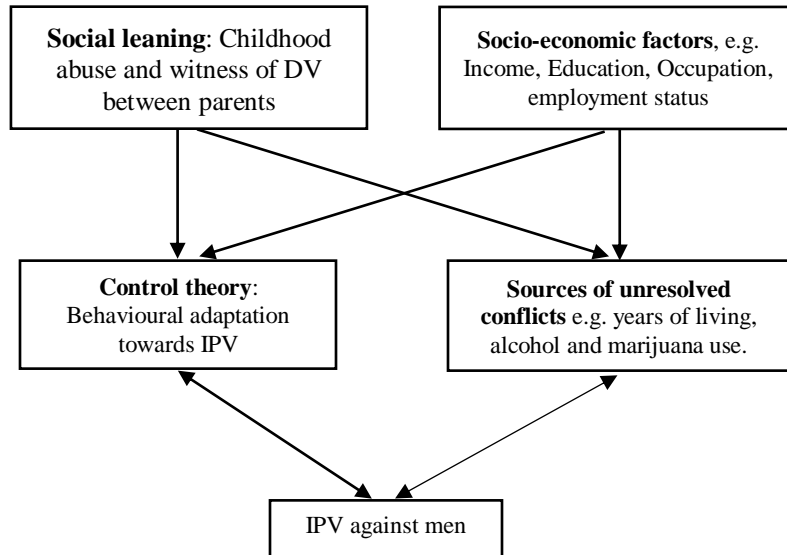


Fig 3.2: A diagram showing the integration of structural factors, inherent and unresolved conflicts and tensions and behavioural adaptation in explaining IPV against men

The reason for using some of the concepts of the family conflict theory for this study is that various studies and surveys that have investigated IPV based on a gender-inclusive approach reveal that victimhood or perpetration of IPV is gender-neutral. Fiebert (2014) documented that about 286 peer-reviewed studies revealed that women were either as aggressive as men or more physically aggressive than men in their relationships with their spouses or male partners. Straus (2010) also revealed about 10 studies that showed gender symmetry, in terms of perpetration of DV. A meta-analysis of 111 peer-reviewed articles (on perpetration of IPV among males and females) concluded that rates of female perpetrated IPV (28.3%) were higher than male perpetrated IPV (21.6%) (Desmarais, 2012b). Another meta-analytical study of 75 peer-reviewed articles (on the motivation for perpetrating violence revealed that males and females employed similar manipulative and controlling motivations when perpetrating IPV (Langhinrichsen-Rohling, et. al. 2012). Similar findings from various meta-analytical studies of IPV have arrived at similar conclusion that there is no variation in the experience of domestic violence among male and female victims, especially in physical violence (Archer; 2000; Capaldi, et. al. 2012; Desmarais, et. al.

2012a). Despite numerous studies showing similar rates of IPV among male and female victims, there have been little or no theory explaining the reason for men's experience of violence. Thus, family violence theory provides a broad theoretical net in which male victims can be captured.

Family conflict theory may not address men's experience of IPV directly but it allows men to be seen as victims and women to be seen as perpetrators from a gender-inclusive perspective. Some of the concepts that are used to test the possibilities of unresolved tensions and conflicts as idealized by family conflict theory are age of living together with current partner, consumption of alcohol and marijuana use. Family conflict theory is also supported by the structural approach of Marxist feminist theory, which directs one to the changing social structure, and its concomitant effect of changing power relations between men and women. The changing social structure shapes the behavioural adaptation towards the inherent tensions in the intimate relationships and the occurrence of IPV. Thus, this research study employs the Marxist approach in understanding the socio-economic factors that are associated with being a male victim and a female perpetrator of IPV, at the quantitative level. Some of the socio-economic factors of analysis include personal income, household income, educational attainment and employment status.

The experience of childhood victimization and the witnessing of domestic violence among parents are concepts linked with the experience and perpetration of domestic violence. In the context of this study, this theory enables the researcher to use such childhood experience in the analysis of IPV in order to investigate the possibilities of IPV as a learned behaviour and the subconscious acceptance of violence as a way of being or relating with others in intimate relationships. Such experiences may not only affect their sense of being but also the way they handle tensions within their relationships and their behavioural adaptations to the experience of DV, both of which have potentials for the occurrence of IPV.

This study also employs the concept of behaviour adaptation of social control theory in analyzing the coping strategies of the male victims of IPV. Such strategies may be shaped by the dynamics of the intimate relationship, e.g. the victim seeking out assistance, counselling, becoming submissive, giving up control, retaliation (which relates to the subordinate status response from the family conflict perspective) etc. Thus, a mixed method, i.e. the sequential explanatory design, is employed in collecting data and addressing the study's objectives.

In conclusion, there is no theory which available as a frame of reference in addressing male victims of IPV. However, there are various theoretical perspectives that have addressed the existence and dynamics of aggressive or abusive behaviour that can also be applied to male victims of IPV. Marxist feminist theory looks at the socio-economic factors that influence abusive behaviour. The family conflict theory refers to the unresolved conflicts and tensions between couples that tend to lead to violence, if such conflicts are not adequately resolved. Social learning theory describes how behaviour is learned consciously, subconsciously or unconsciously, and how such learned behaviour shape the acceptance of violence as a means of resolving conflict by the victim or perpetrator. Social control theory describes the possibilities for behaviour changes among victims of IPV. Dimensions of these theories are used to create a conceptual framework through which various concepts are examined and tested at the quantitative and qualitative analytical levels.

CHAPTER FOUR

METHODOLOGY

4.0. Introduction

This chapter articulates the methodology used in this thesis. The research design is stated including the research procedure, data collection methods, and the methods of data analysis based on the theories discussed in the previous chapter.

4.1. Research Design

A non-experimental research design and a mixed method were employed for this study. There are other designs such as quasi-experimental, action research, and experimental design. that could have been adopted but the non-experimental research design was determined to be the most appropriate for collecting descriptive information and analyzing correlational variables within IPV. The study also employed a mixed research design, i.e. a sequential explanatory design, was used in integrating the quantitative and qualitative methods adopted for addressing the objectives of the study (Sandelowski, 2000). The sequential explanatory design involved the analysis of secondary (quantitative) data from Statistics Canada followed by detailed exploration (qualitative analysis) of in-depth interviews of the male victims of IPV and key informants. With the sequential explanatory design, one can determine how the detailed explorative aspect of the qualitative data compares with and complements the findings of the quantitative data (Creswell, 2003).

There is no gainsaying that the data employed for this study has its limitation, including the results from the analysis of the data. The study employed a self-reported survey which requires the respondents to accurately recollect their experiences of victimization (i.e., present victimization from their partners and past victimization as a child) and this limitation ought to be

taken into account during analysis (Melander, Noel & Tyler, 2010). In some cases, the respondents may be unwilling to report sensitive and unpleasant traumatic experiences (Hussey, Chang & Kotch, 2006). Self-reported surveys are also vulnerable to the bias of the respondents who may report their victimization without knowing the partner's report (Melander, Noel & Tyler, 2010). For the qualitative data, interviews among male victims of IPV does not allow generalization. Interviews from male victims of IPV and key informants only provide a glimpse into the contextual nature of IPV.

4.2. Research Methods

The methods of data collection adopted for this study are both quantitative (secondary data analysis) and qualitative (semi-structured in-depth interviews, including key informant interviews). For the quantitative data, secondary data from the 2014 General Social Survey (GSS) (Victimization) from Statistics Canada was adopted as data. The qualitative method of data collection for this study involved in-depth interviews of 16 male victims of IPV and six key informant interviews. The two methods were integrated to make simple generalizations as well as provide contextual explanations of the study population on the subject matter of IPV.

4.3. Study Population and Sampling Procedure

For the secondary data analysis, the 2014 GSS (Victimization) which was collected by Statistics Canada from January 2, 2014 to January 17, 2015 was used. The target population for the survey was the Canadian population aged 15 years and over in all provinces and territories (StatsCan, 2016). Data was collected from household members who were contacted and interviewed by telephone (in provinces) or face-to-face (in some territories). The survey was done

with a cross-sectional design and it employed a probability (random) sample to ensure that the results were unbiased and reliable. A single eligible member of each sampled household was randomly selected for the survey (StatsCan, 2016). The field sample size of approximately 79,000 households was selected in the provinces and 3,600 households in the three territories. The total number of respondents was 33,127 from the provinces and 2,040 from the territories, resulting in a 52.9% and 58.7% response rate respectively in the provinces and territories, (StatsCan, 2016).

For the qualitative study, sixteen adult males with experience of IPV were interviewed. A non-probability sampling, i.e. convenience sampling, were selected as respondents for the study. The data collected from the interviews were used to provide case study explanations of the findings from the quantitative analysis to generate information on male victims' coping strategies. Additionally, six individuals were interviewed as key-informants. Of the six participants, four were officials of non-governmental organizations, that address men's issues as one of its objectives, one was a lawyer and the other, an official from a family service organization. They were selected through judgmental/purposive sampling for the key-informant interviews. The non-governmental organizations also assisted the researcher in reaching out to the male participants who took part in the study. The interviews were conducted via telephone at the convenience of the respondents due to the distant of their residences from the researcher.

4.4. Research Instruments

For the secondary data generated (by Statistics Canada) for this study, questionnaires were used for the survey. The questionnaires were administered via telephone interviews (StatsCan, 2016). The telephone interviews maximized the advantages of self-completion questionnaires and face-to-face interviews, while minimizing their disadvantages when administering the

questionnaires (Meadows, 2003). Given the large number of people needed for the survey of the vast geographical provinces and territories in Canada, telephone interview administered-questionnaires were useful in minimizing the cost of travel, and enabling the coverage of the widely-dispersed population relatively in record time quickly at a low cost (Meadows, 2003). It is also important to note that as of 2013, the proportion of households without telephone service was estimated at 1%, which improved the generalizability of the survey findings (Meadows, 2003; StatsCan, 2016). This form of questionnaire administration was suitable for a sensitive and complex subject matter such as IPV. Without the telephones, respondents would have been more uncomfortable in responding to such questions on a face-to-face basis (StatsCan, 2016).

In terms of the validity and reliability of the questionnaire, the instrument was designed based on research and extensive consultations with key justice partners and data users (StatsCan, 2016). Qualitative testing of new content, conducted by Statistics Canada's Questionnaire Design Resource Center (QDRC), was carried out with respondents in five cities, representing four provinces (StatsCan, 2016). Also, a pilot survey using the questionnaire was conducted through the internet as a mode of data collection.

For the qualitative data, an in-depth interview guide was used in collecting information from the 16 male participants and six key-informants (See Appendix E and F). At their convenience, 13 male participants and 5 key-informants were interviewed via the telephone, as most of the respondents resided far from the residence of the researcher. Only one of the key-informants was interviewed face-to-face. The telephone interviews were recorded with the permission of the male respondents. Only three of the male participants personally request to fill out the interview schedule questions. The in-depth interviews provided detailed and contextual information which complements what was found in the quantitative analysis (Boyce & Neale,

2006). The interviews also enabled the researcher to probe extensively into the subject and utilize the flexible and iterative nature of the interviews to explore the subject matter in greater depth (Minter, 2003). Although other forms of qualitative methods like case studies, focus group discussions, participant observations, etc. are other methods to collect rich information from the study, the selection of the in-depth interview method was based on the limited time and financial resources available for the study. For reliability, the researcher employed the iterative method to ensure the consistency of the response by the participants. For the validity of the interview guide, questions for the in-depth interview were shaped by the findings from the quantitative survey. The researcher included probing questions in the in-depth interviews to ensure that the interview guide addressed the research questions of the study. Also, the interviews were recorded with a mobile voice recorder (i.e. for face-to-face interview) with the permission of all the respondents.

4.5. Procedure

Prior to the commencement of the study's fieldwork, the University of Saskatchewan Ethics office granted approval for the study. For the quantitative analysis, secondary data in the Confidential Microdata file that contained the disaggregated 2014 GSS (Victimization) data was accessed through the STATA software (Version 14) after receiving approval of access from the University of Saskatchewan (U of S) Research Data Center (RDC) (i.e. SKY RDC). However, accessing the file was no small feat as the process lasted between four and six weeks for approval to be granted.

The qualitative analysis involved analysis of information generated through telephone discussions and face-to-face interviews with 16 participants. It should be noted that a number of the male participants were uncomfortable with being interviewed given the traumatic nature of the

subject matter. Thus, the researcher sought the most convenient means of securing information from the male subjects who suggested sending the interview schedules to them by email so that they could provide responses and return them to the researcher. In the end 13 respondents settled for telephone interviews while three filled out the questionnaires and returned them to the researcher by email.

4.6. Data Analysis

The secondary data i.e. the GSS (Victimization) of 2014 captured variables at the nominal, ordinal and interval-ratio level. The data was collected on a wide range of variables like socio-demographics (e.g. sex, age, marital status, employment status, personal income, household income, years of living with partner etc.); experience of physical, sexual, psychological and economic IPV; witness and experience of childhood victimization; and consumption and use of alcohol and marijuana. The data was filtered for married heterosexual respondents in order to analyze data on male victims and female perpetrators. This population was also the largest population of married respondents collected in the GSS (Victimization) data of 2014. The filter was created by ensuring that only respondents who self-identified as heterosexuals and who were living with an opposite sex Partner or spouse were included in the analysis. A composite index on the different forms of IPV was developed. Two forms of violence were chosen for analysis - physical and psychological and/or economic violence. Sexual violence was not included in the analysis, as male victims did not report sexual assault. Binary logistics regression analysis was also conducted along with various independent variables (explained in the next sub section) and different forms of IPV experienced by men (i.e. physical IPV and psychological and/or economic IPV). The use of binary logistics regression enabled the researcher to control for confounding

variables to accurately predict IPV against men. Descriptive (univariate) and bivariate analysis were computed and analyzed for the various independent and dependent variables.

For the qualitative analysis, the majority of data collected were at the nominal level as it involved in-depth and non-generalizable information. The subject matter was explored in-depth as the respondents narrated some of their IPV experiences and sources of conflict between them and their current partners or ex-partners, including their use of coping strategies. The qualitative data obtained was analyzed using NVivo 11 version software, in which in-depth information analysis, verbatim reporting and inferential analysis of the information were inputted. Data from the qualitative analysis was complemented with the results of quantitative analysis. Various thematic outlines were generated through the NVivo analysis of the interviews and various quotes were generated for use in supporting or providing thematic dimensions to the quantitative results and analysis, as it relates to the objectives of the study.

4.6.1. Measures for Data Analysis

In the analysis, the researcher employed statistical analysis at the univariate, bivariate and multivariate level. At the univariate level, analysis of frequencies like mean and standard deviation were generated to provide additional description of numeric data. At the bivariate level, the binary logistic regression was conducted to show the relationship between the independent and dependent variables of the study. At the multivariate level, linear and binary logistics regression analysis were carried out for the purpose of explaining how socio-economic factors, such as age, educational attainment, religion, marital status, alcohol use, and occupational status, were associated with the experience of IPV against men.

Two variables (Physical and psychological and/or economic violence) captured different dimensions of IPV were used as outcome variables. The items measuring the two dimensions of

violence were selected to reflect the revised Conflict Tactics Scales (CTS) (Straus, Hamby, Boney-McCoy & Sugarman, 1996). Practices (variables) indicating physical violence were culled from nine questions that asked the respondents whether their spouses or partners: *Threatened to hit with their fist? Thrown anything at you that could have hurt you? (Being) pushed/grabbed/shoved? Slapped? Kicked/bit/hit? Hit with something that could have hurt? Beaten? Choked? Used/threatened to use a gun/knife?* Practices (variables) indicating sexual assault were culled from questions including *(Being) forced into any unwanted sexual activity, (Being) forced into sexual activity/not able to consent*. However, as sexual assault was not reported among heterosexual men, it was not used for the regression analysis in this study.

The culled variables were coded as “Yes = 1” when respondents answered in the affirmative to the questions and “No = 0” when they indicated otherwise. All the respondents who answered “Yes” on at least one of the questions for physical violence were coded as having experienced physical violence, whereas those who answered “No” on all nine indicators were coded as not having experienced physical violence. The reliability of this additive scale using Cronbach’s alpha was estimated as 0.79. Also, physical and/or sexual violence were created from the combination of all the eleven questions (nine from physical violence and two from sexual violence) and the reliability of this additive scale using Cronbach alpha was estimated as 0.78. However, the physical and/or sexual violence variables were not used for the regression analysis.

A composite variable, called severity of physical violence, was created using the CTS in the survey. Two forms of severity of physical violence - minor physical violence and severe physical violence were generated. Minor physical violence was created from the additive combinations of the first four questions on physical violence: *Threatened to hit with their fist, Thrown anything at you that could have hurt you, (Being) pushed/grabbed/shoved, Slapped.*

(Jasinski, Blumenstein, Morgan, 2014; Johnson & Leone, 2005; LaRoche, 2005). Severe physical violence was created from the remaining five questions in the CTS scale on physical violence. They are: *Kicked/bit/hit, Hit with something that could have hurt, Beaten, Choked, Used/threatened to use a gun/knife.* (Jasinski, Blumenstein, Morgan, 2014; Johnson & Leone, 2005; LaRoche, 2005). These acts were considered as major violence because of the high likelihood that such forms of physical violence is relatively more likely to lead to injury than the actions in minor physical violence (Straus, et. al. 1996).

Another scale was created, similar to severe physical violence, called severe physical and/or sexual violence which included sexual assaults. The reliability of this additive scale using Cronbach's alpha for minor physical violence and severe physical violence were estimated as 0.76 and 0.62 respectively. The reliability of this additive scale using Cronbach's alpha for severe physical and/or sexual violence was estimated as 0.63.

Psychological and/or economic violence were created from the combination of questions from psychological violence (seven questions) and economic violence (two questions). The questions asked about psychological violence were: *Tries to limit contact with family or friends; puts you down/calls you names to make you feel bad; Jealous/does not want you to talk to other men/women; harms, or threatens to harm, someone close to you; harms or threatens to harm pet(s); demands to know who you were with/where you are; damages/destroys possessions or property.* The questions asked about economic violence were: *prevents you from having access to family income; forces you to give money, possessions or property.* All the respondents who answered "Yes" on at least one of these questions for psychological and economic violence were coded as having experienced psychological and/or economic violence, whereas those who answered "No" on all nine indicators were coded as not having experienced psychological and/or

economic violence. The reliability of this additive scale using Cronbach's alpha was estimated as 0.99. The physical and psychological and/or economic violence variables were dichotomous to enable their use for regression analysis (i.e. experience of violence was coded as '1' and non-experience was coded as '0').

A composite variable, called controlling behaviour, was also created using the CTS in the survey. According to Johnson (1995), these are acts of power and control, which separate the relationships where violence is used primarily as a means of conflict resolution. This is different from those in which one partner virtually dominates the other. A continuous variable was generated from the seven questions from psychological and economic variables (LaRoche, 2005). Respondents were divided into categories of low control and high control, as respondents who answered "Yes" to two or less of the control questions were grouped into the "low control" category while those who answered "Yes" to three or more were categorized as "high control" (Johnson & Leone; 2005; LaRoche, 2005; Jasinski, Blumstein, Morgan, 2014).

