A Psychotherapeutic Exploration of Males presenting with Intimate Partner Violence (IPV)

By

Agnes Molloy (10033673)

Supervised by

Dr Siobáin O'Donnell

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You may shoot me with your words
You may cut me with your eyes
You may kill me with your hatefulness
But still, like air, I'll rise

-Maya Angelou, *Still I Rise*

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DECLARATION

I declare that this thesis is my own work, and it has not been submitted as an exercise for a degree in any other university. I agree that the library at Dublin Business School may lend or copy this thesis on request.

Signed: _____ Date: _____

Agnes Molloy

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ABSTRACT

The aim of this research was to explore the effects on males presenting with Intimate Partner Violence (IPV) and to provide an understanding of therapists' experiences of working psychotherapeutically with these males. This topic has been practically unexplored within counselling and psychotherapy research. A qualitative design was adopted to address this topic. The sample of suitable participants was selected from the Irish Association of Counsellors and Psychotherapists (IACP) website. Semi-structured interviews were conducted with three male and two female psychotherapists. They were all accredited and had experience of working with male victims of IPV. Results from the transcripts were analysed using qualitative thematic analysis. Four main themes emerged from this analysis: 1) Macho male image 2) Reasons for not seeking help 3) Societal recognition and funding for organisations 4) Implications for psychotherapy. A central theme that emerged was the adverse physical, psychological and emotional effects of female perpetration of violence on male victims. Stigma and the general lack of recognition by society that males can be victims of IPV as well as females were addressed by the participants. They also highlighted the lack of awareness or acceptance by male victims themselves to recognise the abuse. This was reported as one of the reasons for not seeking help while other reasons included shame, embarrassment and fear of not being believed by the support services. The therapists' accounts of their own experiences of working with male victims highlighted their awareness around the importance of empathy and acceptance in the therapeutic relationship. A further challenge for the therapists was the recognition that IPV affects all members of society and not least the children. The findings of this research may be helpful in leading to increased awareness of male victimisation, the enhancement of training for service providers and the provision of appropriate services and resources for male victims of IPV.

Keywords: Intimate partner violence, male victimisation, female perpetration, therapists

CHAPTER 1: INTRODUCTION

Domestic Violence (DV) is a violation of human rights and it is a global phenomenon which affects millions of women, and men although to a lesser degree, around the world. However, it appears that there is much more awareness and recognition being given to female victims of DV that to male victims. This is apparent from the many publicity campaigns and support services that are available to female victims of DV. The same services and resources are not available for male victims especially in Ireland. A Report on female domestic abuse, commissioned by SAFE Ireland[1] in 2015, interviewed 13 female victims of DV and it found that the services for these females were inadequate. However, no similar reports have been carried out to enquire into male victims of abuse which highlights the fact that there is little recognition given to this issue by any government organisation. This present research is going to specifically focus on male victims of IPV.

The World Health Organization (WHO, 2012) describes Intimate Partner Violence (IPV) as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship". It suggests that IPV occurs among all socioeconomic, religious and cultural groups. The WHO states that the term 'domestic violence' is used in many countries to refer to IPV but the term can also include child and elder abuse, or abuse by any member of the household. The definition of IPV put forward by the Centre for Disease Control (CDC, 2006), in agreement with the WHO, includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner that is, spouse, boyfriend/girlfriend, dating partner, or on-going sexual partner. Men who have sex with men (MSM) are also included in this group. MSM is a term that encompasses homosexual, bisexual and transgender men and heterosexual men who have sex with men.

The term 'domestic violence' or IPV conjures up images of violence against females by the male gender. However, as has been shown above, this violence can also be perpetrated by females against males. Society's belief of what it means to be male or

[1] The National Social Change Agency working on Domestic Violence in Ireland

female is influenced by gender stereotypes. The mass media, advertisement agencies and celebrities promote awareness of domestic violence against females. There appears to be very little recognition by society that domestic violence or IPV can also be perpetrated against males. The lack of recognition and awareness of male victimisation results in these men feeling that they are not being heard and that they are being stigmatized by society. An organisation called 'Amen', based in Navan, County Meath, is a support group which specifically addresses the needs of males presenting with IPV in Ireland. It was set up in 1997 by a nurse called Mary Cleary who witnessed males presenting for treatment to the Emergency Room in the hospital having been assaulted by their intimate partner. The organisation reported that if men attempt to report incidents of abuse they are met with blatant discrimination, disbelief and gender bias. It lists comments made by society about men who seek help from the Amen organization and a sample of these is mentioned below:

"Look at the size of you! Maybe she was just defending herself!"

"We can't arrest her…what about the children?"

While research shows that the majority of incidences of IPV are perpetrated by males there are growing concerns regarding males as victims of IPV. There are difficulties in the collection of statistical data about males presenting with IPV and this may be due to the fact that they are too embarrassed to report it to the authorities. Addis and Mahalik (2003) described how males are perceived as having a macho image of physical toughness and emotional stoicism. This gender bias by society can inhibit the male victim from seeking help as they may feel that they will not be believed by the support services. The level of violence inflicted on men by women is generally considered to be less serious than that inflicted on women by men. However, IPV causes significant health problems in men. Hines and Douglas (2011) reported that men, presenting with IPV, were more likely to develop psychiatric illnesses. Regular repeated psychological and emotional abuse from their partner undermines their confidence. Men begin to believe that they deserve the abuse they are getting and this undermines their feelings of self-worth and self-esteem. Consideration should also be given to the welfare of the children who are witnessing this violence within the home as they may be left traumatized because of these events. This may also affect their development and their perception of what is and is not acceptable behaviour towards another human being.

This research will examine literature concerning the following issues:

- the effects of IPV on heterosexual, same-sex and transgender males by an intimate partner
- the implications for psychotherapy
- the challenges of IPV work on therapists[2], including the existence of stigma within the general population for male IPV and how it adds to the experience of the therapists working with males presenting with IPV.

It is important for society as a whole to recognise that this is a human issue rather than a gender issue.

[2] Refers to counsellor and psychotherapist

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

IPV is a common and devastating problem affecting the health and wellbeing of men, women and children. Kimberg (2008) posits that each year in the United States 1.5 million women and 834,732 men are raped and/or physically assaulted by an intimate partner. Millions of children are exposed to adult IPV, resulting in lasting psychological and physical damage (Kimberg, 2008). Childhood exposure to IPV is known to increase the risk of violence in later adult intimate relationships. In 30% to 60% of families affected by IPV, children are also directly abused (Kimberg, 2008). Swan, Gambone, Caldwell, Sullivan and Snow (2008) highlight the prevalence of psychological illnesses, such as depression (67%), anxiety issues (9%), substance abuse (67%) and post-traumatic stress disorder (33%), in female perpetrators of IPV against males. In Ireland the male victim of IPV, who attempts to provide care and protection for his children who are exposed to these conditions, has no refuge to take his children to when he needs to remove them from the home for their safety. The Centre for Disease Control (CDC) (2006), estimates that IPV results in nearly 2 million injuries and 1,300 deaths in the US every year. Economic costs related to IPV are calculated to exceed 8.3 billion dollars annually (Kimberg, 2008).