Independent variables were categorized to capture the various structural theoretical variables from the Marxist feminist and social learning perspective. For instance, socio-economic variables like educational attainment, partner's educational attainment, employment status, partner's employment status, personal income and household income that relate to the Marxist feminist interpretation of women's independence and empowerment were analyzed. Also, childhood experiences such as childhood victimization and the witness of domestic violence between parents reflected the social learning theoretical perspective on how individual accept the experience of IPV as a social reality in intimate relationships and a means of addressing partner conflicts. Other independent variables included marital status, years of living, age of the respondents, age of the respondents' partner, respondent's alcohol consumption, respondent's

partners alcohol consumption, respondents' marijuana use and respondents' partners marijuana use.

Also, the data analysis involved survey and frequency weighting at every level of analysis. Weighting involves the adjustment of the sample population of a survey in a way that represents the entire population from which the sample was drawn. Weighting is used to address the problems of non-response, over-representation and under-representation within the sample size. For example, the initial sample for the GSS (Victimization) data had the percentages of female to males as 54:46 percent, and weighting was used to re-adjust the sex distribution within the sample size. At the descriptive (univariate and bivariate) level, the survey weights (i.e. svy) were applied, while for the regression analysis, the sampling weights (pweights) were applied. Additionally, 'WGHT_PER' (i.e. personal weights) was used for all personal-level estimates.

4.7. Ethical Issues

The ethical integrity of the researcher is a critically important aspect of ensuring that the research process and the researcher's findings are trustworthy and valid (Hesser-Biber, 2016). Babbie (2014) stated that some of the ethical issues in social research involve voluntary participation of the participants, no harm to the respondents (unless they are willing to accept the risk), informed consent; anonymity, confidentiality, accurate reporting of findings, justifying the use of deception and the active role of the institutional review boards for reviewing research proposals (that involve human subjects). The core ethical values of this research were respect for the participants and ensuring that the participants in the study were treated justly and fairly. Thus, a proposal to interview the respondents was submitted for approval to the U of S Ethics Committee

before the interview took place. Also, consent forms were provided for the participants in order for them to register their willing consent, orally or in writing, before any interviews commenced.

The researcher assured the respondents of anonymity for partaking in the study. Pseudonyms were used for the participants of the study to ensure that they remained unidentifiable during the presentation of the study's findings. The researcher ensured that no form of harm or injury, be it physical or psychological, was inflicted on the respondents during the course of the survey. Also, the participants for the study were free to discontinue the interview at any time of their choosing; terminate the interview they have recorded or continue with the interview at another time at their convenience. The participants were also informed that their interviews would be recorded before the commencement of the interviews; that the transcripts of the interviews would be provided to them before the data analysis was written and the final report of the study would be presented to the participants involved in the study. The participants were offered incentive for giving their time to contribute towards participating in the study, although all but one of them declined the incentive.

In conclusion, mixed methodology enabled the researcher to harness the potential that laid in the use of both quantitative and qualitative data in addressing the subject matter. On the one hand, the GSS (Victimization) data was analyzed, using STATA, to explore the recent trends of IPV in Canada and predict the risk factors of IPV against men. On the other hand, 16 male victims of IPV and six key informant participants were interviewed for the qualitative data analysis (22 interviews in total), through NVivo version 11. Through the sequential explanatory design, these two sources of data were sought to provide complementary views on IPV against men, in order to present a clearer picture to the dynamics and complexities of IPV among male victims in Canada.

CHAPTER FIVE

FINDINGS OF STUDY

5.0. Introduction

This chapter presents the findings of the study. The chapter also relates the findings to the objectives and research questions outlined in chapter one. Both quantitative and qualitative data were analyzed, using sequential explanatory techniques with, both forms of data combined to address the study's objectives. The chapter is divided into five sections: the first section deals with socio-demographic characteristics of the respondents. The second section entails the socio-demographic characteristics of male participants for the interview. Section three details the prevalence of IPV. Section four discusses the risks factors of intimate partner violence for male victims and section five records the socio-economic factors of female perpetrators of intimate partner violence.

5.1: Socio-Demographic Characteristics of the Respondents

Table 5.1.1: Socio-demographic characteristics of the respondents

Sex of the respondents	Frequency	Percent (%)
Male	14,544,000	49.4
Female	14,885,000	50.6
Total	29,429,000	100
Sex of respondents (heterosexual population)		
Male	13,114,000	49.6
Female	13,342,000	50.4
Total	26,456,000	100
Age of the respondents		
15 – 29 years	5,291,000	20
30 – 44 years	6,799,000	25.7
45 – 59 years	7,328,000	27.7
65 – 74 years	5,000,000	18.9
75 years and above	2,037,000	7.7
Total	26,455,000	100
Educational attainment		
None/High School	10,089,000	38.4
College/Trade	8,880,000	33.8
University	7,304,000	27.8
Total	26,273,000	100

Personal income of the respondents		
Below \$40,000	12,178,000	53.6
\$40,000 - \$99,999	8,520,000	37.5
Above \$100,000	2,022,000	8.9
Total	22,720,000	100
Household income of the respondents		
Below \$40,000	3,135,000	16.9
\$40,000 - \$99,999	7,699,000	41.5
Above \$100,000	7,717,000	41.6
Total	18,551,000	100
Marital status of the respondents		
Married	14,075,000	53.2
Common-Law	3,014,000	11.4
Widowed	1,290,000	4.9
Separated	590,000	2.2
Divorced	1,230,000	4.7
Single, never married	6,243,000	23.6
Total	26,442,000	100
Years of living together		
0 – 9 years	4,724,000	28.1
10 – 19 years	3,837,000	22.9
20 – 29 years	3,022,000	18
30 – 39 years	2,459,000	14.6
40 – 49 years	1,759,000	10.5
50 years and above	998,000	5.9
Total	16,799,000	100
Childhood victimization		
Never	17,697,000	68.8
Few times	6,045,000	23.5
Often	1,981,000	7.7
Total	25,723,000	100
Witness of domestic violence as a child		
Never	23,191,000	89.1
1 – 5 times	1,900,000	7.3
6 – 10 times	937,000	3.6
Total	26,028,000	100
Employment status		
Not employed	10,512,000	39.8
Employed	15,906,000	60.2
Total	26,418,000	100
Alcohol consumption		
Never	6,178,000	23.4
Rarely	12,040,000	45.6
2 – 7 times a week	8,185,000	31
Total	26,403,000	100
Marijuana use		
No	24,695,000	93
Yes	1,717,000	7
Total	26,412,000	100
Sexual orientation		
Heterosexual	26,565,000	97.3
Same-sex relationship	347,000	1.3
Bisexual	377,000	1.4

Total	27,289,000	100
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Table 5.1.1 shows the socio-demographic variables of the study which is based on the ranges of variables collected in the General Social Survey (GSS, Victimization) data of 2014. According to the table, 50.6% of the respondents were females while 49.4% of the respondents were males. However, a subpopulation was created, which involved only respondents in heterosexual relationships. This variable was generated by combining respondents who self-identified as heterosexuals and living with an opposite sex partner or spouse. Among this subpopulation of heterosexual respondents, 50.4% were female and 49.4% were males.

In terms of age, 27.7% of the respondents were in the age range 45-59 years, 25.7% were in the age range of 30-44 years, 20% of the were ages 15-29 years, 18.9% were in ages-65-74 years while 7.7% were above 75 years. The table also shows that 54.6% of the respondents had personal income of below \$40,000, 37.5% of the had personal income of \$40,000-\$100,000 while 8.9% of the respondents had personal income of \$100,000 and above. However, the household income presented out another picture. 16.9% of the respondents had household income of less than \$40,000, 41.5% of the respondents had a household income of \$40,000 and less than \$100,000 while 41.6% of the respondents had a household income of more than \$100,000. This is possibly because the variable combined the total income of not just the respondent, but for all other members of the family.

In terms of marital status, Table 5.1 shows that 53.2% of the respondents were married, 23.6% were single and never married, 11.4% of the respondents were in common-law unions, 4.9% were widowed, 4.7% were divorced, while 2.2% had separated from their spouses or partners. The table also shows that 28.1% of the respondents had lived with their spouse for less than ten years, 22.9% had lived with their spouse for ten to 19 years, 18% had lived with their

spouse for 20-29 years, 14.6% for up to 30-39 years, 10.5% of the respondents had lived with their spouse for 40-49 years while 5.9% had lived with their spouse for more than 50 years.

Regarding childhood victimization from parents, 68.8% of the respondents never experienced childhood abuse, 23.5% of the respondents had experienced childhood abuse a few times while 7.7% of the respondents had experienced childhood abuse often. Similarly, 89.1% of the respondents have never witnessed domestic violence between their parents, 7.3% of the respondents have witnessed domestic violence between their parents once but not more than five time while 3.6% of the respondents have witnessed domestic violence between their parents more than five times. Also, 39.8% of the respondents were not employed while 60.2% of the respondents were employed.

In terms alcohol consumption, 23.4% of the respondent never drank alcohol, 45.6% of the respondents rarely drank alcohol while 31% of the respondents drank alcohol about twice to seven times a week. Also, 93% of the respondents never smoked marijuana while 7% of the respondent smoked marijuana. Finally, 97.3% of the respondents identified as heterosexuals, 1.4% of the respondents identified as bisexuals while 1.3% of the respondents identified as homosexuals.

Table 5.1.2: Socio-demographic characteristics of the respondent’s partner

Partners age	Frequency	Percent (%)
15 – 29 years	1,195,000	7.1
30 – 44 years	5,268,000	31.4
45 – 59 years	5,623,000	33.5
60 – 74 years	3,648,000	21.7
75 years and above	1,047,000	6.3
Total	16,781,000	100
Partners education		
None/High School	5,810,000	35
College/Trade	5,237,000	32
University	5,535,000	33
Total	16,582,000	100
Partners alcohol consumption		
Never	4,607,000	27
Rarely	7,029,000	42

2 – 7 times	5,301,000	31
Total	16,937,000	100
Partners marijuana use		
No	16,508,000	97.1
Yes	486,000	2.9
Total	16,994,000	100
Partners employment status		
Not employed	5,827,000	34
Employed	11,177,000	66
Total	17,004,000	100

Table 5.1.2 also reveals the data collected about the respondent’s partner, based on what was gathered in the GSS (Victimization) data. The table shows that 33.5% of the respondent’s partners were between the ages of 45 to 59 years, 31.4% of the respondent’s partners were between the ages of 30 to 44 years, 21.7% of the respondent’s partners were between the ages of 60 to 74 years, 7.1% of the respondent’s partners were between the ages of 15 to 29 years while 6.3% of the respondent’s partners were above 75 years. In terms of the partner’s educational attainment, 35% of the respondent’s partner had no form of education or only a high school education, 32% of the respondent’s partner had college education or some trade certificate while 33% of the respondent’s partner had university education.

Additionally, 27% of the respondent’s partner never drank alcohol, 42% of the respondent’s partner rarely drank alcohol while 31% of the respondent’s partner drank alcohol regularly. Also, 97.1% of the respondent’s partner never smoked marijuana while 2.9% of the respondents smoked marijuana. Finally, 34% of the respondent’s partner were not employed while 66% of the respondent’s partner were employed.

5.2: Socio-Demographic Characteristics of Male Participants for the Interview

Table 5.2.1: Socio-demographic characteristics of male participants for the interview

Name	Age	Occupation	IPV type	Current marital status	Province/ Area	Religion	Period of event	Years living together	Partners age	Partners occupation
A	48	Musician	PA & PsyA	Single	Halifax	Agnostic	2011 – 2012	1	49	Government worker

B	56	Self-employed	PA	Single	British Columbia	Christian	2011 – 2015	4	30	None
C	70+	Self-employed	PA	Single		None	1990 – 1997	7	70+	
D	47	Business analyst	PA & PsyA	Single (Dating)	Ontario	Atheist	2009 – 2015	6	42	Administrative assistant
E	73	Retired Psychologist	PA & PsyA	Married (now)	Toronto	Judaism	1969 – 1991	22	68	
F	41	Government worker	PA & PsyA	Single		Agnostic	2006 – 2014	8	41	Unemployed
G	49	Accountant	PA & PsyA	Single	Edmonton	Judaism	2003 – 2008	5	35	Control Engineer
H	34	Student	PA & PsyA	Single	Ontario	Pagan			31	
I	50	Management consultant	PA & PsyA	Single	Ontario	None	2012 – 2015	3	53	Development Psychologist
J	58	Aircraft Technician (RCAF)	PA & PsyA	Married	New foundland	Catholic	2006 – 2007	1	Mid 30's	Aircraft Technician (RCAF)
K	60+		PsyA	Single	Ontario		1983 – 2007	25		
L	57	Writer	PA & PsyA	Single	New foundland	None	2008 – 2011		43	Dental Hygienist
M	73	Retired	PA & PsyA	Single	British Columbia	None	1985 – 2008 & 2012 – 2015	27	71	Retired
N	59	Government worker	PA & PsyA	Dating	Manitoba	Catholic	1985 – 1996	11	58	Social worker
O	75	Criminal Lawyer	PA & PsyA	Single	Ontario	Judaism	1969 – 1985 & 1989 – 1999	16 10 (2 women)		Teacher & Legal Secretary
P	59	School bus driver	PsyA	Single	Toronto	Anglican	2005 – 2013	8	57	Real estate Agent

Source: Fieldwork 2016; Name = Pseudonyms; PA – Physical abuse; PsyA – Psychological abuse

Table 5.2.1 above shows the socio-demographic information of the male participants who participated in the interview part of the study. Respondents were drawn from different parts of Canada, depending on who was interested in the study and willing to narrate their abusive experiences. Most of the respondents were from Ontario and some of their occupation include government official, management consulting, business analyst, accountancy, psychologists, self-employment among other occupations. Most of the respondents were from Ontario and had worked as government officials, in management consulting, business analysts, accountancy, psychologists,

self-employment among other occupations. Most of the male participants were beyond the age of 45 years while three of the respondents were above the age of 70 years. The period when the IPV events took place were mostly within the year 2000 to 2014, which implies that these events were recent in the lives of the male participants. All the male participants no longer lived with their abusive partners or spouses and a very few (three) of them are engaged in new relationship or married. Also, in terms of the incidence of abuse, most of the male participants experienced both physical and psychological violence from their female spouses or partners.

For the key informant data, interviews were conducted with four members of a non-governmental organization, one of whose objectives is to address men's issues, a coordinator of a family service center and a lawyer. The key informant interview gathered data on how men coped with the experience of IPV, dynamics of IPV against men in society and the social perceptions of IPV against men.

5.3: Prevalence of Intimate Partner Violence

The GSS (Victimization) data collected information on the victimization experiences of the respondents. It is important to note that this refer to self-reported data as the respondents were told to give information about their abusive experiences over the last five years (i.e. from 2009 to 2014) with their current spouse (for physical and sexual violence) and during their lifetime living with their current spouse (for psychological and economic violence). Also, by creating a subpopulation of heterosexual respondents, the data on the experience of violence can be viewed as male on female victimization (for the female victims) and female on male victimization (for the male victims).

Table 5.3.1: Experience of physical violence within the last five years from current partner

	Not abused	Abused	Total
Threatened to hit			
Female	8,238,000 (99.2%)	68,000 (0.8%)	8,306,000 (100%)
Male	8,531,000 (98.45%)	134,000 (1.55%)	8,665,000 (100%)
Total	16,769,000 (98.8%)	202,000 (1.2%)	16,971,000 (100%)
Threw anything			
Female	8,278,000 (99.6%)	31,000 (0.4%)	8,309,000 (100%)
Male	8,558,000 (98.8%)	104,000 (1.2%)	8,662,000 (100%)
Total	16,838,080 (99.2%)	134,000 (0.8%)	16,971,000 (100%)
Push/grab/shove			
Female	8,210,000 (98.8%)	97,000 (1.2%)	8,307,000 (100%)
Male	8,564,000 (98.8%)	100,000 (1.2%)	8,664,000 (100%)
Total	16,774,000 (98.8%)	197,000 (1.2%)	16,971,000 (100%)
Slapped			
Female	8,282,000 (99.7%)	27,000 (0.3%)	8,309,000 (100%)
Male	8,542,000 (98.6%)	120,000 (1.4%)	8,662,000 (100%)
Total	16,824,000 (99.1%)	147,000 (0.9%)	16,971,000 (100%)
Kicked/hit/bit			
Female	8,285,000 (99.7%)	22,000 (0.3%)	8,307,000 (100%)
Male	8,592,000 (99.2%)	71,000 (0.8%)	8,663,000 (100%)
Total	16,877,000 (99.4%)	93,000 (0.6%)	16,970,000 (100%)
Hit with something			
Female	8,292,000 (99.8%)	14,000 (0.2%)	8,306,000 (100%)
Male	8,636,000 (99.7%)	29,000 (0.3%)	8,665,000 (100%)
Total	16,928,000 (99.75%)	43,000 (0.25%)	16,971,108 (100%)
Beat/Choked/Use or threat of use of gun/knife			
Female	8,287,000 (99.8%)	17,000 (0.2%)	8,304,000 (100%)
Male	8,644,000 (99.8%)	20,000 (0.2%)	8,664,000 (100%)
Total	16,931,000 (99.8%)	37,000 (0.2%)	16,968,000 (100%)

Table 5.3.1 shows the prevalence of physical IPV within the Canadian population within the last five years. In terms of the prevalence and occurrence of various forms of physical IPV, 0.8% of the female respondents and 1.55% of the male respondents experienced being threatened to be hit by their partner or spouse. 0.4% of the female respondents and 1.2% of the male respondents experienced being throw something that could have hurt them by their partner or spouse. 1.2% of the female respondents and 1.2% of the male respondents experienced being pushed or grabbed or shoved by their partner or spouse.

For more severe forms of physical IPV, 0.3% of the female respondents and 1.4% of the male respondents were slapped by their partner or spouse. 0.3% of the female respondents and

1.4% of the male respondents were kicked or hit or bit by their partner or spouse. 0.2% of the female respondents and 0.3% of the male respondents were hit with something that hurt them by their partner or spouse, while 0.2% of the female respondents and 0.2% of the male respondents were beaten or choked or experienced and/or threatened to experience the use of gun or knife by their partner or spouse. It is important to note that the prevalence of severe forms of physical IPV were lesser than the less severe forms of physical IPV.

During the interviews, nine of the male participants, described their experiences of physical IPV from their female partners. Accordingly, male victims said:

'I also had lots of physical violence, I keep journals when things get difficult or interesting in my life and in the first six months of our child's life, I have over 140 documented cases of violence that happened to me and that was within the first six months of my son's life and they all happened at night time in bed and it was all around his (the baby's) feeding schedule.'

- Respondent B

'Physical (slapping and punching to face/head). When taking a wrong turn while driving or driving too slow I could get a punch to the side of head or my ear grabbed and pulled on very hard. I've also had 4 plates thrown at me at different times. 2 had clipped my head.'

- Respondent F

'The first one (incidence) was, we've been married for probably about 6 months and over some stupid thing, I can't remember what it was. She lost her temper and came after me with a knife... She's also hit me, pushed me, there are other very manipulative behaviours that increased as the relationship got longer... Temper tantrums, mainly kicking on the floor, kicking at me, pushing me against the wall, smacking me around my head and my shoulders. The one time she came after me with a knife, and lots of yelling and screaming, and threats.'

- Respondent G

'A lot of throwing things, she hit me a few times, she punched me in the face a couple of times, she punched me right in the ribs in front of two police officers, in fact once and on the way out they laughed and called me her punching bag...'

- Respondent H

'She had a very short trigger and she will get angry very quickly and start to hit and the one I would recall the most is when I was driving and she was hitting me and it was a terrible situation to be in, because you can't take your hand off the wheel to do anything.'

- Respondent O

Table 5.3.2: Experience of sexual assault (among female victims only)

	Frequency	Percent (%)
Not Abused	16,942,000	99.94
Abused	10,200	0.06
Total	16,952,000	100

Table 5.3.2 shows that the number of sexual violence among the respondents is 10,200. This rate applies only to the female respondents, as none of the male respondents reported experiencing sexual violence. Also, if the total number of respondents (i.e. 16.9 million) were to be halved in order to attain the female population for the study, the rate of sexual assault among heterosexual female respondents in current relationship will be 0.12% or 1.2 in 1,000 women.

Table 5.3.3: Severity of physical and sexual violence within the last five years from current partner

Physical and/or sexual violence (additive variable) by gender				
	Not abused	Abused	Total	
Female	8,169,000 (98.3%)	143,000 (1.7%)	8,312,000 (100%)	
Male	8,422,000 (97.2%)	246,000 (2.8%)	8,668,000 (100%)	
Total	16,591,000 (97.7%)	389,000 (2.3%)	16,980,000 (100 %)	
Severity of physical and/or sexual violence by gender				
	Not experience	Minor violence	Severe violence	Total
Female	8,165,000 (98.3%)	102,000 (1.2%)	41,000 (0.5%)	8,308,000 (100%)
Male	8,419,000 (97.2%)	154,000 (1.8%)	92,000 (1%)	8,665,000 (100%)
Total	16,584,000 (97.7%)	256,000 (1.5%)	133,000 (0.8%)	16,973,000 (100%)
Severity of physical and/or sexual violence by gender (among the victims only)				
		Minor violence	Severe violence	Total
Female		102,000 (71%)	41,000 (29%)	143,000 (100%)
Male		154,000 (63%)	92,000 (37%)	246,000 (100%)
Total		256,000 (66%)	133,000 (34%)	389,000 (100%)
Physical violence (additive variable) by gender				
	Not abused	Abused	Total	
Female	8,171,000 (98.3%)	141,000 (1.7%)	8,312,000 (100%)	
Male	8,422,000 (97.2%)	246,000 (2.8%)	8,668,000 (100%)	
Total	16,593,000 (97.7%)	387,000 (2.3%)	16,980,000 (100%)	

Severity of physical violence by gender				
	Not experience	Minor violence	Severe violence	Total
Female	8,164,000 (98.3%)	107,000 (1.3%)	34,000 (0.4%)	8,305,000 (100%)
Male	8,419,000 (97.1%)	154,000 (1.8%)	92,000 (1.1%)	8,665,000 (100%)
Total	16,583,000 (97.7%)	261,000 (1.6%)	126,000 (0.7%)	16,970,000 (100%)
Severity of physical violence by gender (victims only)				
		Minor violence	Severe violence	Total
Female		107,000 (75.7%)	34,000 (24.3%)	141,000 (100%)
Male		154,000 (62.7%)	92,000 (37.3%)	246,000 (100%)
Total		261,000 (67.4%)	126,000 (32.6%)	387,000 (100%)

Table 5.3.3 reveals that severity (as explained in the data measurement section of chapter four) of physical and/or sexual IPV experienced by the respondents within the last five years. For physical and/or sexual IPV (i.e. when physical IPV was combined with sexual violence), the overall prevalence rate is 2.3% and the prevalence is 1.7% for females and 2.8% for males. Using physical and/or sexual IPV as a continuous variable, the mean prevalence was 2.03 for women and 2.37 for men, with standard deviations of 1.69 and 1.67 respectively. Among the victims of physical and/or sexual IPV (i.e. 2.3%), 66% of the victims experienced minor violence while 34% of the victims experienced severe violence. Also, 71% of the female victims experienced minor violence while 29% of the female victims experienced severe violence. Also, 63% of the male victims experienced minor violence while 37% of the male victims experienced severe violence. The interviews from the male participants also revealed their experiences of severe IPV. According to the respondents:

‘...she exploded like a cat you are trying to bathe and she beat me up really badly, so badly that there was nothing left of my skin tone from my neck, all the way down to my hips, she didn’t touch my face and I don’t know why till this day she knew not to touch my face but at this point she only hit me from my neck down and she attacked me so viciously (that) I was covered in cuts and bruises...’

‘I think she broke my toe with a door, she broke my tooth, she scratched my face, she started to change her violence to a different place, like she used to hit me from my neck down, later she started going for my face, she strangled me, she squashed my (eye) glass, she used to rip my clothes off...’

- Respondent A

'I would hold up a large piece of plywood as a shield, so she never landed a solid blow, but I still got bruised in the shoving. She threatened me with firearms, (not shown) and eventually forced me out by just making adequate sleep impossible...'

- Respondent C

'...in December 2012, I started having some problems with my legs and that was actually when it started, December 23rd I think 2011, we had a bad argument about the house and moving and she didn't want to move now, she wanted to stay there, consequently one night I was going downstairs and as I went out the door, I was pushed, I hit the ground because I wasn't walking well, I ended up in the hospital, when I was on the ground she started kicking me in the chest, I broke or cracked two ribs, I was taken to the hospital and I stayed there for two (to) three days and I was released, I went back. She was charged at that time for assault with a weapon and the charges were dropped and I had no idea why they (the charges) were dropped.'

- Respondent M (there were four similar event with all charges dropped)

'She would try to entice a verbal argument and I will respond and say 'I am not arguing with you' and I will refuse to argue with her and that frustration for her escalated to the point of punching me and hitting me and throwing things.'

'You become septic if you ruptured in your intestines and all you have is 20 minutes to live when you rupture and she knew this and she was attacking me physically knowing that I was a seriously ill man, so was abusing not just a healthy man, she was abusing someone who had a serious illness...'

- Respondent L (he had a colostomy)

For physical IPV only (i.e. when sexual violence is excluded), the overall prevalence rate is 2.3% and the prevalence is 1.7% for females and 2.8% for males. Using physical IPV as a continuous variable, the mean prevalence was 1.98 for women and 2.37 for men, with standard deviations of 1.61 and 1.65 respectively. Among the victims of physical IPV (i.e. 2.3%), 67.4% of the victims experienced minor violence while 32.6% of the victims experienced severe violence. Additionally, 75.7% of the female victims experienced minor violence while 24.3% of the female victims experienced severe violence. Also, 62.7% of the male victims experienced minor violence while 37.3% of the male victims experienced severe violence.

Table 5.3.4: Experience of psychological and economic violence within the lifetime from living with the current partner

	Not abused	Abused	Total
Limit contact			
Female	8,219,000 (98.8%)	104,000 (1.2%)	8,323,000 (100%)
Male	8,483,000 (97.8%)	195,000 (2.2%)	8,678,000 (100%)
Total	16,702,000 (98.2%)	299,000 (1.8%)	17,001,000 (100%)
Calls you names			
Female	8,045,000 (96.7%)	275,000 (3.3%)	8,320,000 (100%)
Male	8,434,000 (97.3%)	233,000 (2.7%)	8,667,000 (100%)
Total	16,479,000 (97%)	508,000 (3%)	16,987,000 (100%)
Jealousy			
Female	8,148,000 (98%)	171,000 (2%)	8,319,000 (100%)
Male	8,282,000 (95.8%)	366,000 (4.2%)	8,648,000 (100%)
Total	16,430,000 (96.8%)	538,000 (3.2%)	16,967,000 (100%)
Harms others and/or pets			
Female	8,273,000 (99.4%)	46,000 (0.6%)	8,319,000 (100%)
Male	8,652,000 (99.8%)	14,000 (0.2%)	8,666,000 (100%)
Total	16,925,000 (99.65%)	60,000 (0.35%)	16,985,000 (100%)
Demands your whereabouts			
Female	8,109,000 (97.5%)	207,000 (2.5%)	8,316,000 (100%)
Male	8,251,000 (95.4%)	397,000 (4.6%)	8,648,000 (100%)
Total	16,360,000 (96.4%)	604,000 (3.6%)	16,964,000 (100%)
Damages your property			
Female	8,279,000 (99.6%)	34,000 (0.4%)	8,313,000 (100%)
Male	8,631,000 (99.6%)	32,000 (0.4%)	8,663,000 (100%)
Total	16,910,000 (99.6%)	66,000 (0.4%)	16,976,000 (100%)
Prevents you access to income			
Female	8,235,000 (99.1%)	71,000 (0.9%)	8,306,000 (100%)
Male	8,620,000 (99.6%)	32,000 (0.4%)	8,652,000 (100%)
Total	16,855,000 (99.4%)	103,000 (0.6%)	16,958,000 (100%)
Forces you to spend money			
Female	8,285,000 (99.7%)	27,000 (0.3%)	8,312,000 (100%)
Male	8,636,000 (99.7%)	22,000 (0.3%)	8,658,000 (100%)
Total	16,921,000 (99.7%)	49,000 (0.3%)	16,970,000 (100%)

Table 5.3.4 shows the experience of psychological and economic violence among the respondents within a lifetime of living with their spouse or partner. In terms of the prevalence and occurrence of various forms of psychological IPV, 1.2% of the female respondents and 2.2% of the male respondents experienced being limited from contacting their family or friends by their partner or spouse. 3.3% of the female respondents and 2.7% of the male respondents experienced putdowns or called names to make them feel bad by their partner or spouse. 2% of the female respondents and 4.2% of the male respondents experienced acts of jealousy (i.e. did not want the

respondent to talk to other men or women) by their partner or spouse. 0.6% of the female respondent's and 0.2% of the male respondent's partner or spouse harmed or threatened to harm their pets and/or someone close to the victim. 2.5% of the female respondents and 4.6% of the male respondents experienced their partner or spouse demanding their whereabouts and who they were with at all times. 0.4% of the female respondents and 0.4% of the male respondents experienced damages to their properties or possessions, or by their partner or spouse.

In terms of economic violence, 0.9% of the female respondents and 0.4% of the male respondents experienced prevention in accessing family income by their partner or spouse while 0.3% of the female respondents and 0.3% of the male respondents were forced to give money or possessions to their partner or spouse.

One of the key informants mentioned the ways in which psychological IPV affects men, which tends to be different from women. According to Key Informant A:

'I think that there is a difference between how men and women experience psychological violence and one of the ways for men is that, honour is very important for men, the cry 'death before dishonour' is a male cry not a female one. Men have proven, just average guys off the street, when recruited into a war, will climb out of trenches and run into machine gun fire so they will fire death rather than (the) dishonour of being seen as a coward.... So what that means is that a woman who attacks a man's honour can attack him very deeply, so woman who shames a man (by saying) 'you're not a man, you are just a jerk, you are no good for anything', these kind of words are wounding to a man when they are spoken by somebody who is important to his life in a way that I think very few women understand or realize what they are doing when they are speaking like this...'

Another Key informant mentioned the complex nature of experiencing psychological IPV among victims. According to Key Informant E:

'There is no question that the psychological effects of domestic violence or any other types of violence, are far more harmful and, from my perspective, is the only reason we deal with physical violence. It is because of the emotional effects later on...so I don't think there is a discussion about whether it is the physical or the psychological which is more harmful but it is much more difficult and more nuance which is probably more of the problem to prove the psychological harm of any victim. It takes a lot more effort, a lot

more work, a lot more investigation and much more time to show what emotional harms were, (even) if there were any.'

Several forms of psychological IPV were identified during the interview with the male participants. Some of the male participants had the following to say:

'She started to do controlling things like unplugging the lights when I wanted to read, she started taking away my towel, blankets, she started taking away my ability to watch the Television by unplugging it and taking away the cord and the computer cord, she took away the phone, she took away my phone, she became really hard to get along with and it was a really rough, so that's sort of it, in a nutshell...'

- Respondent A

'... so I even washed the dishes twice because I don't want to set her, she is in one of her moods and she actually grabbed a plate, she sort of thanking me for the dishes, she walked up and looked at the plate and she said she found a little grease on one end and she literally just hurled the plate at me, we had a heavy china, and she just literally hurled the plate at me and I stepped out of the way and it shattered on the wall, the kids were really scared so they went to their rooms'

'So I lived in fear that she would always go worse, there were times I slept downstairs in the basement instead of the bed beside her because I knew she was that angry and I didn't want to wake up with my throat cut.'

'I think I am a kickboxer, I don't see getting hit as something that scared me for life, what scared me for life is the psychological abuse...'

- Respondent D

'Her violence was verbal. She screamed and cursed me. Everything I did was wrong. Her violence was psychological as her having sex with women, not coming home at night. This went on for 3 years.'

- Respondent E

'Lots of yelling and screaming, and threats. Lots of threatening, particularly threatening to deny me access to my children, that kind of thing, or lying to the Police about violence. That she'd hurt herself and she'll then tell the Police that I hurt her.'

- Respondent G

'I really was walking one eggshells, one minute she would be talking, the next her face will contort into this rage like I've never seen before. It was frightening to say the least and I just never felt I could never hit her back, I could never really defend myself, I mean she was tiny, I was big, if I hit her once I never know what I would do and then I'd get in trouble and my world will be gone.'

- Respondent H

'...she would harangue me, she would criticize me, she would devalue me, almost dismiss me at times, those sorts of this, (even) castigate me, and often it wasn't any anger, it was

almost sometimes a calm, but it wasn't a friendly calm, it was a harsh calm, so she'd be very calm emotionally but her words and tone would be very harsh.'

- Respondent I

*'There were verbal assaults anytime she would get angry about anything, she would use very vulgar language, whenever she was angry probably the most common thing she would call me was a f**king d*ck s**ker, and it didn't matter if the kids were around or not.'*

- Respondent J

'...it was the destruction of any bond between my children and me, an active ongoing directly successful attempt to destroy that relationship; through power, control and isolation.'

- Respondent K

'Most of the violence from her would have been emotional, so if she would go drinking and I would go to bed, she would yell and scream at me for hours and hours and hours, and at the end I wanna mention to you along the line where she mentioned about her PTSD, so she would scream for hours and hours and hours and she would bang and it got to a point (where) I wasn't afraid of her when I was awake, I was afraid of her when I was asleep because I knew when I was awake I could protect myself (from her) but I knew when I was asleep I couldn't (protect myself), so I developed this thing where sometimes in the morning I would wake up and I would have my clothes on, so somewhere during the night when I was sleeping I would get dress and put my clothes on, I have no idea why (I did this) but I know why (be)cause I used to set up my clothes by the bed in case I had to get out of the house quick(ly) and take my son with me...'

- Respondent N

'Verbal abuse in public, sort of like demeaning behaviour, she was drinking all the time and getting in trouble, I didn't realize it then but she was an alcoholic, so she would drink and I just, sort of, lost all my friends because she would alienate them by her behaviour and then she got really jealous and then she will get very controlling, she tried to control everything I did...'

'...It was not physical, it was just yelling and screaming, you know, it was just swearing and cursing, putting me down constantly, saying 'I was useless, (I was) no good, (I was) a loser, you know, all those kind of stuff' and we'd go on for hours, you know, hours and hours and she won't even stop, day in and day out and then my blood pressure got really high, really high blood pressure and I just lost my confidence, right.'

- Respondent P

Table 5.3.5: Experience of controlling behaviour within a lifetime from current partner

Psychological and/or economic violence (additive variable) by gender				
	Not abused	Abused	Total	
Female	7,763,000 (93.2%)	569,000 (6.8%)	8,332,000 (100%)	
Male	7,809,000 (89.9%)	879,000 (10.1%)	8,688,000 (100%)	
Total	15,572,000 (91.5%)	1,448,000 (8.5%)	17,020,000 (100%)	

Controlling behaviour by gender				
	Not abused	Low Control	High Control	Total
Female	7,763,000 (93.2%)	472,000 (5.6%)	97,000 (1.2%)	8,332,000 (100%)
Male	7,809,000 (89.9%)	797,000 (9.2%)	82,000 (0.9%)	8,688,000 (100%)
Total	15,572,000 (91.5%)	1,269,000 (7.5%)	179,000 (1%)	17,020,000 (100%)
Controlling behaviour by gender (among victims only)				
		Low Control	High Control	Total
Female		472,000 (83%)	97,000 (17%)	569,000 (100%)
Male		797,000 (90.7%)	82,000 (9.3%)	879,000 (100%)
Total		1,269,000 (87.6%)	179,000 (12.4%)	1,448,000 (100%)

Table 5.3.5 shows the rates of controlling behaviour (as explained in the data measurement section of chapter four) among the respondents within the lifetime of living with their partner or spouse. For the additive variable of psychological and economic IPV, i.e. psychological and/or economic IPV, the overall prevalence rate is 8.5% and the prevalence is 6.8% for females and 10.1% for males. Using psychological and/or economic IPV as a continuous variable, the mean prevalence was 1.65 for women and 1.47 for men, with standard deviations of 1.17 and 0.92 respectively. Investigating the prevalence of controlling behaviour (i.e. 8.5%), 87.6% of the victims experienced low control while 12.4% of the victims experienced high control. Additionally, 83% of the female victims experienced low control while 17% of the female victims experienced high control. Also, 90.7% of the male victims experienced low control while 9.3% of the male victims experienced high control.

5.4: Risks Factors for Male Victims of IPV

Before the regression models were generated, bivariate regression analysis were initially conducted between the independent variables and the outcome variables (physical IPV and psychological and/or economic IPV against heterosexual men). The analysis also included socio-demographic variables of the respondent’s partner, such as partner’s educational attainment, partner’s employment status, partner’s alcohol consumption, partner’s age, and partner’s marijuana use, which were used in predicting the socio-demographic predictors of the female

perpetrators of IPV. It is important to note that the timeframe used in measuring physical and sexual violence was different from the timeframe used in measuring psychological and economic violence. For physical and sexual violence, the respondents were asked about their abusive experiences within the last five years of living with their current spouse or partner. For psychological and economic violence, respondents were asked about their abusive experiences over the lifetime of living with their current partner or spouse. It is also important to note that sexual violence was excluded from the analysis given that the heterosexual male respondents did not report any incidence of sexual assault for the GSS (Victimization) data. It is possible that the GSS did not collect data on sexual assault in the way men may likely be sexually assaulted. For example, the CDC captures male victims of IPV by asked the men if they were forced or coerced to penetrate their partners. The table below was the results of the bivariate analysis.