While there appears to be a great deal of information, research and the provision of services for female victims of IPV, however there is a dearth in information about male victims of IPV. Amen is a charitable agency which provides support services to males presenting with IPV in Ireland. It receives very little funding from the government. Amen's Annual Report for 2014 reported that there were 5,670 male callers to its helpline (an increase of 39% from 2013) and out of these 2,642 (47%) were classified as crisis calls. These men disclosed a range of abusive and violent behaviour which was inflicted on them by their spouse or partner such as verbal and psychological abuse (61%), severe physical abuse (39%) and two cases of sexual abuse were reported. In 2014 there were a total of 8,437 disclosures made to the Amen helpline. The Amen organization provided 477 one-to-one counselling sessions (85% in Dublin and 15% in rest of Ireland) and of these, 70% were Irish and 30% were non-nationals. The National Crime Council and ESRI (European Social Research Institute) report on the National

Study of Domestic Abuse in Ireland in 2005 found that 29% women and 26% men suffered severe domestic abuse and that only 29% of women (1:3) and 5% of men (1:20) reported the crime to An Garda Síochána (Gardaí). It suggests that an average of 213,000 women and 88,000 men have experienced abuse at some stage in their lives.

Tsui, Cheung and Leung (2010) conducted a survey in Houston, Texas to identify the reasons why male victims of IPV did not seek help. The five reasons highlighted were as follows: service target perception that is where the male felt that the services were unsuitable for his needs; shame and embarrassment; denial; stigmatization and fear. This research from America, Europe and Ireland highlights the need for education to raise public awareness, gender inclusive services and to strengthen training for service providers working with male victims of IPV.

This literature review will examine 1) the effects of IPV on male victims 2) the implications for psychotherapy and 3) the challenges for therapists working with males presenting with IPV.

2.2 The effects of IPV on male victims

In a study in the US by Hines and Douglas (2010) of 302 men who sustained severe IPV from their female partner and sought help; 90.4% sustained severe physical violence, such as beating up and punching; 54% sustained life-threatening physical violence. Reasons for not leaving the abusive relationship included psychological investment in their families and their commitment to the marriage and their children. Research studies have shown that male victims of IPV suffer the same health problems as those documented in the literature on female victims of IPV such as depression, PTSD and physical health symptoms (Hines, Douglas, 2015; Hines, Brown and Dunning, 2007). The situation is further complicated by the fact that males are seen as having a macho image of robustness and physicality (Addis and Mahalik, 2003). This can be an obstacle for male victims looking for help both from their own perception of this norm as well as from society's stereotype image of the male gender.

Under-reporting is common as victims tend to feel embarrassed and humiliated by the very fact that they are being abused (Follingstad and Rogers, 2013). A further

complication can be the attitudes of the helping professionals. A study by Lliffe and Steed (2000) found that therapists, who worked with female victims and male perpetrators, stated that their work had a negative impact on their view of the goodness of men. A study by Buller, Devries, Howard and Bacchus (2014) concluded that men having sex with men (MSM), who are victims of IPV, are more likely to engage in substance use, suffer from depression, engage in unprotected anal sex and be HIV Positive. They highlighted the importance of health care professionals being aware that IPV is a problem for MSM and of training such service providers to assess MSM for IPV. They advocated for the availability of effective services to which health professionals can refer MSM experiencing or perpetrating IPV.

Kimberg (2008) posits that much of the health-care literature, expert advice and national guidelines focus on women IPV victims while there is very limited health-care research on men presenting with IPV. He states that there are new "pilot guidelines" (p. 2071) for addressing IPV victimization of and perpetration by men in the health-care setting and which were funded by the Family Violence Prevention Fund (FVPF). However, Kimberg (2008) states that due to the lack of data these guidelines do not represent standards of care but instead can be used to share expert opinion with those who provide health-care to male patients presenting with IPV (Kimberg, 2008).

Hines and Douglas (2011) refer to research which suggests that in the majority of cases when male victims of IPV seek help they are turned away, ridiculed or told they must have done something to deserve it. A study by Migliaccio (2001) of 12 men who were victims of IPV concluded that the reason these men did not seek help was because of the associated stigma attached to the perception that they were weak and vulnerable. As a result they suffered prolonged abuse in order to maintain a masculine identity. This research highlights the importance of education for professionals, such as the Judicial System, the Gardaí, therapists, medical professionals, researchers and law makers. These service providers must be made aware of the fact that men can be victims of IPV and that they deserve the same care and attention as female victims. The Garda Inspectorate Report 2014 found that there were attitude problems towards domestic violence within the force. It found that complaints were treated as a waste of time. There were 11,000 domestic violence incidents reported and only 287 arrests were made. The report called for better training for the Gardaí to deal with domestic and sexual violence (McMahon, 2014).

2.3 The implications for psychotherapy

Strauss (2012) conducted a meta-analysis of 200 studies and found gender symmetry, the theory that women perpetrate IPV at roughly the same rate as men, in the perpetration of IPV by men and women. However, the results of female perpetration are often denied, ignored or concealed. The study also found that female perpetration of violence is a strong predictor of the risk of victimization of women. Therefore by reducing female IPV there may be a reduction in male IPV. A study by Arnocky and Vaillancourt (2012) revealed that participants held more negative and stigmatizing attitudes towards male victims. It also found that male participants were more likely to minimize an act of aggression than female participants and they were also less likely to seek help. This is very significant as it shows that male victims of IPV feel that they are stigmatized by society. This then only reinforces their own sense of worthlessness and shame which in turn results in them not seeking help. A study by Hogan, Hegarty, Ward and Dodd (2012) that examined the experiences of counsellors working with male victims of IPV, reported a distinct lack of recognition of male victimization by society as a whole which hampered the therapeutic work with clients. Kimberg (2008) highlighted the challenges of being able to distinguish IPV victimization from IPV perpetration in male patients. He argued that male victimization may be witnessed when a male patient consistently defers to his partner, seems frightened of his partner, or repeatedly asks for his partner's permission before making decisions. IPV victims also express shame and self-criticism. Sarantakos (1990) claimed that while exploring husband abuse he found that counsellors within training schools had a distorted negative view towards abused men. This is because domestic abuse tends to be interpreted as abuse against women and does not take account for men. Adams and Freeman (2002) advocated for change in the therapists' view of the female as the sole victim and that training for professionals and prevention and treatment programs around the issue of victims should be implemented. One of the key findings of this study was the lack of services and sources of support available for male victims of IPV outside of therapy.