Table 5.4.1: Bivariate regression of physical IPV against heterosexual male victims within the last five years

Variables	Model 1	Confidence Interval	
		Lower	Upper
<u>Socio-Economic Variables</u>			
Sex			
Female (RC)			
Male	1.702***	1.283	2.257
Age			
Below 30 years (RC)			
30 - 44 years	0.780	0.421	1.446
45 - 59 years	0.484*	0.246	0.953
60 years & above	0.132**	0.064	0.274
Education			
No school/High school (RC)			
College/Trade	1.108	0.729	1.693
University degree	1.084	0.658	1.787
Personal Income			
Below \$40,000 (RC)			
\$40,000 - \$99,999	0.991	0.639	1.539
\$100,000 and above	1.339	0.781	2.297

Household Income			
Below \$40,000 (RC)			
\$40,000 - \$99,999	1.369	0.675	2.778
\$100,000 and above	1.752	0.868	3.534
Marital status			
Married (RC)			
Common Law	1.815**	1.186	2.779
Age of the partner			
Below 30 years (RC)			
30 - 44 years	0.943	0.542	1.641
45 - 59 years	0.505*	0.265	0.962
60 years & above	0.170***	0.084	0.345
Years of living together			
Below 10 years (RC)			
10 - 29 years	0.610*	0.406	0.916
30 - 39 years	0.120***	0.067	0.217
Employment status			
Not employed (RC)			
Employed	2.422***	1.498	3.917
<u>Childhood Violence Experience</u>			
Childhood victimization			
Never (RC)			
Few times	1.998**	1.291	3.093
Often	3.068***	1.847	5.095
Witness of DV between parents			
None (RC)			
Yes, at least once	1.957**	1.242	3.084
<u>Alcohol and Drug Use</u>			
Alcohol consumption			
Never (RC)			
Rarely	0.852	0.472	1.539
2 - 7 times a week	1.158	0.653	2.053
Marijuana use			
No (RC)			
Yes	3.516***	2.130	5.802

* p<0.05, ** p<0.01, *** p<0.001

Table 5.4.1 shows that variables such as sex, age, childhood victimization, witness of DV between parents, years of living together with partner or spouse, employment status, marijuana use, age of the respondent's partner, marijuana use, alcohol consumption and employment status were individually associated with physical IPV against men from their female spouse or partner.

However, educational attainment, personal income, household income and alcohol consumption were not associated with physical IPV against men. The variables found to have a bivariate association with physical IPV were used to build the logistic regression model.

Males were 70% more likely to experience more years of physical violence relative to female respondents who were within the ages of 45 and 59 and above 60 were less likely to experience physical IPV from their female spouse or partner than respondents below 30 years, by 52% and 87%. Respondents who were in common law unions were about 80% more likely to experience physical IPV from their female spouse or partner compared to respondents who were married. Respondents who had experienced childhood victimization a few times were twice more likely to experience physical IPV from their female spouse or partner than those who had never experienced childhood victimization. Also, respondents who had experienced childhood victimization often were three times more likely to experience physical IPV from their female spouse or partner than those who had never experienced childhood victimization. Similarly, male respondents who grew up witnessing DV between their parents were twice more likely to experience physical IPV from their female spouse or partner than respondents who had never witnessed DV between their parents.

Respondents who had lived together with their partners or spouses for between 10 to 29 years were about 40% less likely to experience physical IPV from their female spouse or partner compared to respondents who had lived with their partners or spouses for less than ten years. Similarly, respondents who had lived together with their partners or spouses for more than 30 years were 88% less likely to experience physical IPV from their female spouse or partner compared to respondents who had lived with their partners or spouses for less than ten years. Respondents who were employed were 2.4 times more likely to experience physical IPV from their female spouse

or partner than respondents who were unemployed. Also, respondents who smoked marijuana were 3.5 times more likely to experience physical IPV from their female spouse or partner than respondents who did not smoke marijuana.

Table 5.4.2: Bivariate regression of psychological and/or economic IPV against heterosexual male victims over the lifetime of living with the partner or spouse

Variables	Model 1	Confidence Interval	
		Lower	Upper
<u>Socio-economic variables</u>			
Sex			
Female (RC)			
Male	1.538***	1.323	1.788
Age			
Below 30 years (RC)			
30 - 44 years	0.993	0.645	1.529
45 - 59 years	0.388	0.533	1.277
60 years & above	0.138	0.472	1.110
Education			
No school/High school (RC)			
College/Trade	0.836	0.662	1.056
University degree	0.925	0.721	1.186
Personal Income			
Below \$40,000 (RC)			
\$40,000 - \$99,999	0.726**	0.582	0.906
\$100,000 and above	0.546***	0.395	0.755
Household Income			
Below \$40,000 (RC)			
\$40,000 - \$99,999	0.640**	0.466	0.878
\$100,000 and above	0.501***	0.361	0.694
Marital status			
Married (RC)			
Common Law	1.285* (p = 0.046)	1.005	1.643
Years of living together			
Below 10 years (RC)			
10 - 29 years	0.827	0.650	1.053
30 - 39 years	0.120***	0.472	0.787
Employment status			
Not employed (RC)			

Employed	1.019	0.826	1.257
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Childhood Violence Experience

Child abuse

Never (RC)			
Few times	1.553***	1.237	1.950
Often	2.105***	1.565	2.829

Witness of DV between parents

None (RC)			
Yes, at least once	1.953***	1.493	2.554

Alcohol and Drug Use

Alcohol consumption

Never (RC)			
Rarely	0.933	0.712	1.222
2 - 7 times a week	0.788	0.601	1.034

Marijuana use

No (RC)			
Yes	2.005***	1.428	2.816

Socio-economic variables of the partner

Age of the partner

Below 30 years (RC)			
30 - 44 years	0.856	0.600	1.220
45 - 59 years	0.730	0.509	1.045
60 years & above	0.170*	0.452	0.925

Education of the partner

No school/High school (RC)			
College/Trade	0.918	0.715	1.179
University	0.728**	0.575	0.921

Marijuana use of the partner

No (RC)			
Yes	1.268	0.723	2.225

Alcohol consumption of the partner

Never (RC)			
Rarely	0.680**	0.542	0.853
2 - 7 times a week	0.575***	0.442	0.749

Partner's employment status

Not employed (RC)			
Employed	0.877	0.717	1.073

 * p<0.05, ** p<0.01, *** p<0.001

As revealed in Table 5.4.2 variables such as sex, personal income, household income, marital status, childhood victimization, witness of DV between parents, years of living together

with partner or spouse, marijuana use, age of the respondent's partner, marijuana use, and employment status were individually associated with physical IPV against men from their female spouse or partner. However, educational attainment, personal income, household income and alcohol consumption among the respondents were not associated with the experience of physical IPV. The variables found to have a bivariate association with physical IPV were used to build a logistic regression model for further analysis.

Men were about 54% more likely to experience psychological and/or economic IPV than women. Men who personally earned between \$40,000 to \$99,999 were about 27% less likely to experience psychological and/or economic IPV from their female spouse or partner than men who earned less than \$40,000. Also, men who had a personal income more than \$100,000 and above were about 45% less likely to experience psychological and/or economic IPV from their female spouse or partner than men who earn less than \$40,000. Similarly, men from households with income of \$40,000 to \$99,999 were less likely (36%) to experience psychological and/or economic IPV from their female spouse or partner than men who were from households with income of less than \$40,000. Moreover, men from households with income of over \$100,000 were less likely (50%) to experience psychological and/or economic IPV from their female spouse or partner than men who were from households with income of less than \$40,000.

Male respondents who were in common law unions were about 29% more likely to experience psychological and/or economic IPV from their female spouse or partner when compared with male respondents who were married. Also, men who had experienced childhood victimization a few times were 55% more likely to experience psychological and/or economic IPV from their female spouse or partner relative to men who had never experienced childhood victimization. Male respondents who had experienced childhood victimization were two times

more likely to experience psychological and/or economic IPV from their female spouse or partner relative to those who had never experienced childhood victimization. Similarly, men who had witness DV between their parents were about 95% more likely to experience psychological and/or economic IPV from their female spouse or partner than men who had never witnessed DV between their parents.

Male respondents who had been living together with their partners or spouses for more than 30 years were about 88% less likely to experience psychological and/or economic IPV from their female spouse or partner compared to male respondents who had lived with their partners or spouses for less than ten years. Also, male respondents who smoked marijuana were two times more likely to experience psychological and/or economic IPV from their female spouse or partner than respondents who did not smoke marijuana.

Looking at the socio-demographic factors of the male respondent’s partners or spouse (i.e. the female), women who were 60 years and above were 83% less likely to perpetrate psychological and/or economic IPV against their male partner or spouse. Women who had university education were about 27% less likely to perpetrate psychological and/or economic IPV against their male spouse or partners. Finally, women who rarely drank or regularly drank were less likely to perpetrate psychological and/or economic IPV against their male spouse or partner by 32% and 42% respectively.

Table 5.4.3: Logistic regression of socio-demographic variable that predict experience of IPV against heterosexual men

Variables	Model 1 Physical IPV	Model 2 Psy. and/Econ. IPV
Age		
Below 30 years (RC)		
30 - 44 years	0.909	1.476
45 - 59 years	0.731	1.234

60 years and above	0.333* (p=0.047)	1.190
Years of living		
Below 10 years (RC)		
10 - 29 years	0.760	0.981
30 years & above	0.259**	0.719
Childhood victimization		
Never (RC)		
Few times	1.875**	1.509**
Often	2.711***	1.768**
Witness of DV among parents		
Never (RC)		
Yes, at least once	1.209	1.474*
Marijuana use		
No (RC)		
Yes	2.097**	1.894**
Marital status		
Married (RC)		
Common-Law	1.051	
Employment status		
Not employed (RC)		
Employed	0.904	
Personal income		
Below \$40,000 (RC)		
\$40,000 - \$99,999		1.060
\$100,000 & above		0.792
Household income		
Below \$40,000 (RC)		
\$40,000 - \$99,999		0.547**
\$100,000 & above		0.427***
Educational attainment		
None/High School (RC)		
College/Trade		0.926
University		1.009

Wald chi2 (5)	85.06	86.91
Prob > chi2	0.0000	0.0000
Adj. R-sq	0.0772	0.0336

* p<0.05, ** p<0.01, *** p<0.001		

Table 5.4.3 shows the risk factors associated with the experience of physical IPV among male respondents from their female partner or spouse. Table 5.11 includes two regression models, in which model one is for physical IPV and model two is for psychological and/or economic IPV.

Model 1 of the output reports the R square of 0.0772, which indicates that the combined independent variables in Model 1 account for 7.7% of the variation in the experience of physical IPV. The section of the output also shows that the relationship between the variables is statistically significant (i.e. $p < 0.001$). Model 2 of the output reports the R square of 0.0336, which indicates that the combined independent variables in Model 2 account for 3.4% of the variation in the experience of psychological and/or economic IPV. The section of the output also shows that the relationship between the variables is statistically significant (i.e. $p < 0.001$).

Model 1 illustrates the influence of the respondent's socio-demographic variables and physical IPV against men while controlling for age, years of living together with the female spouse or partner, childhood victimization, witness of DV among parents, marijuana use, marital status and employment status. Among these variables, age, years of living with the female spouse or partner, childhood victimization and marijuana use, predicted physical IPV against men.

Men who were 60 years and over were 67% less likely to experience physical IPV from their female partner or spouse relative to men who were below 30 years. Men who had lived with their female partners for more than 30 years were 74% less likely to experience physical IPV from their female partner or spouse when compare to men who had lived with their spouse or partner for less than 10 years. Men who had experienced childhood abuse a few times were about 88% more likely to experience physical IPV from their female partner or spouse relative to men who never experienced childhood abuse. Also, men who had experienced childhood abuse often were about 2.7 times more likely to experience physical IPV from their female partner or spouse than men who never experienced childhood abuse. Finally, men who smoked marijuana were twice as likely to experience physical IPV from their female partner relative to men who never smoked marijuana.

Model 2 illustrates the influence of the respondent's socio-demographic variables and psychological and/or economic IPV against men while controlling for age, years of living together with the female spouse or partner, childhood victimization, witness of DV among parents, marijuana use, personal income, household income and educational attainment. Among these variables, childhood victimization, witness of DV among parents, marijuana use and household income were predictors of psychological and/or economic IPV against men.

Men who had experienced childhood abuse a few times were about 49% more likely to experience psychological and/or economic IPV from their female partner or spouse compared to men who never experienced childhood abuse. Also, men who had experienced childhood abuse often were 77% more likely to experience psychological and/or economic IPV from their female partner or spouse than men who never experienced childhood abuse. Male respondents who had experienced DV between their parents were 47% more likely to experience psychological and/or economic IPV from their female partner or spouse relative to male respondents who had never witnessed DV between their parents. Men who smoked marijuana were 89% more likely to experience psychological and/or economic IPV from their female partner or spouse compared to men who never smoked marijuana. Finally, male respondents who lived in households with income between \$40,000 to \$99,999, were 45% less likely to experience psychological and/or economic IPV from their female partner or spouse than male respondents who lived in households with income of less than \$40,000. Also, male respondents who lived in households with income beyond \$100,000 were about 57% less likely to experience psychological and/or economic IPV from their female partner or spouse than male respondents who lived in households with income of less than \$40,000.

5.5: Socio-Economic Factors of Female Perpetrators of Intimate Partner Violence

Using some of the socio-demographic variables that were associated with the respondent's partner's perpetration of abusive behaviour, another model was created to predict the socio-economic factors of female perpetrating IPV against men. By obtaining the subpopulation of heterosexual male respondents, it was possible to ascertain and predict the abusive behaviour of female perpetrators.

Table 5.5.1: Logistic regression predicting female perpetration of IPV

Variables	Model 3 Physical IPV	Model 4 Psy. and/Econ. IPV
Age of the partner		
Below 30 years		
30 - 44 years	0.923	0.919
45 - 59 years	0.466*	0.688
60 years & above	0.155***	0.602*
Alcohol consumption of the partner		
Never (RC)		
Rarely	0.870	0.696**
2 - 7 times a week	1.749*	0.619**
Marijuana use		
No (RC)		
Yes	1.506	1.107
Employment status		
Not employed (RC)		
Employed	0.980	
Educational attainment		
No education/High school (RC)		
College/Trade		0.870
University		0.674**
<hr style="border-top: 1px dashed black;"/>		
Wald chi2 (5)	47.68	38.87
Prob > chi2	0.0000	0.0000
Adj. R-sq	0.0439	0.0130
<hr style="border-top: 1px dashed black;"/>		

* p<0.05, ** p<0.01, *** p<0.001

From Tables 5.4.2 and 5.4.3, several socio-economic variables of the male respondent's partner or spouse were found to be associated with the male respondent's experience of physical IPV and psychological and/or economic IPV. Given that the subpopulation for analysis were heterosexual men, the tables also, at the same time, revealed the factors that predict female perpetration of IPV against the male respondents. The determining factors for the female perpetrators of physical IPV include age, marijuana use, alcohol consumption and employment status. Also, the determining factors for the female perpetrators of psychological and/or economic IPV include age, marijuana use, alcohol consumption and educational attainment.

Table 5.5.1 includes two regression models, in which model three is for physical IPV and model four is for psychological and/or economic IPV. Model 3 of the output reports the R square of 0.0439, which indicates that the independent variables in Model 3 combined account for 4.4% of the variation in the female perpetration of physical IPV. The section of the output also shows that the relationship between the variables is statistically significant (i.e. $p < 0.001$). Model 4 of the output reports the R square of 0.013, which indicates that the independent variables in Model 4 combined account for 1.3% of the variation in the perpetration of psychological and/or economic IPV. The section of the output also shows that the relationship between the variables is statistically significant (i.e. $p < 0.001$).

Model 1 illustrates the influence of the respondent's socio-demographic variables predicting the female perpetration of physical IPV against men while controlling for age, alcohol consumption, marijuana use, employment status and educational attainment of the female partner or spouse. Among these variables, age and alcohol consumption predicted female perpetration of physical IPV against men.

In terms of the regression analysis for perpetration of physical IPV, females within the ages of 45 and 59 were 53% less likely to perpetrate physical IPV against men than females below the age of 30 years. Also, females at the age of 60 and above were 85% less likely to perpetrate physical IPV against men than females below the age of 30 years. Females who drank regularly (i.e. two to seven times weekly) were about 75% more likely to perpetrate physical IPV against men than females who do not drink. Similarly, the influence of alcohol in the perpetration of physical IPV was highlighted in the interviews with the male victims. According to some of the male victims interviewed:

'I don't even remember what sparked the confrontation, to start with, but she can become extremely verbally abusive and I had said something back to her and I was in the bedroom and she was in another room, and she came and walked into the room and she started punched me in the face because she was drunk and angry and I suspect that she was on cocaine at the time but I didn't know for sure but I could definitely smell the alcohol on her...'

- Respondent J

'...what I can tell you is I married someone who became a very severe alcoholic and I probably married an alcoholic, as a matter of fact I knew that I married an alcoholic and I was in denial of the whole thing. So (being an) alcoholic is a progressive disease and so over the course of our marriage it would have gotten worse.'

- Respondent N

'she was drinking all the time and getting in trouble, I didn't realize it then but she was an alcoholic, so she would drink and I just, sort of, lost all my friends because she would alienate them by her behaviour and then she got really jealous and then she will get very controlling, she tried to control everything I did, you know.'

- Respondent P

Model 2 (see 5.4.3.) illustrates the influence of the respondent's socio-demographic variables predicting the female perpetration of psychological and/or economic IPV against men while controlling for age, alcohol consumption, marijuana use, employment status and educational attainment of the female partner or spouse. Among these variables, age and alcohol consumption predicted female perpetration of psychological and/or economic IPV against men.

In terms of the regression analysis for the perpetration of psychological and/or economic IPV, females at the age of 60 and above were about 40% less likely to perpetrate psychological and/or economic IPV against men than females below the age of 30 years. Females who rarely drank were about 30% less likely to perpetrate psychological and/or economic IPV against men than females who do not drink. Females who drank regularly (i.e. two to seven times weekly) were about 38% less likely to perpetrate psychological and/or economic IPV against men than females who do not drink. Finally, females with university education were 33% less likely to perpetrate psychological and/or economic IPV against men.

In conclusion, the results of the study reveal similarity in the prevalence and rates of male and female victims of physical and psychological IPV. In terms of severity as re-categorized by Johnson and Leone (2005), there are more male victims of severe physical IPV than female victims. When psychological and/or economic IPV was re-categorized according to Johnson and Leone (2005) typologies, there were more female victims of high controlling behaviour than male victims. The interviews from the male participants also revealed some of the severe physical and psychological IPV experienced, which adds some context to the findings of the quantitative analysis. Finally, the main predictors of physical and psychological IPV were childhood victimization and marijuana use of the male victims of IPV, while age, alcohol consumption and educational attainment of the female perpetrator predicted IPV against male victims.

CHAPTER SIX

COPING STRATEGIES OF MALE VICTIMS OF IPV

6.0. Introduction

This chapter discusses the findings of the study as they relate to how the male victims coped with the abusive experience from their female partners. The third objective of this study pertains to finding out how the male victims of IPV from spouses or partners coped with their abusive experiences. Most of the data in this chapter rely heavily on the themes and narratives of the subjects of the research interviews as the researcher sought to capture the feelings and deeper meanings of coping with abuse from the male victims living with abusive female partners. It is important to note that the 2014 GSS (Victimization) data also collected some information on whom the victims spoke to about their abusive experience and the reporting of their abusive experience. However, such data only went so far in revealing the narratives and contextual experiences of male victims of IPV thereby resulting in information gaps.