2.4 Challenges for therapists working with males presenting with IPV

There has been very little research conducted specifically into the impact and challenges of domestic violence work and IPV on therapists. There are further implications for therapists when it comes to male victims of IPV because of the distinct lack of recognition and understanding within society (Hogan, Hegarty, Ward and Dodd, 2012). Lliffe and Steed (2000) conducted a study into the impact of this work with female victims on 18 domestic violence counsellors in Perth, Australia. The study found that their symptoms included vicarious trauma, burnout and concerns and fear for their clients. They also expressed changes in their cognitive schemas with regard to their own safety in the world, their trust in men in general and of male power and control over women. The counsellors reported that all of these issues had a negative impact on their private lives (Lliffe and Steed, 2000).

The study also found that the counsellors reported emotional reactions including feelings of horror on hearing the abuse of the victims and sometimes of the children. Several therapists reported maintaining a "clinical distance" without adversely affecting the counselling process (Lliffe and Steed, 2000, p. 394). Confidentiality was a challenge as they struggled with the dilemma "the rights of the individual versus the safety of the individual" (Lliffe and Steed, 2000, p. 395). Their study also found that they had to include more in-depth assessments of the clients and be more lenient and flexible regarding extending session times and cancellations. Many counsellors reported feelings of professional isolation as colleagues were unaware of the challenges involved in this work. Feelings of powerlessness that represented a "parallel process" similar to the client's struggles were reported (Lliffe and Steed, 2000, p. 395). Some of the professional and personal coping strategies listed by the counsellors included, debriefing with colleagues, better management of caseloads and good self-care. They also found by their acknowledgement of the client's strengths that responsibility was diverted back to the client. Finally, they found that by getting involved in socio-political issues it helped to alleviate the powerlessness that the work conjured up for them. Their personal therapy and supervision would also be necessary in playing a supporting role in helping them to avoid burnout and stress (Lliffe and Steed, 2000).

Transference and countertransference are also challenging in the therapist's work with clients. Freud (1907) coined the term transference which is said to occur when a client unconsciously projects his feelings and attitudes from a relationship with a significant other in his childhood onto his therapist in the present. These are relevant in the case of the therapeutic relationship with a male victim of violence or abuse, especially in the case of a female therapist, where he might be unable to establish a therapeutic relationship or trust a female therapist. When we speak of transference it is difficult not to address its mirror-image countertransference which is the redirection of the therapist's feelings towards the client. According to Brosi and Carolan (2006) IPV can evoke strong emotional feelings, such as anger, frustration and fear in the therapist. They posit that the therapist's own conscious and unconscious responses and their immediate or delayed responses to the client can interfere with the therapeutic process (Brosi and Carolan, 2006). The therapist's self-awareness of his/her own countertransference is important as it may have an adverse effect on the therapist's objectivity in the therapeutic relationship (Brosi and Carolan, 2006). The therapist can consciously and unconsciously empathize with the client to the point that he/she has a sense of their feelings. The positive experiences which will be offered by the therapist to the client will be in the empathy, congruence, non-judgemental and unconditional positive regard (Cully and Bond, 2011, p. 64). Countertransference could apply to both male and female therapists as they may be stuck in their pre-existing belief systems about the stereotypical male image. Brosi and Carolan (2006) identified that the therapist's family of origin experiences may have an effect on the therapeutic process as the therapist may become activated, frustrated or even angry with the client as he/she is triggered by negative emotions which has become stirred in him/her by their own family issues.

Hogan *et al.*, (2012) highlighted that these therapist's experiences were based solely on work with female victims and male perpetrators. Hogan et al., (2012) also carried out research on the personal and professional impact on counsellors working with male victims of female perpetrated violence. Their study found that there was a distinct lack of recognition and understanding of males as victims which was an obstacle to trying to find support services outside therapy for the client. They found that the counsellor's gender also presented a dynamic in itself, in that the client was in fear of being with a woman therapist. Finally, it was also found that the therapist had difficulty in trying to

get the client to even realize that he is a victim because he is in denial and not to be ashamed by it. This literature review demonstrates that there is a distinct dearth in information, research and services for the male victims of IPV. In Ireland there is only one organization called Amen that specifically caters for male victims of IPV. In Northern Ireland the first shelter called Men's Aid NI for male victims of abuse was opened in 2013 (McNeilly, 2013). Shelters in the UK are relatively fewer for males in comparison to the number of shelters for female victims of domestic abuse. In 2010, there were 60 refuge places available for men throughout England and Wales compared to 7,500 places for women (Campbell, 2010).

According to the charitable agency Amen there is not one refuge available in the Republic of Ireland for males presenting with IPV. There are over 40 violent support services in Ireland for women and children, 21 of these services provide refuge accommodation. The continuing lack of recognition of male victims of IPV is very evident in Governmental Agencies in Ireland. In November 2015, Francis Fitzgerald, Minister for Justice and Equality, signed The Istanbul Convention on preventing and combating violence against women. The 2nd National Women's Strategy 2017-2020 was launched in January 2017 with government funding of over 1 million euro. This is a strategy to promote equal rights for women. There are campaigns by Safe Ireland, such as MAN UP, which calls on all men to use their common power to stand up against domestic violence against women. COSC[3] provides 25 support services and safe refuges for women while there are only 2 support services (in Dublin and Sligo) for men. While all these campaigns for women are welcome, however the male victim of domestic violence and IPV appears to receive little recognition which is evident in the lack of provision of services and resources for them.

2.5 Conclusion

This research has highlighted the dilemma that these male victims of IPV find themselves in and the stigma and shame they have to suffer, alongside the actual mental, physical and sexual abuse inflicted on them. This study has shown that there are broad cultural similarities as the male victims of IPV are re-traumatized because of the

[3] The National Office for the Prevention of Domestic, Sexual and Gender-based Violence

ill-treatment they endure from the social services, the Gardaí and the judicial system and from society in general that often stigmatize and ridicule them. This study which includes American, European and Irish research will hopefully highlight public awareness that this is not just a female issue but that men can also be victims of IPV. In addition, this research has found that male victims can suffer the same mental, physical and emotional effects as female victims. It should follow therefore, that these men should be able to avail of the same support services as female victims.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter describes the qualitative research method that the researcher used to conduct this current research. It sets out a detailed description of the research methods such as the research design, sampling method, procedure for data collection and analysis. The ethical implications of carrying out the research are considered. McLeod (2003, p. 97) describes qualitative research as 'a powerful discovery-oriented approach' and that the 'detail and depth of analysis' makes it applicable to practice.

3.2 Objective and Aims

The objective of this current research is to undertake a psychotherapeutic exploration of males presenting with IPV. This study aims to explore the experiences from the perspective of the therapist working with males presenting with IPV. This research hopes to determine the nature of the personal and professional challenges for therapists of working with males presenting with IPV and the strategies that therapists use to cope with work related difficulties. In addition, this current study will investigate what the effects are on males presenting with IPV. It will also explore what the understanding of opinion is among the general public of males presenting with IPV for example, regarding stigma.