6.1. Coping Strategies among IPV Victims (Quantitative Data)

In the GSS (Victimization) data of 2014, respondents were asked who they spoke to about their experience of physical and/or sexual IPV. Their responses were as indicated in table 6.1.1 below:

Table 6.1.1: Respondents' response of whom they spoke to about their abusive experience

	No	Yes	Total
Speaking to family members			
Female	62,000 (45.7%)	80,000 (56.3%)	142,000 (100%)
Male	177,000 (72.2%)	68,000 (27.8%)	245,000 (100%)
Total	239,000 (61.8%)	148,000 (38.2%)	387,000 (100%)
Spoke to friend/neighbour			
Female	74,000 (52%)	68,000 (48%)	142,000 (100%)
Male	176,000 (72%)	69,000 (28%)	245,000 (100%)
Total	250,000 (64.6%)	137,000 (35.4%)	387,000 (100%)

Spoke to workers			
Female	116,000 (81.7%)	26,000 (18.3%)	142,000 (100%)
Male	215,000 (87.8%)	30,000 (12.2%)	245,000 (100%)
Total	331,000 (85.5%)	56,000 (14.5%)	387,000 (100%)
Spoke to Spoke with Doctor/Nurse			
Female	120,000 (85%)	22,000 (15%)	142,000 (100%)
Male	230,000 (94%)	15,000 (6%)	245,000 (100%)
Total	350,000 (90%)	37,000 (10%)	387,000 (100%)
Spoke to Lawyers (all victims, including gay and bisexuals)			
Female	152,000 (96%)	6,000 (4%)	158,000 (100%)
Male	249,000 (96%)	11,000 (4%)	260,000 (100%)
Total	401,000 (96%)	17,000 (4%)	418,000 (100%)
Spoke to victim services			
Female	116,000 (81.7%)	26,000 (18.3%)	142,000 (100%)
Male	213,000 (87.7%)	30,000 (12.3%)	243,000 (100%)
Total	329,000 (85.5%)	56,000 (14.5%)	385,000 (100%)
Spoke to the Police (personally or through someone else)			
Female	111,000 (78.2%)	31,000 (21.8%)	142,000 (100%)
Male	217,000 (88.9%)	27,000 (11.1%)	244,000 (100%)
Total	328,000 (85%)	58,000 (15%)	386,000 (100%)

According to Table 6.1.1, among victims of physical IPV, 56.3% of female victims and 27.8% of male victims spoke to their families about their abusive experience. 48% of female victims and 28% of male victims spoke to their friends or neighbours about their abusive experience. 18.3% of female victims and 12.2% of male victims spoke to their co-workers about their abusive experience. 15% of female victims and 6% of male victims spoke to doctors or nurses about their abusive experience. 4% of female victims and 4% of male victims spoke to lawyers about their abusive experience. 18.3% of female victims and 12.3% of male victims accessed victim services concerning their abusive experience. 21.8% of female victims and 11.1% of male victims spoke to the Police (personally or through someone else) about their abusive experience. Men’s reluctance speak to the Police may be related to their negative perception and/or experience of the Police in cases of IPV. According to one of the male participants interviewed:

‘When I was 13 years old she was hitting me on the head with a stick, and it was the only time in my life I have ever hit someone back and I didn’t even hit her, I just took the stick from her had and broke it over on my knee and I told her ‘if you ever hit me again I will kill you’, that’s what I said because I knew she was going to move on to my brother next. So she called the cops and the cops threw me out, so that was the lesson the cops taught me when I was young that we are not going to take your side even if you

are the victim, we are going to take the woman's side and not the boys side, I was a child at 13, my brother was 11, they took her side immediately, so that was always on my head, that if the cops were called again, I know what to expect...'

- Respondent D

(Interviewer asks) Have you heard of any case where male victims reported to the Police and what was the outcome of the report? (Participant answers): Yes. I worked in the Custody and Access field. The police, and the courts, sided with the women's stories.'

- Respondent E

'A couple years after we split up, she came into my home to pick up the kids and she (had) come a few hours early, and I told her to wait because the kids were still asleep. She got angry, and she came into my house, and was violent to me and my son. And 911 was called. Afterwards the police arrested me, because she accused me of violence against her. But because I had witnesses there, when it finally went to court over a year later, it was thrown away by the prosecution, because they realized that a totally different thing had happened in court than what she had stated to the police officer.'

- Respondent G

'A lot of throwing things, she hit me a few times, she punched me in the face a couple of times, she punched me right in the ribs in front of two police officers, in fact once and on the way out they laughed and called me her punching bag...'

- Respondent H

(Interviewer asks) What happened after you reported her violent behaviour to the Police? (Participant replies) I phoned the Police four times.

(Interviewer asks) And what happened? (Participant replies) They would come, they would tell her no contact, they would give us a piece of paper no contact, she's had to go and live in a Motel within two, three days, she was back home (and) charges were dropped. The last time this happened, even my lawyer is asking: how come the Police dropped the charges every time and you are still in the hospital and they are saying 'not enough evidence' and you are lying in the hospital with broken ribs, heart attack, my lawyer (kept asking), till this day he does not understand but it did.

- Respondent M

(Interviewer asks) You mentioned that you never reported to the Police while they were being abusive? (Participant responds) No, the Police would have been completely against me. I knew enough as a criminal lawyer to know that when the second one was attacking me, I would be arrested.

- Respondent O

In addition to the negative experiences of male victims with police officers in their abusive experiences, one of the key informants in the study buttressed fear about the unfair victimization

in the court. According to Key Informant F:

‘When they first started setting up the dedicated domestic violence courts here in Ontario, Old City Hall Courthouse in Ontario is a provincial offensive court and it is a very old building and most of the courtrooms are numbered but for what ever reason, some of the courtrooms are identified by letters of the alphabet, the domestic violence court was K court, and it was known among the defense (lawyers) as kangaroo court (interviewee laughs), that pretty much tells you everything, you know, men go into these courts and they are presumed guilty, and it happens over and over and over again.’

Also, one of the key informants, who deals with male victims of IPV, mentioned the complexities and difficulties encountered with assisting male victims of IPV. According to Key Informant C:

‘we get a lot of calls from women on behalf of male loved ones in their life and in this case we had a mother who was emailing me, she has a son who is in a violent relationship and she is in a part of Ontario where it is too far for her to access our services in Toronto but there is nothing available for her or she didn’t think that there was in her community for her son. So we were able to thankfully reach out on her behalf to a victim services office in her community and they are going to do what they can but even they told me ‘we could do so much more if it was a woman, there is very little they could do, in fact the closest shelter we can send him to is like five hours away from him’, because the shelters in his community will only accept only women, mothers and children.’

Table 6.1.2: Access to supportive services

	No	Yes	Total
Accessing crisis center/victim services/shelters			
Male	233,000 (95.5%)	11,000 (4.5%)	244,000 (100%)
Female	127,000 (89.4%)	15,000 (10.6%)	142,000 (100%)
Total	360,000 (93.3%)	26,000 (6.7%)	386,000 (100%)
Accessing Family/Men/Women center			
Male	236,000 (96.7%)	8,000 (3.3%)	244,000 (100%)
Female	130,000 (91.5%)	12,000 (8.5%)	142,000 (100%)
Total	366,000 (94.8%)	20,000 (5.2%)	386,000 (100%)
Accessing Counsellor/Social worker/Psychologists			
Male	207,000 (84.8%)	37,000 (15.2%)	244,000 (100%)
Female	89,000 (62.7%)	53,000 (37.3%)	142,000 (100%)
Total	296,000 (76.7%)	90,000 (23.3%)	386,000 (100%)

Table 6.1.2 reveals if the victims of physical and/or sexual violence accessed supportive services with regards to their abusive experiences. Among the victims, 10.6% of female victims

and 4.5% of the male victims accessed crisis centers or victim's services or DV shelters. Also, 8.5% of the female victims and 3.3% of the male victims accessed family centers or men centers or women centers. 37.3% of the female victims and 15.2% of the male victims accessed counsellors, social workers, or psychologists.

6.2. Context of IPV among Male Victims

One of the major criticisms of quantitative studies on IPV is its inability to adequately account for the context in which the abuse took place. Given this criticism, it is difficult to assess if the IPV was unidirectional (i.e. one partner assaulting a non-aggressive partners) or bidirectional (i.e. if the abuse involves the couple aggressive to one another). During the interview with the male victims of IPV, various questions which related to the context of the abuse were asked such as: why the abuse took place, the reasons for the expression of abusive behaviour by the partner and the context in which the abusive partner was abusive. Several themes were drawn from the stories most of the male victims told, as the male victims mentioned that the context of the abuse was because of alcohol, marijuana or drug abuse, and psychological or personality disorders, while some male victims mentioned that their inability to point at the exact reason for the abuse.

6.2.1. Drugs/Alcohol

According to some of the male victims, the abusive experience was within the context of alcohol, marijuana or drug consumption. Some of them mentioned that:

'She was probably under the influence of marijuana, and possibly cocaine'

- Respondent C

'she'd start rocking back and forth a lot, she'd always be yelling like, it was almost like she couldn't talk, everything she said was yelling and then mainly it was about a lack of marijuana, she was very addicted to marijuana and a lack of marijuana would set her off and she'd just start screaming and throwing things... her other big trigger

was if there was no marijuana, (if) we ran out of marijuana then, it was the end of the world, she'd scream at me, it was my fault, if we didn't have the money for it, somehow I had to come up for the money. Like yeah, marijuana basically ruled her.'

- Respondent H

'We moved in July 2006 and within the first month she assaulted me for the first time, when she was drinking, it turned out that she was a hard core alcoholic, hard core drug addict, and when she was on alcohol or cocaine, she would become very violent if she got angry.'

- Respondent J

'What I can tell you is I married someone who became a very severe alcoholic and I probably married an alcoholic, as a matter of fact I knew that I married an alcoholic and I was in denial of the whole thing. So alcoholic is a progressive disease and so over the course of our marriage it would have gotten worse.'

- Respondent N

'she was drinking all the time and getting in trouble, I didn't realize it then but she was an alcoholic, so she would drink and I just, sort of, lost all my friends because she would alienate them by her behaviour and then she got really jealous and then she will get very controlling, she tried to control everything I did, you know.'

- Respondent P

Some of the statements provided by the respondents also corroborated with the responses of the key informant interview, who is a female lawyer that has dealt with numerous cases of domestic violence and assaults. According to the Lawyer:

'So there are some cases where if the women is really angry or drunk, because it is usually booze, it is really unusual, in my experience as a criminal defence lawyer, to see a domestic situation that did not involve alcohol and/or drugs, usually booze. I would bet you, because I am thinking about (it) and I have done a thousand cases, I would bet you (that) 90% of my cases alcohol was involved at some level. Very rarely do you see people get involved in these disputes when they've been smoking marijuana, very rarely because it just doesn't happen, and almost everytime I open a file on a domestic case, you see the initial Police notes with the initials 'HBD' (meaning) 'Had been drinking' and that happens over and over again, at least one of the parties must have been drinking and sometimes it is the woman who is drunk, who gets into an argument with a male who is not as drunk or has not been drinking and it escalates very quickly that way or the other way around, but an extremely important factor in this is alcohol and you cannot overlook that.'

- Key Informant K

The foregoing shows the impact alcohol and marijuana use has on abusive behaviour. In the context of the abusive experiences, alcohol consumption seems to act as a disinhibition for aggressive behaviour among the partners of the male victims and the key informant also alluded to this with the numerous cases she has dealt with.

6.2.2. I Don't Know

For some other male victims, they were mystified as to the reasons or context of their female partner's abusive behaviour. Some of the male victims could not even point to the reasons why their female partners were aggressive. According to some of the male participants:

'You know, day time was fine, she was like a different person in day time, she was happy to feed the baby, she was contented but at night time she became this other person, so this is where I have documented over 140 assaults in the first six months.'

- Respondent B

'Everything I did provoked her, like I said, when you wash the dishes twice and she still finds a piece of dirt on it so that she throws a plate on your head, what could you possibly do?'

- Respondent D

'As stated above it (her abusive behaviour) was always for little things which I could never understand. Sex became a very touchy issue as I dreaded to even get in bed with her. I was never raised in a violent family so I could never understand it.'

- Respondent F

'I can't even recall why she got upset; it was something petty and stupid. Most of the time she got upset it was over stupid little things, (like) "Oh I'm late home from work." She imagines that I have clients and acquaintances who are female; she imagined that one of them was hitting on me or something like that... any type of little argument could set her off; any imagined spite could set her off. It got to the point where I would rather go out with my kids by myself or stay at work in order to avoid her.'

- Respondent G

'The first one seemed to it (violence) to get me to do what she wanted. (For) the second one, sometimes I got the feeling that she wasn't really angry at me but was working at something else underneath.'

- Respondent O

'I didn't really know, I don't know why because every time I tried to do something, it was always wrong, you know, it didn't matter what it was, I got myself into a really bad jam...'

- Respondent P

Additionally, Respondent B mentioned that after the six months of experiencing initial abuse from the partner due what the respondents felt was provoked by the baby's night feeding schedule, the abuse continued. The nature of the abusive behaviour the male participants experienced from their female partners was somewhat a mystery to them as some of them stated that the female partners would act lovingly for some periods of their living together, but become aggressive and abusive at some other periods.

6.2.3: Mental Health Concerns

Some of the male respondents could point to tendencies of mental health concerns among their female partners. Some of the male participants also became aware of their partner's mental health concerns through counselling sessions or medical consultations. For some of the male participants, they had the following to say:

'So she went on her own for three sessions over a period of three weeks and then we went together and on that fourth session, the psychologist said she was having a disorder which he said was previously described as borderline personality disorder'

- Respondent A

'She'd be really, really nice one moment, and then the next moment she would be a totally different person. It was very bizarre behaviour. Like, honestly, I can't imagine anyone else being like that. To me it seemed almost like a mental illness'

- Respondent G

'She is on disability for bipolar disorder. She was not diagnosed (for bipolar disorder) when we got together but throughout our relationship she did get the diagnosis.'

- Respondent H

'She was working with some kind of internal mental illness, of some sort, and sometimes after we had separated like, I think that I heard last week she had died, I

believe they told me that she had some mental health issues.'

- Respondent O

6.3. Coping Strategies among Male Participants

During the course of the interviews with the male participants and key informant participants, questions were asked as to how the male victims coped with their situation of abusive experiences from their female spouses or partners. Questions were aimed at exploring how the male victims dealt with the abusive experiences while in the relationship and after they left the relationship. Key-informant participants were also asked their opinions, given their experiences of working with male IPV victims and their knowledge of the subject matter, on how the male victims dealt with the realities of being victims of IPV. Several themes were generated from the answers during the interviews.

6.3.1. Coping Strategies while in the Abusive Relationship

The male participants of IPV were asked how they coped with being victims of IPV while they were in the relationship. The key-informant participants were also asked the observable behaviours and attitudes they noticed when working with male victims of IPV. Some of the responses the male victims give as to how they dealt with their experience of IPV aligned with the opinions and experiences of the key-informants. Several themes were generated from the responses of the male victims and key-informant and include: not coping well and/or withdrawal; directing more energies to work; sharing the abusive experience; and seeking or giving assistance related to their abusive experience.

6.3.1.1. Not Coping Well or Withdrawal

One of the most frequent response to the question of coping strategy is that most of the male participants claimed never to have coped well with their experience of abusive behaviour from their female partners. The inability to cope with their experiences of abuse was found to be connected to their withdrawal from social situations. Withdrawal, among the male participants, involved redirecting their social activities away from the trauma of their abusive experiences. According to some of the male participants:

'I cried. I tried to deny what my Ex was doing. I withdrew into myself.'

- Respondent E

'(To cope, I) Hide....work more, play video games, home projects etc.'

- Respondent F

'With great difficulty and in great pain throughout. I took therapy.'

- Respondent O

'Not well, I had no idea what to do, I didn't know who to turn to. It was beyond my experience, I pretty much kept silent about it and didn't tell anybody. First of all, I was afraid (that) I wouldn't be believed; secondly, I knew that she would lie about it and already had to her family members, and some of my friends.'

- Respondent G

'(Interviewer asks) How where you coping with your ex-wife's abusive behaviour? (Male participant mentions) Well, probably in denial, I would say; that it was not affecting me.'

- Respondent N

'I wasn't (coping), I was just existing; I guess I was disassociating would be my best guess. (slurry in speech), I still don't remember those memories, it's a bad time of my life, obviously, I tried to repress it.'

- Respondent H

'They segregate it, they compartmentalize it. They don't acknowledge either that it happened or that it was harmful and (they) just move on, I think many women do that as well, I don't think that it exclusive to men but they cope in various ways. But those are the primary tools.'

- Key informant E

As revealed by respondent G, not coping well was also connected with the frustration of not knowing what to do, while experiencing abuse from their female partners. The experience of not knowing what to do is similar to most of the male victims interviewed. For some of the respondents, like Respondent E, G, N and H, they engaged in psychological denial towards their abusive experience. This also implies that the men did not know how to properly deal with the experience of victimization. In addition to not being able to cope with the abusive situation and withdrawing, another male participant mentioned that:

‘Not very well. In both the first and most recent relationships, I started getting depression and, I would say, just shutting down, I was less interested in anything, I wasn’t playing as much sport, I got depressed and in the last one, I started getting anxiety attacks and so I started having from very severe physical symptoms, I couldn’t breathe, my heart rate was up to 120 on a regularly basis and it is normal at about 70 and my heart was racing and I was light-headed and nauseous all the time, anyway...’

- Respondent I

In the case of respondent I, his inability to cope was connected with his withdrawal and concomitant psychological and physiological problems. It is also important to note that most of these male victims hardly defined their abusive experiences in the light of ‘being victims’ and this also added to the difficulty in seeking solutions to their partner’s or spouse’s abusive behaviour. Another respondent mentioned that:

‘I had nowhere to go and I deliberately did not call any friends or family because, number one, I felt very ashamed of this but number two, by law, if for example, you and I were friends and I called you up and said ‘there was a physical confrontation between me and my partner, I don’t know what to do or where to go’, by law, if you don’t turn me in, you become an accessory, so I was not going to put any of my friends and any of my family in that position where they might be seen as an accessory, so I literally had absolutely nowhere to go and I had no support, I had to do this entirely on my own, it was probably the time of my life when I had felt absolutely the most isolated, the most alone, marginalized.’