3.3 Research Design

The researcher adopted a qualitative research method to conduct this research. Qualitative research aims to establish and understand the meaning of things from the participants' point of view (McLeod, 2003). This method allows the researcher to observe the participants' behaviour, reactions and emotions during the interviewing

process. Qualitative research is flexible and less structured and it allows the researcher to control the process by preventing it from going off course (Braun and Clarke, 2006).

3.4 Sample

The participants were chosen from the IACP website. The researcher sought participants who have previously worked with men who have presented with IPV and who are currently working in this area in a clinical setting. All participants satisfied the inclusion criteria of being fully accredited members of IACP and that they were engaging professionally with males who presented with IPV. The researcher contacted the psychotherapists by phone or by email and invited them to take part in this study. Psychotherapists who did not work with males presenting with IPV were excluded. The researcher interviewed five psychotherapists who currently work with males presenting with IPV, who were trained and untrained in the area.

3.5 Method of Data Collection

The qualitative design of semi-structured, face-to-face interviews with five psychotherapists was used in this research. Interviews were conducted with five psychotherapists experienced in working with males presenting with IPV. The participants were informed of the topic of the research and they were given an information sheet and a Consent Form (Appendix A) which was discussed with them prior to the interviews taking place. They were informed that they could withdraw from the interview at any stage and that their anonymity would be assured with the use of pseudonyms.

The researcher conducted separate semi-structured interviews with three male and two female psychotherapists. The interviews took place at a time and location of the participants choosing. The researcher posed eleven open-ended questions to the participants with the expectation of eliciting spontaneous unrehearsed responses. The list of eleven open-ended questions (Appendix B) was approved by the research supervisor prior to the commencement of the interviews (McLeod, 2003). The

interviews, which lasted between thirty and sixty minutes, were tape-recorded and transcribed verbatim later.

3.6 Ethical Issues

This current research received ethical approval from the Ethics Committee at the Dublin Business School. The researcher used the three basic principles from the Belmont Report (1979) (Zimmerman, 1997). These highlight the three main areas of ethical concern as regards research; respect for persons, beneficence and justice. Respect for persons ensures that the researcher should be truthful and conduct no deception. He/She must protect the autonomy of all people and treat them with dignity and respect. The participants in this research were given relevant information in comprehensible format. They should voluntarily agree to participate. They were informed that they could withdraw from the research at any stage. They were assured that pseudonyms would be used to protect their anonymity in the research and that all data would be de-coded and stored in a locked file. Beneficence, to 'do no harm', that is to minimize risks to participants and maximize benefits to participants and society. Justice ensures reasonable, non-exploitive and well-considered procedures are administered fairly, that is the fair distribution of costs and benefits to potential research participants.

3.7 Data analysis

A thematic analysis was used for qualitative design. Thematic analysis is "a method for identifying, analysing and reporting patterns (themes) within data" (Braun and Clarke, 2006, p. 79). Themes or patterns within data were identified in an inductive way, which means that the identified themes are strongly linked to the data (Braun and Clarke, 2006). Then the coding process was used to reduce large bodies of data into smaller chunks of meaning which were then organized into potential themes to complete a thematic map of the analysis. These themes are refined to "identify the essence of what each theme is about" in order to make them presentable to the reader (Braun and Clarke, 2006, p. 86). Then an analysis is done of the fully worked out themes. The

report is written up and presented in a way that convinces the reader of the merit and validity of the analysis.

3.8 Conclusion

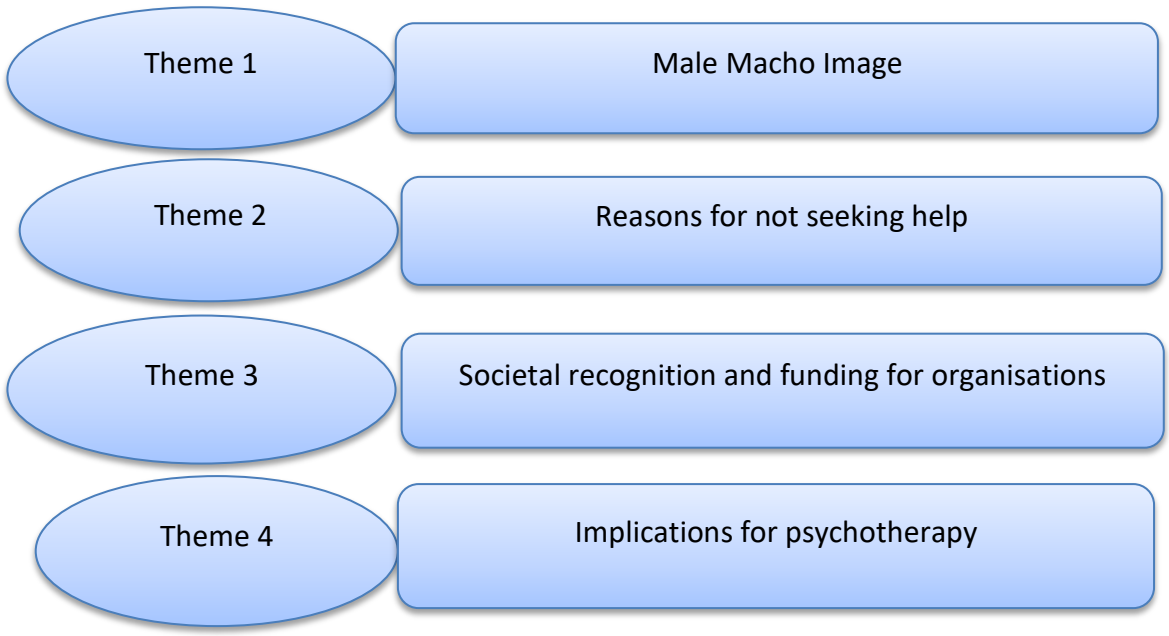
This chapter described the qualitative research approach which was used by the researcher. It described the process of sample selection, semi-structured interviewing, coding and thematic analysis of the data. The aim is to supply the reader with rich, informative data which answers the research question of what is the experience of males presenting with IPV and also the psychotherapists' experience of working with these men.

CHAPTER 4: RESULTS

4.1 Introduction

This chapter will outline and discuss the data collected from the semi-structured interviews carried out with five accredited and practising psychotherapists. The participants involved were encouraged to share their experience of working with males presenting with IPV in an attempt to explore its effects on male victims and on the therapists. All five participants come from a background of clinical private practice. The participants will be referred to by their pseudonyms, Ann, Benny, Bill, Derek and Mary. Two of the participants Ann and Derek also do group sessions with a voluntary organisation. On analysis of the data, through the process of thematic analysis, four main themes emerged. Themes were assigned labels which captured the essence of the theme and the participants' words were used in an attempt to stay close to the original transcripts.