- Respondent J

In this case, respondent J worked in the military and the regulations in the military, as it pertains to domestic violence incidences, added to his difficulty in communicating his abusive experiences from his partner to any person or even seeking for assistance. These experiences of inability to cope with abuse and withdrawal tends to subject the male victims to deeper levels of isolation and this negatively affected their mental and physical wellbeing. Some of the key informant participants also shed light to the challenges male victims of IPV encountered with their context of the social construct within which they tend to perceive helplessness and engage in withdrawal. According to the key informants:

*‘But I really think that it is conflicted coping. I think **avoidance** is a top one. I also think that **conflicted response**, both anger and possibly aggressive, and passive. So I think it must be very conflicting and I have no doubt that societal attitudes affect their coping strategies, you know, if I have been brought up to believe that this is what it means to be a man and then I am experiencing something that is very different than that, how do I know how to be different when I have only ever had one way of being a man; what it means to be a masculine, so social attitudes clearly affect coping (strategies). Even if nothing else, in terms of access to services, there are very few services for men who are victims.’*

- Key Informant B

‘There’s a lot of different coping mechanisms, some healthy, some destructive that I’ve seen. (For) the destructive, you definitely have men who become withdrawn and end up seeking solace in substance abuse or drug abuse, alcohol, any number of things or who act out in aggressive ways and end up hurting themselves are others. On the other end, you have men who sort of withdraw but become isolated and don’t want to have anything to do with the rest of the world who feel so hurt that they can’t ever imagine having a positive human relationship again, even with friends and family, so those are kind of both extreme reactions to being in a trauma situation’

- Key Informant C

In addition to the engagement of avoidance or withdrawal strategies, as noted by Key Informant B, male victims tend to be conflicted as to how to deal with their experience and this is situated within the social environment which tend to define how men cope with their experience of IPV from their partners. This difficulty is also complicated by the lack of institutional support

services for male victims of IPV. For Key Informant C, his observations of some of the negative approaches male victims engage in, having worked with several male victims of IPV, aligns with the experiences of the male participants interviewed in this study and he also added the possibility of drug or alcohol abuse, which can lead to negative mental health implications. Also, male victims tend to use alcohol to escape the psychological burdens of IPV from their partners or spouses.

According to Respondent H and Respondent P:

'I would smoke marijuana too, I bitch a lot at work about it besides that not much, at the time I was working at Queens besides that I cried a lot...'

- Respondent H

'I would drink occasionally because she would like force me basically to panic as she was screaming, I just would have one or two beers just to get her off my back, but I've never ever drunk, I had to be with my own faculty all the time, I had to be always (aware), you know when you are living on egg shells, I was hyperaware, hypertension and hypersensitive, that's what I was.'

- Respondent P

6.3.1.2. Seeking or Giving Assistance or Help

This theme is centered around the idea of seeking or giving help in order to maintain the relationship. For some of the male victims, they felt that they could seek help for the abusive behaviours they were experiencing in their relationship with their ex-partners or spouses.

According to some of the male participants:

'So, for a long time I tried to...I didn't know what to do, so I was beginning to have panic attacks, post-traumatic attacks and I bumped into an abuse counsellor at a retreat and we spent the weekend talking, she was great, she taught me a lot, she listened well and helped me a lot to understand that it was not my fault even like I told her that I didn't understand why I yelled at her or why I smacked her on the head, she considered that to be what is called resistance in an abusive relationship, many people have been tormented.'

- Respondent A

'It took me a long time to associate what she was doing with violence but then I became active in many social advocacy groups to; number one, learn about how to deal with my specific situation and (number two), try to help others in similar situations'

- Respondent K

'I had worked with a therapist and I told her and she'd been encouraging me to leave the relationship but she's been doing it in therapist terms, so therapists are not usually direct, they just sort of say 'Well, maybe you should consider taking a couple of weeks getting away' and things like that whereas the Doctor just looked at me and said 'You've got to get out of there.' The therapist's words were not direct enough for me at that point in time, I needed someone to say 'You have to leave,' she actually said 'You have to leave.'

- Respondent I

The foregoing responses reveals the extent to which some of the participants went to seeking solutions for their abusive experience. This also shows that some of these men could not associate their experience with IPV, thus, they tend to sought forms of therapy that did not relate to the abuse they experienced. For example, for Respondent I, he went to see the therapist for therapy on how to become a better partner in the relationship, rather than address his experience of abuse from his female partner. His doctor helped him to define what he experienced as abuse and the need to leave the relationship. This is also similar for Respondent A, who blamed himself for the abuse he experienced from his female partner and felt that the most efficient way of resolving the issues was to become a better person. Additionally, the quantitative data (in Table 6.1) shows that a few male victims spoke to doctors, nurses, psychologists or social workers (Table 6.2) about their abusive experiences. Some of the respondents also mentioned that:

'I tried a male support group during the marriage, but didn't feel helped.'

- Respondent C

'I tried counselling, AA meetings, NA meetings, and going for alcohol treatment and that didn't work and I tried tough love and that made the situation actually worse and then finally I just said done, I am leaving, so that's the way things evolved and I found myself after a while myself becoming like her so I thought I had to get out of this relationship.'

- Respondent J

This shows the desire the male victims had to restore the relationship. Also, through the

course of the relationship, some of the respondents tend to access a number of supportive services that closely relates to their experience of IPV which tend to fail in helping their abusive partner, despite the fact that there are very few or no services for some of these men who experience IPV. For respondent P, who did not have the income to see a therapist, he had to rely on self-help technique, by informing himself through the internet. This is the common experience of male victims of IPV, who do not have the financial capacity to see a therapist. The respondent said:

'I think that when I was involved with the abusive situation and I used to go down stairs a lot and stay on the computer because that was my lifeline, I didn't understand what was going on but via the computer I did teach myself a lot and, I mean I remember one time when I was on the computer I found, first of all, I had to discover that men do get abused by women, so it was something that was not uncommon but the thing about it is that no one speaking up about it.'

- Respondent P

This also gives a glimpse as to male victims of IPV who may choose to seek other forms of help or mental health assistance other than professional therapy. Given the fact that most Canadians tend to fall within the middle and low income categories, it may not be surprising if most male victims of IPV resorted to the internet to seek information that would enable them adapt to their abusive situation. Also, given that the results from chapter five show that men who live in low-income households tend to be the victims of psychological violence, how such men define and address their experience of IPV and the help they would seek, other than professional therapy, might be constructive or self-harmful. However, this shows that men also seek help for their experiences and they are willing to access institutions and support groups that can assist them with their abusive experiences. Key Informant C, a director in an institution that offers support for male victims, also noted that:

'...there is the more sort of positive side, we do have men who are reaching out and getting support either to us or maybe to other agencies that we work with...'

- Key Informant C

Also, some of the male victims felt that by helping their partners, they would help her in addressing her psychological issues (like alcohol or drug addiction), strengthened the relationship or marriage and the abuse will be addressed. According to some of the male respondents:

'I tried to get her to go to counseling; none worked as she did not care too much for it. Except this one place who tried to move us into an open relationship and see other people while staying married. Thinking back the cheating started around this period.'

- Respondents F

'I focused solely on trying to help her, instead of trying to help me, I dedicated myself to trying to make her life better because I figured (that) if I could help her then I can have this family I've always wanted, I can have the loving family that I want for my son but I guess I focused on her problems and saw it as her needing help as opposed to me being (helped), somehow for some reason...'

- Respondent H

'I thought I could be a hero, I thought that someday, if I found the right person I could help them and they could help me, then everything will be okay and I thought that maybe we could help each other but it turned out (that) we couldn't.'

- Respondent H

'Al anon was a support group for families and friends of alcoholics, so that really helped me a lot. It helps you look at the alcoholic person from a sort of different perspective. There was a lot of hope on my part that this was all going to change because I loved my wife and I always kind of believe that it would change...'

- Respondent N

Through these means, the male victims sought to take the responsibility for positive change to their partners' abusive behaviour. The perception among some of the male participants was that by seeking assistance for their female partners, their partners would become less abusive. In some cases, this method of coping tends not only drained the male participants, psychologically, but it did not help the victims in addressing their partners' abusive behaviour.

6.3.1.3. Diversion of Energies into Work

For some male victims, the best way they could cope with their partners' abusive behaviour was to divert more energies to their work activities, which served as an escape from the realities of their abusive experiences. These work activities also provided a means of denying their victimization experiences and taking off their thoughts off living with an abusive partner.

According to some of the male participants:

'I put myself more into my work in order to deal with it emotionally. I used work as an escape.... I was afraid to go home most of the time so I put myself into work. I took on overtime, I took on extra projects, that kind of thing. It bothered me a lot that it affected my relationship with my kids, too, because they were very young, right.'

- Respondent G

'What I did was that I took the love I had for my daughter and the pain I felt from being wrongfully accused and my daughter not being part of my life. I was missing her so much and my frustration with the court system and the way I was treated, not shown respect, and I took the love I had for my community, my family and I focused all of that and I put it all into that book. So I took a lot of the good stuff and the bad stuff and all that energy, instead of just being wasted, and I tried to take it and focus it and put it into the book. I think the book could have under different circumstances if we had been in a loving relationship, for example, I think I would have been (able to) finished the book off way sooner.'

- Respondent L

'It is a big question, well, I spent more time away from the home, I spent more time working, I spent more trying to be a necessary (and I) sought after member groups, I guess I probably deflected the lack of my ability to parent into these other groups and tried to lead them into different things...'

- Respondent K

The engagement in work activities as a means of taking one's mind off the abusive experiences which is also an active way of coping, may be positive or negative, depending on their wellbeing after the male victims leave the relationship. For these respondents, they also confirmed that they had to seek therapy after they left the relationship, as evident in Respondent K's experience. According to Respondent K:

'I sought counselling from professionals who understood the circumstances. I stayed away quite quickly from people who didn't understand the circumstances and I became very active as an advocate on these issues and (I) was able to be quite effective in, I think, many respect with children's issues around separation and divorce, and more recently with boys and men's issues, negative discriminatory action towards boys and men'.

Thus, for these male victims, diverting their energies into work activities was a temporary means of coping with the abuse. Also, to an extent, this sheds light on some of the possible differences between how men and women cope with abuse. A key informant mentioned one of the difference he observed as to how men and women cope with grief:

'It is very clear that men heal in different ways than women in some significant areas. For instance, grieving is different in men and women. Women tend to weep and express their grief through crying and a lot of affect. Men tend to express their grief by retreating or by working, by doing things that... So men's grief is more active and women's grief is more affective and reactive, and that's just an example and I am sure that there are other ways, you know, women like to talk, for instance, about their problems, talking therapy is more seen with women than it is to men often'.

- Key informant A

Also, other key informants dispute the possibilities of difference in how male and female victims of IPV cope with domestic violence. According to some of the Key informants:

'I am not sure that there is a difference between how men and women cope with these things, I mean, I can give you examples of women who do exactly the same things. They (the women) are angry, they don't know how to fix their problem and they can be violent, they can also be socially inappropriate, their anger strikes out in similar kinds of ways in that they attack those who otherwise may want to be helpful or those who can be helpful. They are very stubborn focused and can themselves be controlling in these situations and other situations as well. Not all men are innocent victims, not all women are innocent victims, some of them, both men and women bring these things on themselves by not tuning into the social clues of how the behaviour is problematic and seen by others, their significant others, their spouses as being aggressive. I am not sure that there are categorical differences (or) genetic differences that preclude either men from behaving as women do in some cases or as women do in other cases as men do, You'll have to argue that through with me, my experience isn't that.'

- Key Informant E

'I see it very different, I don't see it as gendered because I see too many women who are silenced through the victimization process but also through the social norms. I think that is a false assumption, in my experience, the women that we see here do not find it easy and I don't believe that it is any easier to express coping than men, I don't think that is the case.'

- Key Informant B

The experience and effects of abuse tends to subject both male and female victims to similar levels of powerlessness and this implies that the emotional strength needed to cope with such situation may not be available. Another Key informant, who works with male victims of IPV, advocated for the creation of balanced services for both male and female victims so that they could choose their own means of coping and healing with their abusive experiences:

'(Interviewer mentions) I have also heard that one-on-one conversation therapy may be effective for women but not that effective for men. (Participant responds) ...I think there is some truth to that but I do want to be careful. I know we do have a tendency of generalizing that men operate a certain way and women operate a certain way and I think there is a lot of diversity within the genders, so I won't want to say that we should only do this for men and only do that for women, I would rather give everybody options (and) let them self-select. So I think that the therapy and the counselling option should be on the table for everybody because some men will respond to that, we run a therapy programmes and I have seen it have a positive effect in men's lives. Now maybe more women will opt for therapy but it still should be made available to men and women, I don't think anybody will disagree with that.'

- Key Informant Interview C

6.3.1.4. Sharing the Abusive Experience

Some of the respondents shared the abusive experiences to individuals around them. The GSS (Victimization) survey has revealed that women tend to share their abusive experiences with their friends and family members relative to men. During the interview, some of the male victims admitted that they spoke to someone about their abusive experiences. According to some of the male participants:

‘(Interviewer asks) Did you speak to your friends or family members of her abusive behaviour? (Participant responds) My family knew she was an alcoholic, I don’t think I would have talked to them about being abusive I talked to one friend but I belong to Al anon and I would have talked about it there.’

- Respondent N

‘I went to the Doctor and got all kinds of tests done and in the end nothing came back that was physically wrong. My Doctor asked me what was going on and then I told her about the abuse and that’s when things started to change, she said ‘You’ve got to get out of that relationship, it’s dangerous for you and so that’s when I started making plans to leave and I did about three weeks later leave the relationship’.

- Respondent I

‘(I wrote a memoir of the abusive events) in the six months of our child’s life. Well, I don’t know if I was coping with it, you know I was focused on the baby, he was what was important to me, so I just put my stuff (my being abused) aside I guess. I’ve got a few close male friends and a couple close female friends that I was able to share these issues with’.

- Respondent B

This shows that sharing the problem was not a prominent means through which the male participants sought to address their abusive partners. As shown from previous themes, the male victims were not able to grasp the psychological and social dynamics and complexities of being abused by a female partner. It is also important to note that the male participants were more likely seek or provide assistance, i.e. action-oriented, than share their problems, as regards to their abusive experiences. The quantitative data revealed, in Table 6.1, that men tend not to share their abusive experiences with their family members, neighbour, co-workers and friends. This shed light on the possible differences between how men and women cope with their abusive experiences, as Key Informant A notes men’s action-oriented means of coping abuse from partners. For some other male participants, they shared their experiences but did not get any constructive solutions as to how to deal with it. According to some of the male participants:

‘I called a friend and went to show the friend what happened to me, and this is an interesting aspect. I took off my shirt and I showed him what happened and he didn’t call the Police, he didn’t take pictures, he just said ‘wow, that’s crazy’ and then he

sent me home and we talked about it this year and he said 'if you were a woman, I wouldn't have done that, I don't know why I did that'

'... At the end of the retreat, I told her that I would love to come to her office to start the healing journey and she was like 'you can't (because) actually come to my office as we counsel women who have been through domestic violence and we rehabilitate men who have been violent, so you are actually not allowed to come. That was devastating and it was like a brand new wound.'

- Respondent A

'(Interviewer asks) During your experience of abuse from your ex-wife, did you speak to your friends and family about her abusive behaviour? (Participant responds) Yeah, my family hates her and most of my friends didn't believe me. But some did. Those who didn't believe me I no longer talk to.'

- Respondent G

For these male participants, it is apparent that the societal constructs of victimhood affected their desire to share their abusive experiences. The second comment from Respondent A highlights the lack of supportive services for male victims of IPV and Table 6.2 corroborates with this claim. Most male victims of IPV do not seek supportive services because there are very few supportive services that can deal with male victims of IPV. After Respondent A met a counsellor who counselled him about his traumatic experience in a retreat, he sought to see the counsellor after the retreat for more counselling and the counsellor declined to see him because the counsellor only works with only victimized women, which felt like another kind of victimization for him. Additionally, it is not uncommon for male victims of IPV to not be believed when they share their experiences of IPV, given the social norms that inform the idea that men cannot be victims of IPV.

6.3.2. Means of Coping after the Relationship

The male participants were asked how they sought psychological assistance from the incidences of abuse they experienced from their female partners or spouses. Two major themes were generated from the interviews, as some of the participants mentioned their engagement with

therapeutic services and counselling while some others admitted the difficulties they encountered in trying to cope with the abuse after their relationships with their abusive female partners or spouses ended.

6.3.2.1. Counselling and Therapy

For some of the male participants, they sought counselling or therapy after they left their abusive relationships from their female partners or spouses. Generally, most of the male participants had to reach out to seek therapy in order to address the consequences of emotional and physical abuse they had experienced from their female partners or spouses. According to some of the male participants:

'So now at least I've developed some thoughtfulness. I have enough thoughtfulness and thanks to the counselling sessions I got to realize that when I am feeling that lack of emotion, that cold shut down, I am at least aware intellectually that this is a passing condition and that if you say something now that you can't take back later, you will regret it later.'

- Respondent D

'After my release from the military, the military has gotten very interested in the mental health of their released members because there were numerous examples of members who are released and ended up getting involved in domestic violence, crime, etc. They ended up with significant number of health issues, so when I went for rehabilitation for my injuries, I was asked, 'how is your mental health?' and I replied 'obviously not good' and I reached out and I asked for a mental health assessment and this is through veteran affairs, so right now I am involved with mental assessment with veteran affairs...'

- Respondent J

'I sought counselling from professionals who understood the circumstances, I stayed away quite quickly from people who didn't understand the circumstances and I became very active as an advocate on these issues....'

- Respondent K

'I had my own issues...It had that the first person I started dating after I was divorced, which is two years after I was divorced (and) I am still with her, but I had issues, so I had to go and see a counsellor because I was doing dysfunctional things that was tied

to how I was affected by the relationship that I was in. And so the counsellor, i.e. the woman, I went to see was fabulous and she said 'You know you have Post Traumatic Stress Disorder' and I did and I worked at it and she worked with me and I was able to deal with it.'

- Respondent N

Professional counselling and therapy was accessed by a number the respondents. In the case of Respondents D and J, they were able to access mental health therapy through their workplace. For others, they sought private counselling and this was possible given the fact that they earned enough money to access these private services that tend to be relatively expensive. This also brings the question of what low-income males or even full-time students do when they have emotional issues from being abused by their female partners. Some of the respondents, who could not afford professional mental health services, had to access different means of counselling. For some of the male participants:

'There was a church across the way, so I walked in and I asked a nun if I could ask some questions about forgiveness and she pointed me out to a Jesuit priest and I spoke to him about forgiveness and I began my search to understand forgiveness because in my heart I couldn't carry this burden of anger and shame, resentment and all that, and I had to forgive her so I did that and I learned that to go to a Halifax hospice society which is a bereavement group and I went there to grief, I learnt how to grief and I sought help with counsellors and I did narrative therapy and cognitive behavioural therapy, I did neural linguistics programming, I talked to a Buddhist about meditation practice, I did mindfulness, I started a male support group, I wrote the grants, I did basically everything that I could but I think the really important thing that I did was I pictured in my head what it was like to be her.'

- Respondent A

'I'm going to the (male support) center every week for meetings, I got involved into mindfulness meditation, ever hear of that? (No), mindfulness meditation, that's what I do all the time, I go to mindfulness meditation every Monday, I go to church every Sunday and then on Wednesday I go to the center, so these are the three things I do every week.'

- Respondent P

'I got a certificate for legal aid Ontario that gave me free two hour consultations with a lawyer on the legal aid Ontario list for domestic abuse and trauma, so I've seen that

lawyer and that was very helpful, that's the range of services that I've accessed through (a men's issues institution).'

- Respondent I

Access to professional health care services, which tends to be expensive, can cause male victims to seek other means of addressing the traumatic experience of intimate partner abuse. Additionally, the quantitative evidence highlights the fact that very few men seek doctors (in Table 6.1) or access counsellors or psychologists (in Table 6.2). In addition to the social stigma attached to being a male victim of IPV, there are no government-supported services for some of these men to access after their traumatic experience of being abused. For Respondent P, the support he received was from a non-governmental institution which addresses men's issues and wellbeing. For Respondent I, he could not afford to access professional services and thus, he had to seek mental health assistance by the same non-governmental institution Respondent P accessed in Toronto. Respondent A had to seek assistance on grieving from religious-based institutions before seeking affordable and accessible counselling sessions in his province which provided him with assistance on narrative therapy and cognitive behavioural therapy, and not counselling sessions on trauma therapy.

6.3.2.2. Not Coping Well

Besides some of the male participants that sought therapy and counselling, other male participants mentioned that they were not coping well, even after they left the abusive relationship. Such male participants were still experiencing the impacts of the psychological and physical abuse they experienced from their female partners or spouses. Some of the male participants mentioned that:

'Maybe I am not coping so well because I've lost weight. It is very difficult for me to focus and concentrated at work but I have a lot of issues that are far more important

than my emotional healing, or whatever we want to call it, from a failed marriage and from the violent.'

- Respondent B

'First when I left the relationship, I looked everywhere for support but there wasn't any so I guess I just tried to push on and eventually it all caught up with me. I was about to have a break down and I couldn't attach to anybody, I couldn't feel things and I was on the edge of a breakdown and I started listening to songs I used to listen to back then and (the songs) started bringing back flash backs and what I did was that I set up a series of songs, a playlist of songs, and ran through them and as I ran through them, I wrote down my story and had it all on paper.'

- Respondent H

'Right now it is very hard, I am not working, I can't work because I don't have any equipment. I turned a big job down in Prince George, a huge job, they wanted me to come up, I have no equipment, I can't get up, I sit in my house 24/7, I go out once at 4 'clock for an hour to take my dogs for a walk, other than that we sit in the house. I don't know anybody here, I can't really meet anybody because I'm just not the kind of person that goes to bars and I have friends, next door neighbours but that's as far as it goes, I did meet a girl here that I was going out with, I cut it off about 6 months ago because I couldn't sort of cope with it.'

- Respondent M

For some of these male participants, they cannot afford counselling and therapy sessions to resolve the traumatic effects of the abuse they experienced. For some of these men, they cannot concentrate on work activities or any other aspects of their lives. As seen with Respondent M and H, it also affected their social relations with other people, which tends to lead to further withdrawal from the public sphere. Depressive and suicidal thoughts and intentions tend to become associated with this level of withdrawal and social isolation. Respondent D had initially contemplated suicide. Fortunately, He eventually received mental health therapy through the health package at his workplace. According to him:

'No, two weeks after the break up, I thought I was going to kill myself, this is the first time in my life I honestly thought I was going to kill myself and I just have a part of me that refused to do that and insisted that I had to get help...'

'I went on Google and the suicide helplines are for kids and I wanted someone I could talk to about being abused and every helpline were abuse helplines for women and children, so the message for me was don't call this number because they deliberately excluded me with the name of the helpline, so there must be a reason they did that

because they don't want to hear from me and they are not going to help me and every number was named like that; for women and children, every single government support group and even shelters in Toronto are all named for women and children, so I tell you that if it wasn't for the fact that my work as part of their benefits package offers psychological support, I don't know if I would be here talking to you, I honestly do not know if I would have made it through this.'

- Respondent D

Thus, it is possible to say that if Respondent D did not access the health benefit available in his workplace, he could have attempted suicide, as evident from what he said. This also brings to light the socio-psychological predicaments of male victims who cannot access any form of institutional or governmental support for their traumatic problems after they experience IPV.

Some of the men who suffer mental health problems from other social incidences and cannot afford or access professional mental health care, might end up attempting suicide given the dearth of governmental-supported mental health services for men in Canada. This directs one to the fact that not only does social stigma hinder male victims from expressing their experience of abuse, but there are also institutional hindrances which tend to unintentional or informally make it difficult for male victims of IPV to come forward.

In conclusion, from the GSS (victimization) data, women also tend to speak to their family members, friends, neighbours, workers, doctors, and the Police about their abusive experience. The qualitative data shows that male victims' aversion to speaking to Police seems to be based on negative experience they have had or heard when dealing with the Police. Also from the interviews, the nature of alcohol abuse and mental health concerns among the female aggressors shed light into the context of IPV victimization for male victims. It is evident that men cope with abusive partners and abuse in unique means; they adopt unique strategies of navigating the realities of IPV and they adapt to the situations of abuse through mainly informal, and sometimes formal means. It is important to note that the themes and discussions presented in this chapter do not represent of

the general population, given the limits to the generalizability of the quantitative dataset of this study. The data gathered from the qualitative interviews was used to provide a glimpse into the lives of male victims of IPV, from an in-depth and personally contextual perspective.

CHAPTER SEVEN

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

7.1. Discussion

It is evident that the GSS (Victimization) data of 2014 shows similarities in the experiences of IPV victimization between males and females. The findings reveal that male victims experience all forms of physical violence at the same rate or more than female victims, except sexual assault. In terms of the severity of IPV, more male victims also experience severe IPV than female victims. It is important to note that these findings also echo previous findings of self-reported surveys as revealed by Gelles and Straus (1998), Whitaker et al (2007), Capaldi, et al. (2012), Desmarais, et al. (2012), and Hamel (2012). The findings do not support the findings of Hester (2009; 2013); Tjaden and Thoennes (2000); and Hamberger and Guse (2002). Women's expression of physical aggression also corroborates Bates, Graham-Kevan and Archer's (2014) findings, which mentioned that men's lower aggression to a partner was a function of sex while women's increased aggression was a function of relationship status. This means that men are more likely to be aggressive to other men while women were more likely to be aggressive to their intimate partners. This study revealed that though the experience of psychological and/or economic violence was more prevalent among male victims relative to the female victims and high controlling behaviour were more prevalent among female victims compared to the male victims.

The descriptive analysis on psychological violence of this study presents two different pictures. When psychological violence is analyzed as an additive variable (i.e. looking at all victims who have experienced at least one form of psychological violence), the data reveals that there are more male victims (10.1%) of psychological violence relative to female victims (6.8%). This argument aligns with the findings of Davies et al. (2002), Mihorean, (2005), Munoz-Rivas,

Gomez, O’Leary & Lozano (2007), Black et al, (2011), and Ibrahim & Burczycka, (2016). This negates the findings of Romans et al. (2007) and Daigneault et al (2009) who employed the 1999 GSS findings in their analysis as these results point to the change in the trend of IPV experiences among men and women. The study also looked at psychological violence from the dimension of male-to-female and female-to-male partner violence. However, this study could not comment on the theoretical arguments of Johnson (2006) who mentioned that men were more likely to engage in intimate terrorism, i.e. the combination of severe physical aggressive and high controlling behaviour. This is because the timeframe for measuring physical and/or sexual violence was different from the timeframe used in measuring psychological and/or economic violence.

When Johnson’s (1995) re-categorization of psychological violence was applied to the data, it was found that female victims (17%) experienced higher controlling behaviours from their male partners than male victims (9.3%) did from their female partners. This supports the findings of LaRoche (2005) who also employed the same categorization on the 1999 GSS data and found similar results. This result is similar to the results Johnson (1995) found; that there are more female victims of higher controlling behaviour relative to male victims. However, Johnson and Leone (2005) found that the overwhelming majority of the victims of high controlling behaviour were females, which is not close to the prevalence rates of controlling behaviour between male and female victims found in this study. Also, the study by Johnson and Leone (2005) only investigated female respondents. The findings on controlling behaviour in this study may provide an alternate description in the reporting of psychological violence and it is important to note that accuracy need to be adopted when reporting the kind of gender symmetry found in any dimension of IPV. For this study, when looking at victims who have experienced at least one form of psychological

violence, there are more male victims. However, when investigating the rates of highly controlling behaviour, as defined by Johnson (1995), there are more female victims.

Interviews from the male participants also revealed their female partner's tendency for highly aggressive behaviour, i.e. aggressive behaviour that led to injuries and hospital visits. The interviews also revealed the psychological aggressive behaviours expressed by female partners towards their male participants. Also, from a theoretical perspective, control theory relates to several behavioural adaptations the male participants had to adopt to deal with their abusive partners. For some of the male participants who were victims of physical and/or psychological violence, they are no longer in any intimate relationship and some experienced traumatic effects in the aftermath of the abuse. This study has shown, as argued by Maguire (2010), that there are no exceptions to the fact that human beings (i.e., both men and women) have the tendency and capacity to love, hate, be tender, violent and aggressive, and social learning theory's assumptions with regards to the learning of aggressive behaviour applies to both men and women. The physical differences between men and women, as far as IPV is concerned, could be offset by the fact that women can use weapons or sudden attacks on their male partners; this study's findings on the use of severe physical IPV among women supports such possibilities.

In terms of the predictors of IPV among male victims, childhood victimization is one of the most important predictors of both physical, and psychological, and/or economic IPV. Using social learning theory, most male victims of IPV may see IPV as a way of being in a relationship and they unconsciously accept IPV as a way of dealing with conflict situations in relationships, whether as victims or perpetrators. This is similar to the findings by Dutton (1995), Straus, (2006), Solinas-Saunders, (2007), Chang, Theodore, Martin, and Runyan (2008), Daigneault et al. (2009), Capaldi, et al. (2012), Hamel (2012), Nwabunike and Tenkorang (2015), and the CDC (2016).

This finding is related to the association between the witness of DV among parents and psychological violence. This event is feasible, as children living with an abusive parent may also become victims of physical, sexual, and/or psychological abuse from their parents (Ross, 1996). This finding is supported by similar studies in China, South Africa, Columbia, India, Egypt, and Mexico (Krug et al., 2002). A study in North America found that children who were exposed to violence at home were 15 times more likely to be physically and/or sexually assaulted compared the national average (Volpe, 1996).

The quantitative analysis of this study also revealed that male respondents who were older and have lived for more than 30 years with their spouse were less likely to experience physical IPV than male respondents who were relatively younger and have not lived for more than 30 years with their spouse. This supports the assumptions of the family conflict theory, which suggests the inevitability of conflicts and tensions in a relationship. It is also possible to suggest that as couples live and age together, they tend to find more amicably means of resolving conflict and tensions. Couples that live and age together also tend to have learnt from experience how to deal with uncomfortable situations and the existence of conflicting interests or stressful situations. It is also possible that couples that have lived together for more than 30 years know each other better, know the sources of provocation between themselves, and know how to prevent themselves from provoking one another.

The quantitative analysis of this study also revealed that male respondents who smoked marijuana tend to be victims of physical and psychological violence. Previous studies (on physical violence) have found positive associations between marijuana use and experiencing physical violence (Reingle, et al. 2011; Cunradi, Todd, Mair, 2015), and negative association between marijuana use and physical violence (Smith, et al. 2014), which reveals some conflict in the

findings of the association between marijuana use and IPV. This study adds to the literature by showing a positive association between smoking marijuana and experience of psychological violence among men by female partners. Smoking marijuana could provoke their female partners into becoming aggressive at the men. The findings from this study suggest that consumption of marijuana could become a source of irritation for female partners, which can lead them to being psychologically or verbally abusive. Furthermore, it is also possible that female partners will want to restrict their male partners spending of money with the suspicion of the male partner's purchase of marijuana.

The only socio-economic factor that predicted any form of IPV was household income. Results revealed that household income was negatively associated with psychological violence. This finding implies the experience of psychological IPV is associated with men from low-income households. This finding is similar to the results of Lemon, Verhoek-Oftedahl, and Donnelly (2002), and Zavala and Spohn, (2010). This tends to somewhat contradict the ideas of the Marxist feminist who assume that socio-economic factors were at the root of IPV perpetration. With regards to the negative association between household income and psychological violence, it is possible that lower income could become a source of tensions and conflicts between the couples and the experience of psychological violence from a female partner would also relates to the gendered expectations from men as the predominant providers of their family.

From the quantitative analysis, age and alcohol consumption of the female partner were shown to predict the experience of physical IPV among the male respondents. This implies that older women tend not to perpetrate physical IPV against their male partners and this is consistent with the findings from the CDC (2016). This finding is similar to the fact that age negatively predicts physical IPV among male victims. Older women tend to have been in previous

relationship and the experience gained from such relationship might be applied to addressing conflict and stressful situations in their current relationships. This factor can also be tied to years of living with the male partners, i.e. the longer a woman lives with her male partner, the better they become at dealing with conflict situations. The positive association between alcohol consumption among female partners and perpetration of IPV corroborated the responses of the male participants and key informants interviewed for the study. Frequent consumption of and addiction to alcohol could act as a disinhibition for aggressive behaviour. This tends to follow the logic of the family conflict theory given the fact that frequent alcohol consumption is a reality among several couples. In fact, descriptive data reveals that more than 30% of the respondent drink alcohol between two to seven times a week. Also, there are similar rates of alcohol consumption among the respondents and their partners. It is within the context of alcohol consumption that several conflict situations and tensions may arise and some female partners may employ aggressive means to resolve such conflicts or tensions. This supports the narrative about how an abusive spouse tends to be stimulated by the frequent intake of alcohol.

The only socio-economic factor that predicted women's use of IPV was education. Quantitative analysis revealed that educational attainment was negatively associated with perpetration of psychological and/or economic IPV. These findings contradict the arguments that gaining a higher level of education has a latent or unintended consequence of IPV perpetration. With regards to the arguments of Kumar (2012) and Roscoe (2014), this study could not assess if women's increased control over assets or access to financial resources could lead to unintended consequences like IPV perpetration. Unfortunately, the data available in the GSS (victimization) data of 2014 did not permit for the analysis of income, access to family income, resource sharing dynamics, or decision-making processes. This study only reveals that women who have University

degrees were less likely to abuse their husband psychologically and/or economically. This is perhaps attributable to the women's exposure awareness campaigns on IPV in university environments, which enlighten undergraduate and graduate students on the existence and nature of psychological abuse.

The study also revealed means through which male victims of IPV coped with their abusive experiences. The quantitative data revealed that female victims of IPV were more likely to inform their family members, friends, neighbours, doctors, and the police about their victim experience relative to male victims. This is consistent with some of the ideas of masculinity as generally theorized by Kimmel (2004) and Kupers (2005) who argued that masculinity tends to be characterized by inability to express emotion other than anger and unwillingness to admit weakness or dependency. However, what the quantitative data did not reveal is if there are other means male victims of IPV adopt in dealing with their abusive experiences and this gap was address with the qualitative studies. Men have unique means of dealing with their abusive experiences and the male participants and some key informants in this study reported such means. In terms of reporting to the Police, it is possible for male victims of IPV to be more reluctant to report their abusive experience to the Police for fear of being seen as the perpetrator rather than the victim; some of the key informants for the study corroborated this narrative. Also, a study by Douglas and Hines (2011) found that male victims of IPV tended to be viewed as perpetrators by the Police and victim services and this fact aligns with the fear the male participants expressed. Some of the male participants did not see any potential benefit in reporting to the Police or taking their cases to the criminal justice system for the fear of being labelled as the perpetrator which supports the arguments of Rodney and Randall (2007), Grady (2002), Cook (1997), and Nagesh (2016).

The quantitative data revealed that more female victims of IPV more frequently accessed crisis or victim Centers or shelters, family or women centers, counsellors, and psychologists relative to male victims of IPV. This is possible given the numerous platforms that are available to female victims of IPV in Canada, especially DV shelters (Beattie & Hutchins, 2015). It is also possible that male victims of IPV do not access these services because of the social stigma attached to men seeking such assistance and the unavailability of such services. It is important to note that the quantitative aspect of this study did not engage in a critical inquiry as to why male victims did not seek such assistance. However, when the male victims were asked about their search for assistance for their abusive experiences and coping strategies (in the qualitative study), it was evident that male victims sought various means of addressing or coping with their situation of abuse and their search for assistance was dependant on the context and nature of the abuse they experienced.

The study also inquired into the context of the abuse for the male participants and this aspect were addressed in the qualitative data. The lack of context has been one of the criticisms for quantitative studies on IPV (Straus 1997, 2007; Kimmel, 2002) and the information collected through interviews with the male participants provided details on the context within which their abusive experiences occurred. The three main themes for context in this study were alcohol or marijuana use, the presence of mental health concerns, and admission of not knowing why the abuse occurred (i.e. the participants being mystified as to the reason or context of the abuse). For alcohol, the quantitative data aligns with the fact that intoxication among female partners is a predictor of aggressive behaviour towards their male partners. For mental health concerns, some of the male participants either got the knowledge of such concerns from their counsellors or psychologist or assessed the nature of their female partner's aggressive behaviour in relation to

any related mental health concerns. It is important to note that the responses from the interviews are not representative of the general Canadian population.

Finally, the qualitative aspect of this study revealed some of the coping strategies the male victims of IPV employed while in and outside their relationships. This result is another area in which the interview responses complemented for the limitations of the quantitative studies. While in the relationship, some of the male participants withdrew (psychologically), including denying the experience of abuse, sought assistance, diverted their energies into their work, and shared their abusive experiences with friends and family members. This implies that men's ways of dealing with IPV experiences is nuanced and complex based on their assessment of what is happening to them. One of the challenges for some of the male participants who withdrew (psychologically) was the inability to identify what was happening to them as abuse, and the concomitant consequence of not being able to seek help or to know the appropriate action to take in addressing their IPV experience. While outside the relationship, some of the male participants sought counselling and therapy, while some of the participants admitted to being affected by their past abusive experiences. Some of the male participants' inability to cope with their abusive experiences aligned with the tenet of control theory, which assumes that there would be notable behavioural adjustments during or after a victim's abusive experience. Also, the effects of the abusive behaviour for some of the male participants include: post-traumatic stress, weight loss, inability to engage in meaningful work activities, physical injuries, and change in routine behaviour.

As mentioned earlier, an important aspect of the male participants' victimization was their inability to recognize their experience as abuse, which influenced their help-seeking behaviour, and some of the key informants alluded to this point. This presented a major challenge in the road

to healing from such abusive experiences for some of the male victims. For some, they could only refer to the recognition of being abused in retrospect and they mentioned that if they had recognized that what they were experiencing was abuse, they would have sought professional help. Lower access to counselling and psychotherapeutic services due to financial constraints is also a factor that can hinder men's healing from the effects of IPV. Physical injuries can be addressed by a visit to the hospital and health insurance in Canada tends to provide coverage for such services. However, the psychological effects may be relatively more difficult to address. As shown in the quantitative data, more than half of the respondents reported incomes below \$40,000, while the cost of private counselling or therapy can range from \$50 to \$220 for a one-hour session, depending on the province (Walker & Eastwood, 2013). Some employers, through employee assistance programs, cover psychological or therapeutic services (Walker & Eastwood, 2013). But for individuals whose employers or family insurance schemes do not cover such services, paying for counselling or therapy sessions could be channelled towards healing from the psychological effects of IPV.