Figure 1 *Themes identified*



4.2 Overview of participants

Participants are referred to as Ann, Benny, Bill, Derek and Mary. Relevant participant details are outlined in Table 1 below.

Table 1 Participant Details

Participants	Age range and gender (M/F)	Years as a Therapist	Accreditation	Orientation	Percentage of work with male victims of IPV
Ann	40+, F	15	ACI[4]	Humanistic and CBT and Family Systems	80%
Benny	50+, M	30	IAHIP[5] and EAP[6]	Humanistic and Integrative and Addiction	40%
Bill	40+, M	8	IACP[7]	Humanistic	50%
Derek	40+, M	7	IACP	Humanistic and Integrative and CBT and Existentialist	15%
Mary	60+, F	9	IACP	Humanistic And Person-Centred	5%

[4] ACI: Accrediting Commission International
[5] IAHIP: Irish Association of Humanistic and Integrative Psychotherapy
[6] EAP: Employee Assisted Programme
[7] IACP: Irish Association of Counsellors and Psychotherapists

4.3 Theme 1: Male Macho image

Participants agreed that society in general tends to have a stereotypical view of the man as the macho male. They also reported that male victims have difficulty acknowledging that their intimate partners are abusive.

Benny explained;

> I should be able to manage this, I am embarrassed, what are you going to think of me…am I making this up…is it that bad…and all the denial that goes with it.

While Derek in agreement stated; "They don't even realise the kind of abuse. There is disbelief that it is happening".

Mary agreed that these men feel that "a man should be able to control his woman".

Ann described;

> a man really stood out for me…six foot three, a farmer in his sixties and living with a tiny woman. There's no word for it but she battered him and accused him of all sorts of horrendous things that you knew weren't even near to the truth and he was so gentle…that man opened up and sobbed…that really stayed with me.

The participants expressed views that the adverse mental, physical and emotional effects of IPV on heterosexual males could also be applied to gay and transgender males presenting with IPV.

Derek declared; "it's not exclusive to any sexual identity". Derek continued;

> there are certain sensitivities around some of the vulnerabilities gay

> men would have from being gay…there's internalised homophobia, shame, stuff that they might have grown up with, that might have shaped…the type of relationship they might have got into.

Mary's experience of working with gay men was, "theirs was more emotional, there was infidelity".

Benny and Bill agreed that gay men suffer the same experiences of IPV as heterosexual men do. Ann remarked on the physical symptoms that the men in her group sessions experienced,

> maybe sixty per cent of the group that we've done where there was very real physical abuse…black eyes…I remember one guy describing…when he was watching TV and out of nowhere she punched him in the side of the head

Benny remarked;

> the "shrewd female" makes sure that the man's bruises and cuts are under clothing. He stated that the children were not left unaffected.

Benny described how men would say;

> it's better to hit me than to humiliate me in front of the kids or laugh at me, derise me…put me down sexually in the bed…the actual physical hitting is the end of a horrible process…emotionally, spiritually, psychologically.

Ann described; "the children are used as bait".

Mary commented;

> if a mother is violent towards her partner, the children are emotional abuse one way or the other…there is abuse happening in that home…even if he stays it's still emotional abuse for the children…I'd be making a child protection referral.

Derek remarked;

> the kids side with the mother because they spend all their time with the mother… the father is vilified at home…they're being told that he is a bastard, he has disappeared, not paying, now they are in poverty, that he is not providing, all this sort of stuff.

Derek continued; "their father is becoming a ghost…the relationship is diminishing or disappearing".

4.4 Theme 2: Reasons for not seeking help

There was a strong thread of this theme running through the interviews as each of the therapists expressed some of the reasons why these men did not seek help. These included shame, embarrassment, low self-esteem, fear of not being believed, denial and stigma.

Ann remarked;

> it's that thing around "man up"…you know, males aren't allowed to cry…it doesn't happen to me…keeps it really silent.

Bill stated;

> some of the reasons are because of the fear of not being taken seriously…being less than a man…feeling a bit foolish…people saying, oh cop yourself on, get over it. Another reason is the idea that we are the stronger sex so we don't need to talk about it. We don't need to talk about our feelings.

Benny reported how cultural stereotyping plays a part in men not seeking help, "I should be able to stand up to a woman; a woman shouldn't be hitting a man".

Derek explained;

> The stigma…is the thing that fuels the shame and fuels the disbelief and the confusion…they don't even know they're being abused. They have a real sense of not being heard, knowing how to vocalise what it is that is happening to them…they don't have the vocabulary…it is more a soup of feelings, of dejection, threat and insecurity…disbelief that this is happening.

Similarly Mary remarked; "stigma would jump up as a deterrent to do anything about this thing".

The participants also reported that male victims were equally reluctant to report to the Gardaí.

Benny recalled;

> their experiences have been mixed…some humiliating and abusive and worse than what their partner was doing nearly…they felt worse…treated very badly…the guards sniggering at them. By the same token, some of the guards have been fantastic and court officials…were very sensitive, very compassionate, a lot of dignity.

Similarly Derek explained;

> I think they [the Gardaí] have come a long way…they are making efforts…but it does come down to anecdotal stories when you have men and they have been laughed at or they won't take a report or there is no support.

Mary remarked;

> "for a man to go down to the Garda Station and to get that far…he would have to be in bits".

Bill reported;

> the men that I have come across that have been through violence have not been in contact with any services.

4.5 Theme 3: Societal recognition and funding for organisations

Another persistent theme throughout the findings was the issue of the importance of societal recognition and public awareness that males can also be victims of IPV and that they deserve the same care and attention as female victims.

Mary articulated the importance of education in schools in highlighting this problem. She reported about the SPHE (Social, Personal and Health Education) programme; most schools have implemented this programme into their school curriculum…and there is lots of discussion around mental health issues…these are pivotal years.

Bill reported;

> awareness is a big part…people's understanding that if a woman is hitting a man, that it is a very serious thing and not something to be mocked in any way.

Benny stated;

> It's very much a hidden taboo type of thing…It doesn't really happen…except when it happens to women.

All of the participants agreed that there is a lack of recognition of male victims of IPV in Government Agencies in Ireland. There is only one organisation in Ireland which provides support services specifically for males presenting with IPV. There is no refuge for men in Ireland. This organisation receives very little funding from the government.

Ann commented;

> The organisation is working very hard to provide support services for these men but there is no funding…it's not recognised a political level at all really.

Derek reported;

> the ideal thing is that we are providing a service for everyone across the divide…my experience so far has been that females are very protective about it because they go "men are the perpetrators; it goes against everything we are to be talking to ye guys".

Derek responded to this comment;

> "well, actually no...we should have one kind of vocabulary, from one perspective, that everybody needs to be helped".

Benny and Derek advocated for;

> a lot more exposure…ad campaigns…TV, radio channels…to be more talked about openly…someone high profile coming out and talking.