In terms of limitations, this study does comment on the possibility and nature of the bi-directionality of IPV, which is an important aspect of physical IPV. Langhinrichsen-Rohling's (2012) meta-analytical study of 49 peer-reviewed articles (published between 1990 and 2012) revealed that when data on IPV includes bi-directional and unidirectional IPV in the same questionnaire, directional IPV was found to be the most predominant. This was true with large-scale samples, smaller community samples, purposive or convenience samples, clinical or treatment-seeking samples, legal/criminal justice-related samples, and samples assessing the relationship of gay, lesbian, and/or bisexual individuals (Langhinrichsen-Rohling, 2012). The way in which the CTS instrument was administered within the GSS (Victimization) survey excluded

perpetration and only collected data on victimization. Also, the GSS (Victimization) data is based on a crime survey which has been proven to gather less responses on victimization, unlike family surveys (Straus, 1999; Straus & Ramirez, 2007). The CTS was designed as an IPV instrument to be used in the context of a family survey, not a crime survey which the GSS (Victimization) approximates. The rates of victimization and perpetration uncovered by the CTS, when applied in a family or dating surveys, is estimated to be 10 to 30 times greater than the rate of about one percent found by the National Crime Victimization Survey (Straus, 2012). Also, given the use of existing cross-sectional data, the findings did not find causal connections between independent and dependent variables. The conclusions drawn from this study do not provide causative explanations due to the correlational nature of the data, especially with socio-demographic factors that are not static variables and evolve over time (Daigneault et. al., 2009). However, this study employed multivariate regression analysis to control for socio-demographic variables, which informed literature on IPV in heterosexual relationships. Thus, with this study, one will be able to point to male victims and their female partners or spouses who perpetrate IPV, including predicting factors among the male victims of IPV. The predictors revealed in this study are only associations or correlations not causative. The results of this study did not comment on the phenomenon of self-defense in the experience of IPV within the quantitative data because data on self-defense was not collected in the GSS (Victimization) data.

7.2. Conclusion

IPV is a reality that faces both men and women at the same rate, an evidence in self-reported surveys. Despite the lack of any concrete theoretical perspective guiding IPV against men, social learning theory seems to be relevant in understanding the subject matter. This study shows

that most male victims of IPV tend to be victims of assault as children and this sheds light on the importance of the DV children tend to be exposed to within their families. The results of this study suggest that men employ unique means of addressing their experience of IPV, and such means involve engaging strategies for healing based on the context, perception and nature of IPV experienced.

As argued by Straus (2007), the existence of male victims of IPV tends to be a threat to not only the victim, but to the abusive partner and children. Any form of retaliation from an abused male partner against an aggressive female partner has the potential of resulting great harm, given the relative physical advantage the average male has over the average female (Janssen, et. al., 2000; Leyk, et. al. 2007; Miller, et. al. 1993). Also, women's use of violence against their male partners may also cause men to feel that it is acceptable for them to use violence as well (Straus, 1993). Studies have also shown that women's perpetration of violence is the strongest predictor of her being a victim of IPV (Baker & Stith, 2008; Capaldi & Owen, 2001; Stith, et. al., 2004; Whitaker, et. al. 2007). Studies have also revealed that IPV by women against their male partners has negative effects on children (Fergusson & Horwood, 1998; Paterson, et. al., 2008; Watkins, et. al., 2008). The witness of IPV by children from their parents tends to reinforce the acceptance of violence as a way of dealing with relationship stress, and tends to manifest when those children become adults. IPV affects male victims, physically and psychologically, and some of the psychological effects tend to be long lasting. It is possible to say that male victims of IPV who are financially capable of accessing counselling and therapy tend to fair better than male victims who are more financially challenged. It is possible to create innovative strategies that can address the supportive needs of male victims of IPV, along with female victims. Various creative strategies can be developed in addressing all victims of IPV, in a non-zero-sum approach. By a zero-sum

approach, addressing male victims of IPV should be not seen as inherently impeding the assistance provided for female victims. Every victim of IPV deserves society's assistance, concern, and empathy.

7.3. Recommendations

More studies and empirical investigations need to be directed to the subject of IPV among male victims and female perpetrators to provide a deeper understanding of its dynamics and complexities. This study is restricted by its objectives from probing deeper into various thematic issues on IPV against men. For instance, IPV among male dating partners tend to be characterized by a different nature from IPV among married or common-law partners. Although, some of the male participants of this study were in dating relationships, this study could not adequately provide insightful findings on male victims in dating relationships, either from a quantitative or qualitative perspective. Thus, further empirical investigation needs be undertaken in the context of IPV against male victims and female perpetrators in dating relationships in Canada. Also, this study was not able to analyze the socio-economic differentials that may predict IPV against men. The analysis of socio-economic differentials on IPV would highlight how the differences in education, income, and employment status between the victims and their aggressive partners might predict IPV and such results can provide deeper insights into the dynamics and context of IPV.

Public awareness messages about IPV against men need be created to enlighten the public, the police, and human service providers on the existence on male victims of IPV. The social stigma surrounding being a male victim of IPV, and also provide some confidence to the male victims when seeking recovery strategies against IPV experiences. Also, the criminal justice system, especially police services, should be enlightened on the existence of male victims of IPV. The

report on the last GSS (victimization) data revealed that male victims of IPV were likely to report being dissatisfied with how the Police handled their situation (Ibrahim & Burczycka, 2016). Some of the male participants in this study mentioned their fears of re-victimization if a Police officer were to be called into their experience of domestic assault by their female partners. Thus, research on male victims of IPV can be included in domestic violence training programs to educate and expose new Police recruits to the realities male victims of IPV face.

Men's support groups in Canada, as stated in chapter two, can also work in collaboration with various non-governmental and provincial institutions to provide support for male victims of IPV. Such groups can also work with women's organizations in creating space for supportive services for the male victims. One of the issues some of the male participants had with accessing supportive services was the distance between their residence and the nearest male support center. Another issue some of the male participants encountered in accessing supportive services was that when they called a local women's support institution or domestic violence call line, they were told that they could not be provided any form of assistance because the institutions focused on women and children, and no relevant referrals were provided. Thus, men's support groups in Canada can work with various domestic violence support institutions and women's support groups in reaching out to male victims of IPV and establish relevant links of referrals male victims of IPV can access for support. Women's support groups, depending on their resource base can also, provide some assistance and support to male victims of IPV who reach out to their organizations, by giving advice or providing relevant IPV materials to male victims.

It is important to note that IPV can be addressed from a non-zero-sum approach if all concerned parties and stakeholder institutions are willing to develop creative solutions to address it. The scarce nature of state resources might make it difficult, if not impossible, for the federal or

provincial government to allocate the same amount of financial resources to both male and female support groups for male and female victims of IPV. However, society has a stake in supporting every victim of IPV, regardless of gender, because every victim of IPV is important. One of the key aspects of such innovation can emanate from collaborations between male and female support groups. More importantly, there should be more discussion, and debate focused on the nature, complexities, and issues related to of IPV against men in Canada.

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Appendix A: Participant Consent Form for Key Informants

Project Title: Recent trends of Physical and Psychological Intimate Partner Violence (IPV) Against Men in Canada: A Mixed Methods study.

Researcher: Emeka Eugene Dim, MA (Graduate) student, Department of Sociology, University of Saskatchewan.

Researcher's email: emeka.dim@usask.ca.

Supervisor: Professor Patience Elabor-Idemudia, Department of Sociology, University of Saskatchewan.

Supervisor Phone and email: (306) 966 6933; patience.elabor-idemudia@usask.ca.

Dear Participant:

I am respectfully **inviting** you to contribute to this study.

Purpose of the study

The purpose of this research project is to develop understanding of the IPV against men; and to demonstrate that male victims of IPV can provide valuable insights into the general body of knowledge concerning IPV in Canada. As Sociologists we are responding to these recommendations.

The interview procedure

The method of research will employ interviewing. The interviews will consist of about six open-ended questions pertaining your expertise knowledge as regards men's experience of IPV from their female partners or spouses.

There are no known or anticipated risks to you by participating in this research.

There will be one interview which is anticipated to take approximately 45 minutes; however, the length of the interview (be it longer or shorter) is at the discretion of the participant.

The interviews will be audio-taped and transcribed and kept under secure locked password protected computer files and destroyed after six years. You are free to ask to have the recorder turned off at any time. When the recorder is turned off, notes will be taken.

Right of participants for the interview

The participant has the right to withdraw from the study without having to explain and it will not affect the services you receive or how you will be treated. Your right to withdraw data from the study will apply until February 15, 2017 (results have been disseminated; data has been pooled, etc.). After this it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

The participant has the right to refuse to answer one or more of the questions without penalty and still continue to be a part of this study.

The participant will be entirely free to discuss issues and will not in any way be coerced into providing information that is of confidential or a sensitive nature.

There are no known or anticipated risks to you by participating in this research. The participants may experience stress or anxiety while responding to the questions. Participants will be asked to respond only to questions they are comfortable with responding. The participants will be provided with the interview schedule before the

interview commences so that they can inform the researcher the questions they are comfortable to respond to which will inform the content of the questions the researcher will ask the participants.

The participant will be contacted by phone or in person after the interview to clarify interpretations from the interview. The follow up meeting will be voluntary for the participant. The participant will receive a report summary, which the participant is free to discuss and edit prior to it being included as part of a journal or book publication.

The results from this research project may be published and presented at conferences. You will **have the opportunity to choose the level of confidentiality you want. The consent forms will be securely stored separately from the data.**

The participant will be given a \$15 honourarium in appreciation for the time given to the study.

The participant has the right to a choice of anonymity as expressed by a checkmark below:

Check to the right to remain anonymous in contributing to this research (meaning your name **will not** appear in the publications)

Check to the right to being acknowledged for your knowledge (meaning your name **will** appear in the publications)

Check to indicate if participant wants to be contacted after the study.

Follow up:

- **The transcripts of the interviews would be presented to the participant for clarification of any misinterpretation during transcription, substantiation of the written transcript and approval before any form of analysis is conducted from the interviews.**
- **The researcher would send a copy of the study findings and the final write-up to the participant. Incomplete interviews will be completely discarded, unless the participant permits the interviewer to use such information.**
- **Officials contact number _____ (optional)**

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of the Official

Signature

Date

Researcher's Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix B: Participant Consent Form

Project Title: Recent trends of Physical and Psychological Intimate Partner Violence (IPV) Against Men in Canada: A Mixed Methods study.

Researcher: Emeka Eugene Dim, MA (Graduate) student, Department of Sociology, University of Saskatchewan.

Researcher's email: emeka.dim@usask.ca.

Supervisor: Professor Patience Elabor-Idemudia, Department of Sociology, University of Saskatchewan.

Supervisor Phone and email: (306) 966 6933; patience.elabor-idemudia@usask.ca.

Dear Participant:

I am respectfully **inviting** you to contribute to this study.

Purpose of the study

The purpose of this research project is to develop understanding of the IPV against men; and to demonstrate that male victims of IPV can provide valuable insights into the general body of knowledge concerning IPV in Canada. As Sociologists, we are responding to these recommendations.

The interview procedure

The method of research will employ interviewing. The interviews will consist of about 7 open-ended questions pertaining to the men's experience of IPV from their female partners or spouses. There are no known or anticipated risks to you by participating in this research.

There will be one interview which is anticipated to take approximately 45 minutes; however, the length of the interview (be it longer or shorter) is at the discretion of the participant.

The interviews will be audio-taped and transcribed and kept under secure locked password protected computer files and destroyed after six years. You are free to ask to have the recorder turned off at any time. When the recorder is turned off, notes will be taken.

Right of participants for the interview

The participant has the right to withdraw from the study without having to explain and it will not affect the services you receive or how you will be treated. Your right to withdraw data from the study will apply until February 15, 2017 (results have been disseminated; data has been pooled, etc.). After this it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

The participant has the right to refuse to answer one or more of the questions without penalty and still continue to be a part of this study.

The participant will be entirely free to discuss issues and will not in any way be coerced into providing information that is of confidential or a sensitive nature.

There are no known or anticipated risks to you by participating in this research. The participants may experience stress or anxiety while responding to the questions. Participants will be asked to respond only to questions they are comfortable with responding. The participants will be provided with the interview schedule before the

interview commences so that they can inform the researcher the questions they are comfortable to respond to which will inform the content of the questions the researcher will ask the participants.

The participant will be contacted by phone or in person after the interview to clarify interpretations from the interview. The follow up meeting will be voluntary for the participant. The participant will receive a report summary, which the participant is free to discuss and edit prior to it being included as part of a journal or book publication.

The results from this research project may be published and presented at conferences. You will **have the opportunity to choose the level of confidentiality you want. The consent forms will be securely stored separately from the data.**

The participant will be given a \$15 honourarium in appreciation for the time given to the study.

The participant has the right to a choice of anonymity as expressed by a checkmark below:

Check to the right to remain anonymous in contributing to this research (meaning your name **will not** appear in the publications)

Check to the right to being acknowledged for your knowledge (meaning your name **will** appear in the publications)

Check to indicate if participant wants to be contacted after the study.

The limitations on confidentiality include six other participants who are involved with and utilize the services of CAFE; other participants may be aware that their peers are also participants in the study.

Follow up:

- **The transcripts of the interviews would be presented to the participant for clarification of any misinterpretation during transcription, substantiation of the written transcript and approval before any form of analysis is conducted from the interviews.**
- **The researcher would send a copy of the study findings and the final write-up to the participant. Incomplete interviews will be completely discarded, unless the participant permits the interviewer to use such information.**
- **Participants contact number _____ (optional)**

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant _____
Signature _____
Date

Researcher's Signature _____
Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

**Department of Sociology
University of Saskatchewan**



**PARTICIPANTS NEEDED FOR
A STUDY ON *Intimate Partner Violence Against Men***

We are looking for male volunteers to take part in a study of
Recent trends of Intimate Partner Violence (IPV) Against Men in Canada

As a participant in this study, you would be invited to participate in an interview that will consist of about 7 open-ended questions related to your experience of intimate partner violence (from your spouse or partner).

Your participation would involve one session,
which is approximately *forty* minutes.

In appreciation for your time, you will receive \$15.00.

For more information about this study, or to volunteer for this study,
please contact:

Emeka Eugene Dim, MA Student
Department of Sociology
at
306-966-6933 (or)
Email: emeka.dim@usask.ca

**This study has been reviewed by, and received approval
through, the Research Ethics Office, University of Saskatchewan.**



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Appendix D: Interview Schedule for Officials

You are free to skip any question you do not want to answer. Information from this interview will ONLY be used for research purposes.

Some of the thematic issues include:

1. Contacting the male center: Reporting abuse by male victims seems to be uncommon given the social stigma attached. How did the male victims of IPV contact you?

Probe: The means; support groups; Where these male victims referred by another organization?

2. Male reporting abuse: Do you think it is hard for men to report their cases of abuse? Please give reasons for your answer

Probe: Barriers male victims experience in accessing supportive services; Current attitude about male abuse and the reporting of male abuse

3. Perception of the statistics and your experience: Some statistical data on intimate partner violence has shown that male abuse is very low while some show that male abuse are similar to women abuse. What is your take on this?

Probe: Does Police reports on male abuse reflect reality; What factors do you think can skew this realities?

4. Forms of male abuse: What forms of abuse do the male victims in your center usually experience?

Probe: Generally, is physical abuse more consequential than verbal abuse; is sexual abuse more consequential over other forms of abuse; from your experience do you think a man can be sexually assaulted by a woman; Why do you think it is difficult for people to think it is impossible for a woman to rape a man? The length of the abuse suffered by the male victims before reporting? Do you think the male victims have past experiences of abuse from their parents?

5. Perceived coping strategies of victims: How do you think the male victims are coping with their situation of abuse?

Probe: Retaliation measures (if there are any?); are there perceived violent behavior inherent among the male victims? Do societal attitudes effect their coping strategies?

6. Perceived effects of abuse: What are the observed effects the abuse has had on the male victims?

Probe: Verbal abuse effects; physical abuse effects; sexual abuse effects; Economic abuse: is it possible to tell when one has suffered physical, verbal, economic and sexual abuse (How do the victims behave when they are suffer any of these forms of abuse);

Thanks for your cooperation.

Appendix E: Interview Schedule of Respondents

You are free to skip any question you do not want to answer. Information from this interview will be used for ONLY research purposes.

Thematic questions will focus on:

1. Introduction (a simple description of you and your ex-wife/partner): what is your and your ex-wife's age, current marital status, religion, occupation, country of birth, number of children you have together (and before the marriage) etc. (please none of these answers should include your name, address, Post Office Box or any form of identifier that can lead to you).
2. Respondents perception and assessment of male support center;
 - Do you know of any male support center?
 - If yes, is the support from the male support center adequate?
 - What are your perceived suggestions for making the male support center more efficient (ask later)?
3. IPV between you and your ex-wife
 - How and when did the violence or violent episodes from your ex-wife start?
 - What forms of Intimate Partner Violence did you experience?
 - Was she violent or abusive while you were dating?
 - Did she ever threaten to report you to the Police for an assault you did not commit?
 - Could you describe your ex-wife's behaviour whenever she was violent?
 - Could you describe the context in which you experienced the violence from your ex-wife? (could there have been any reason why she was abusive or violent towards you)
 - Was your ex-wife under the influence of drugs, alcohol or any substance while she was violent or during her violent episodes? Did you retaliate at any time?
 - Was she violent in front of the children, in public or only at home?
 - Have you ever witness any form of abusive behaviour from past relationships?
 - Was your ex-spouse/partner in an abusive relationship?

4. Coping strategies of the victims in situations of abuse;
 - What were your coping strategies while experiencing violence from your ex-wife/partner?
 - Why did you adopt the aforementioned coping strategy/strategies?
 - Did you speak to your family members about her abusive behaviour?
 - What were your coping strategies you adopted after you left the relationship (i.e. if you are no longer in the relationship)?

5. Reporting of abuse incidents to the Police;
 - Did you report to the police?
 - What were your reasons for reporting or not reporting to the Police?
 - Have you heard of any case where male victims reported to the Police and what was the outcome of the report?

6. Experience of the childhood victimization or abuse (also the form(s) experienced);
 - Did you witness (either as a victim or observer) abusive behaviours as a child?
 - If you were abused as a child, who abused you?
 - If you witnessed any form of abusive behaviour as a child, which forms were predominant?

7. The effects of abuse on the victims;
 - What were the effects of your ex-wife/partner's abuse on you? (Any post-traumatic events; Physical, emotional, psychological effects or consequences?)

8. Did your ex-wife/partner show any remorse for her abusive behaviour toward you?
 - If yes to Question 9, how?

9. What help do you think would have been most appropriate for the abusive situation you were in? (what forms of assistance do you think would have addressed your abusive experience)
 - (You are free to suggest informal and formal structures or process that would have best addressed what you were going through).

Thanks for your cooperation.