4.6 Theme 4: Implications for psychotherapy

The final section of this chapter will discuss the implications for psychotherapists and for the Counselling and Psychotherapy profession of working with males presenting with IPV. The important issue for psychotherapists was highlighted around awareness of the client's presenting issue. The male presenting with IPV may not present with this but may instead bring in some other issue until he feels comfortable enough to be able to express the real problem.

Ann described how her perception and stereotypical view of men was broken;

> I was one female sitting among twelve men …none under five feet nine…big…muscular…strong…and you hear them

> speaking in such a gentle way actually at times, real tenderness and a need for care and love and all those things.

Benny described his experience of this and how it was important for him to be open-minded and sensitive with clients. Benny described his experience with one of his clients;

> a drug user involved in criminal activity was having a tough time…he could have knocked his wife with a finger or a look because this man terrorized a whole community and yet here he was…It took him ages, he'd talk about other kinds of things that were there to get to this…it was thrown in, it emerged kind of thing, that's very interesting, isn't it.

The therapist's family of origin can have an influence on the therapeutic relationship as the therapist may become activated by the client as negative emotions are stirred up in him/her by his/her own family issues. The Freudian concepts of transference and countertransference also featured in the data that was extracted from the interviews.

Derek explained;

> That is why in the work that we do, we need to have it sorted out and to continue to sort it out to work in these areas.

Ann described her experience of transference with a client in the group setting;

> there was a guy who used to come in and nearly sit on top of me…and spaciously…try to manoeuvre me out.

> There was a lot going on for him…there was control…he would speak over me…but it was good actually because I knew it was a bit of transference for him and we would talk about it. Myself and Jim (co-therapist) would throw it out into the group, what's it like it to have a female in the group? We would explore that a little bit with them.

Benny described how he manages transference in his work;

> I just stay open, grounded, keep the conversation going…anything that's coming up between us, name it...if it's happening with a gay guy for instance…I'd say, do I remind you of one of those men?

Derek explained;

> "It's important for the therapist to know what is theirs and what is ours".

Mary agreed;

> You would have to sit and stew on that and see if it's something personal to me or is it just a natural response…to human suffering.

Derek and Bill mentioned the countertransference concept of becoming misogynistic towards women.

Derek described;

> you want to get angry…at the courts…at the women…at the women's groups that look after female victims…so I have to be careful with that.

Bill voiced concern for himself as he described himself as;

> going out on a limb here… sounding like a misogynist or chauvinist by even just talking about men being abused.

In discussing the issue of whether or not there were underlying causes of female and male perpetration, all the participants remarked that usually there are. They mentioned causes like substance abuse, mental illness, physical, emotional and/or sexual abuse in childhood.

Ann remarked;

> I always felt that whenever a male was talking about…the wife or the behaviours or stuff like that, a big part of me wanted to work with that person… because my sense is that they are in a lot of pain even if it's not right what they're doing…I think these men would be very open to that. I think they would want their

> wives or their girlfriends to get support, to be acknowledged and for them to get help. You hear that quite a lot. It's just not happening.

All of the participants considered self-care as playing an important role in their own mental, physical and emotional well-being. Each one reported doing some form of physical exercise, yoga and meditation and that having a good social life was important. Mary stated that she had "reduced her weekly work load of clients".

Benny described; "the benefits of having people to sound off".

Bill agreed and stated;

> It's great to be in an environment where there are other counsellors around…you can let it out and sometimes you need a hug.

Ann described;

> I can hold things in my body…that countertransference, that projection…there's an energy that comes in and that can come into you, whether it's sadness…that happens.

Derek highlighted the benefits he felt of having a debrief after a group session with his co-therapist on the car journey home.

Ann added;

> there are always people who stay with you…and that's good too as it means you haven't lost your compassion.

CHAPTER 5: DISCUSSION

5.1 Introduction

The purpose of this study was to explore the effects on males presenting with IPV and the implications for psychotherapy. This qualitative research resulted in a thematic analysis of five semi-structured interviews with three male psychotherapists and two female psychotherapists, all of whom have all worked with males presenting with IPV. Data from the narratives of the five therapists was explored and analysed and four main themes emerged. The participants' narratives presented a very open and honest account of their experiences of working with males presenting with IPV from the perspective of the effects on the males and also the challenges for the therapists themselves and for the counselling and psychotherapy profession in general. This chapter discusses the research results in light of the literature reviewed.

5.2 Male macho image

The stereotypical view by society of the man as the macho male was recognized by all the participants who were interviewed. Addis and Mahalik (2003) described the man as having a macho image of physical toughness and emotional stoicism. This image is in strong contrast to the image of the man who is mentally, physically and emotionally abused by his female partner. Drijber, Reijnders and Ceelan (2012) showed that the most common forms of physical violence experienced by male victims of IPV were slapping, biting and pelting or stabbing with an object. In a study in the US, 90.4% sustained severe physical violence such as, beating up and punching and 54% sustained life-threatening physical violence (Hines and Douglas, 2011). Ann describes how 60% of the men's group she works with had "very real physical abuse", while Benny described how the "shrewd female" would make sure the bruises were under clothing. This societal image of the macho male is in stark contrast with the findings described by Ann of the six foot three farmer who was being "battered by a tiny woman". She continued, "that man opened up and sobbed". Psychological violence involved bullying, ignoring, threatening and blackmailing (Drijber *et al*., 2012). The participants voiced

similar psychological symptoms affecting their male clients. Benny described how the men would say, "it's better to hit me than to humiliate me". In this study participants agreed that all the adverse effects of mental, physical and emotional abuse, already mentioned, similarly affect non-heterosexual males who are suffering from IPV. A study by Buller *et al,* (2014) concluded that men who have sex with men (MSM) and who are victims of IPV are more likely to engage in substance abuse, suffer

from depression, engage in unprotected anal sex and be HIV Positive. Derek remarks, "it's not exclusive to any sexual identity". Millions of children worldwide are exposed to adult IPV, resulting in lasting psychological and physical damage. Childhood exposure to IPV is known to increase the risk of violence in later adult intimate relationships (Kimberg, 2008). Mary described how "if the woman is violent towards her partner the children are experiencing…abuse…and I'd be making a child protection referral". Ann remarked that "children are used as…bait" while Derek described "their father becoming a ghost…diminishing or disappearing".

5.3 Reasons for not seeking help

This study highlighted how cultural stereotyping and the negative and stigmatizing attitudes towards male victims of IPV resulted in these men not seeking help. A study by Arnocky and Vaillancourt (2012) revealed that male participants were more likely to minimize an act of aggression than female participants and were less likely to seek help. Follingstad, DeHart and Green (2004) described how the attitudes of the helping professions may view the male's use of abusive behaviour as more severe than the female's use of the same actions. According to Follingstad and Rogers (2013), under-reporting is common as these men feel embarrassed and humiliated by the very fact that they are being abused. Ann described, "it's that thing…man up…males aren't allowed to cry…it doesn't happen to me…keeps it silent". Tsui et al. (2010) highlighted five reasons why male victims of IPV did not seek help, they were: service target perception-where the male victim felt that the services were unsuitable for his needs, shame and embarrassment, denial, stigmatization and fear of not being believed. Bill and Derek highlighted similar experiences of their male clients, such as, the client "feeling foolish" (Bill) and Derek remarked, "the stigma…fuels the shame …and the

confusion…the disbelief that this is happening". The data analysed from the interview narratives in this present research would suggest the reason for the low reporting by male victims of IPV was because of the fear of being ridiculed and not believed by the Gardai. Benny described his male clients' experiences as, "mixed…humiliating, abusive and worse than what their partner was doing… By the same token some of the guards were fantastic". This is in keeping with the research that suggests that in the majority of cases when male victims of IPV seek help they are turned away, ridiculed or told they must have done something to deserve it (Hines and Douglas, 2011).

5.4 Societal recognition and funding for organisations

One persistent theme throughout the narratives in this present research was the lack of recognition by society in general that males can be victims of IPV. This coincides with the fact that there is very little government funding for organisations and services for these men. Benny described, "It's…a hidden taboo…except when it happens to women". The 2nd National Women's Strategy 2017-2020, which has been given over 1 million euro by the government, promotes and conducts public awareness campaigns for female victims of domestic abuse. However, the only organisation in Ireland which provides support specifically for males presenting with IPV gets very little government funding. Ann remarked, "the organisation is working very hard to provide support for these men but there is no funding… it's not recognised at a political level at all". In Ireland there is not one refuge for these men to take their children to when they need to remove them from the home for their safety. Kimberg (2008) posits that much of the health-care literature, expert advice and national guidelines focus on female victims of IPV while there is very limited health-care research on men presenting with IPV. Derek reported on his experience of female protection agencies "they go, men are the perpetrators, it goes against everything we are to be talking to ye guys". Derek remarked that the ideal thing is that a service should be provided for everyone across the divide and that "everyone needs to be helped".

5.5 Implications for psychotherapy

A study by Hogan et al. (2012) examined the experiences of counsellors working with male victims of IPV and reported that a distinct lack of recognition and understanding of male victimization by society as a whole hampered the therapeutic work with clients. Sarantakos (1999) found that while exploring husband abuse he found that counsellors within training schools had a distorted negative view towards abused men. In this research study Ann described how her perception and stereotypical view of men was broken when she spoke about male clients who attended her group sessions "big…muscular…strong…and you hear them speaking in such a gentle way…real tenderness…and a need for care and love". Derek recognized that there is "a basic ignorance around this area….you can identify with the ignorant parts…become misogynistic". Kimberg (2008) highlighted the challenges for therapists of being able to distinguish IPV victimization from IPV perpetration in male patients. Adams and Freeman (2002) advocated for change in the therapist's view of the female as the sole victim. The important issue for psychotherapists is awareness around what is the presenting issue for the male client as he may not immediately address it but instead bring in something else. Benny described his experience of a client who was a drug user and involved in criminal activity but who did not present with IPV, "it took him ages, he'd talk about other things…to get to this…it was thrown in…it emerged".

The concepts of transference and countertransference can be very challenging dynamics for the therapist within the therapeutic relationship. The participants gave good accounts of situations when they experienced these dynamics with their clients. Ann described how "a guy used to…sit on top of me…a bit of control…try to manoeuvre me out". She recognized that this was transference and she and her co-therapist would therapeutically use this as in, "what's it like to have a female in the group?" Similarly, a study by Hogan *et al*., (2012) found that the counsellor's gender presented a dynamic in itself in that the client was in fear of being with a woman.

Mary described her experience of Countertransference when she talked about a man being abused by a woman and how she would "sit…on that and see if it is something personal to me or …just a natural human response". Brosi and Carolan (2006) described how IPV can evoke strong emotional feelings of anger, frustration and fear in the therapist. They posit that the therapist's own conscious and unconscious responses and

their immediate or delayed responses to the client can interfere with the therapeutic process. The therapist's self-awareness of his/her own counter-transference is important. Countertransference can affect both male and female therapists in the therapeutic space as they may be influenced by their pre-conceived belief system and the stereotypical male image. All participants agreed that the family of origin can have an influence in the therapeutic relationship. Brosi and Carolan (2006) described how the therapist might become activated by the negative emotions stirred up in him/her by his/her own family issues and he/she may become frustrated or angry with the client. Derek emphasized the importance of the therapist to have undergone personal therapy around this issue, "to sort it out to work in these areas", so that it is not brought into the therapy room. In the same way, the male or female perpetrator could be affected by his/her past experiences of abuse which might manifest as IPV against their partner. All of the participants agreed that there was usually some violence experienced by the perpetrator in their past but not always.

Swan *et al.,* (2008) reported on the prevalence of psychological illnesses in female perpetrators of IPV against men. Ann remarked on how she felt that she wanted to work with the female perpetrator and how she thought that the man would want her [the perpetrator] to receive help.

This present research highlighted the importance of self-care for therapists. Lliffe and Steed (2000) found that therapists suffered from vicarious trauma and burnout. The participants in this present research reported using various coping strategies to help themselves in their work. These included doing some form of physical exercise and using relaxation techniques. The majority of the participants emphasized the importance of being able to off-load and de-brief with another colleague when they had a difficult case. The use of personal therapy and supervision was also highlighted as being of major benefit to them, but yet as Ann reported "there are always people who stay with you".

CHAPTER 6: CONCLUSION

6.1 Conclusion

IPV perpetrated by men or women is a pandemic scourge on society. The mental, physical and financial effects of IPV reverberate throughout society affecting relatives, friends, associates and society in general. This is further complicated when it is a man, whether in a heterosexual or gay relationship, who is the victim of IPV. This is because of the cultural stereotypes which still assume that the perpetrators of IPV are men and the victims are women. It becomes more difficult when the men themselves minimise the assault against them or when they do not even recognize that they are being assaulted in the first place. This present research highlighted that it is how men perceive the abuse that they experience that will determine whether or not they will seek help. Another factor is how they perceive the service providers (Gardai, Judicial System and the Social Services) and if they will receive a sympathetic ear and actually feel that they are being heard. The participants in this research study gave very honest, heart-felt and enlightening narratives of their experiences of working with males who presented with IPV. It is evident that they do try to offer very positive experiences to their clients of empathy, congruence and unconditional positive regard (Cully and Bond, 2011). Ann described, "I was really conscious of them having a positive experience of a female, that's what I felt was my role".

The children are often the forgotten victims and may suffer psychological, physical and emotional abuse at the hands of their often mentally ill mother. Mary voiced how education and awareness programmes in schools are of great importance in teaching the youth about relationships and how to behave in a respectful manner towards their fellow human beings. Another crucial issue that was highlighted in this research was the importance of getting help for the perpetrators of the crime who very often are victims themselves because of the mental, physical, sexual and emotional abuse they suffered in their past. This present research has also highlighted the need to recognize the role of the therapist in the therapeutic process. The participants expressed the significance of their own self-awareness and if they themselves carried any pre-conceived ideas around the male as the victim of IPV. The author found it interesting that some of the participants expressed that this might have been the case before they commenced their

work with these men. However, the men's stories about the abuse they suffered at the hands of their partner had a profound effect on them and very often these therapists spoke about "needing a hug" from their colleagues. Self-care was another important issue for therapists and all of the participants agreed that they would be of no use to their clients if they were not functioning properly themselves. The implications for psychotherapy were highlighted as the need for training on domestic violence in colleges and especially that heterosexual and non-heterosexual males should also be recognized as victims of abuse.

This research has shown that IPV is a worldwide problem which affects men and women of all cultural, ethnic and religious backgrounds. It has taken over forty years of campaigning to have the voices of female victims of domestic abuse heard and for appropriate services and support systems to be put in place for them. It is clear from this research that the same issues and problems are encountered by male victims of IPV in other countries and yet there is still very little recognition and huge stigma surrounding the issue for males as victims. This is especially evident in Ireland where there is only one organisation specifically catering for male victims. There is clearly not enough recognition of males as victims of IPV by government agencies and by society in general. This is reflected in the lack of funding and support services for these men. It is clearly time for proper recognition to be given to the fact that men can be victims of abuse at the hands of their partners and that children are very often also the forgotten victims in this awful affair. Hopefully it will not take forty years for it to come out of the shadows.

The following excerpts are from letters from men presenting with IPV who have attended the organisation for help and support:

"I haven't seen my two younger children since I left in August as my wife says it would only confuse them".

"I have encountered disbelief, amusement and willingness from others to justify my wife's behaviour".

"I'm a 50 year old professional male and I'm also a battered husband".

6.2 Limitations

The explorative nature of this research presented strengths and weaknesses for the study. The semi-structured interviews with the participants provided rich qualitative data which captured the essence of their therapeutic experiences with males presenting with IPV. This data provided four strong themes for discussion but the limitation of the word count meant that the author had to be selective in which excerpts to present. A major limitation of this research was the small sample size of only five participants which was unbalanced with three male and two female therapists. The research also seemed to focus mostly on heterosexual male victims as the participants did not have a vast experience of working with gay, bisexual or transgender males presenting with IPV.

6.3 Recommendations for further research

Addressing IPV should be a global health priority and the unique challenges for male targets of female aggression need to be addressed by researchers, policy makers and practitioners alike. This research highlighted that there were differences in the abusive behaviours of male and female perpetrators. The female perpetrator's behaviour can be more psychologically damaging for the male victim, resulting in depression, PTSD and even suicide. She is also more likely to use the children against the father "as bait" (Ann). Therefore, perhaps new screening tools specifically for men need to be developed rather than relying on the ones used for females and children. Gender, cultural and ethnic inclusive services to address all male needs are recommended. Objective research of males rather than what is understood of female victimisation is required. This would also facilitate non-heterosexual male victims of IPV about whom there is very little information. In light of the findings of this research, the recommendations would be that public awareness is greatly enhanced and that training on domestic violence and intimate partner violence is strengthened to include the issues around males as victims. This training and education would be for all the support services personnel, such as, the Gardai, the Judiciary, the medical professional and social workers as well as in counselling and psychotherapy training.

REFERENCES

Adams, S. R., & Freeman, D. R., (2002). Women who are violent: Attitudes and beliefs of professionals working in the field of domestic violence. *Military medicine, 167* (6), pp. 445-450.

Addis, M.E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*(1), 5-14.

Arnocky, s., & Vaillancourt, T., (2012). Sex Differences in Response to Victimization by an Intimate Partner: More Stigmatization and less Help-seeking among Males. *Journal of Aggression, Maltreatment & Trauma (2014) 23*, pp. 705-724.

Braun, V., & Clarke, V. (2006). Using thematic analysis in Psychology. Qualitative research in Psychology, 3, pp. 77-101.

Brosi, M., & Carolan, M., (2006). Therapist Response to Client's Partner Abuse: Implications for Training and development of Marriage and Family Therapists. *Contemporary family Therapy: International Journal, 28*(1), pp. 111-130.

Buller, A. M., Devries, K. M., Howard, L. m., Bacchus L. J., (2014). Associations between intimate partner Violence and health among Men who have sex with Men: A Systematic Review and Meta-analysis, pp.1-19.

Campbell, D., (2010, Sept. 5). More than 40% of domestic violence victims are males, report reveals. *The Guardian*, p. 1.

Cully, S., & Bond, T. (2011). Integrative Skills in Action. (3rd ed.). London: Sage.

Dail Statement by the Minister for Justice and Equality, Francis Fitzgerald TD on opposing Domestic Violence. Retrieved December 3, 2016, from: http: // www.justice.ie

Drijber, B.C., Reijnders, U. J. L., Ceelan, M., (2012). Male Victims of Domestic Violence. *Journal of Family violence, (2013) 28*, pp. 173-178.

Follingstad, D.R., DeHart, D. D. and Green, E. P. (2004). Psychologists' judgements of psychologically aggressive actions when perpetrated by a husband versus a wife. *Violence and victims, 19*(4), pp. 435-452.

Follingstad, D. R., & Rogers, M. J., (2013). Validity concerns in the measurement of women's and men's report of intimate partner violence. *Sex Roles. 69*, pp. 147-167.

Freud, S., (2001). Introductory Lectures on Psychoanalysis (Part 111). In J. Strachey (Ed. and Trans.). *The Standard edition of the Complete Psychological works of Sigmund Freud (Vol. 16,* pp. 228, 438-445). London: Vintage. (Original work published 1907).

Hines, D. A., Brown, J., & Dunning, E., (2007). Characteristics of callers to the domestic abuse helpline for men. *Journal of Family Violence, 22* (2), pp. 63-72.

Hines, D. A., & Douglas, E. M. (2010). A closer look at men who sustain intimate terrorism by women. Partner Abuse, 1 (3), pp. 286-313.

Hines, D. A., & Douglas, E. M. (2011). Symptoms of posttraumatic stress disorder in men who sustain intimate partner violence. A study of helpseeking and community samples. *Psychology of Men & Masculinity*, *12* (2), pp. 112-127.

Hines, D. A. & Douglas, E. M., (2015). Relative influence of various forms of Partner Violence on the Health of Male Victims: Study of a Help Seeking Sample. *Psychology of Men & Masculinity 2016, 17* (1), pp. 3-16.

Hogan, K. F., Hegarty, J. R., Ward, T., & Dodd, L. J., (2012). Counsellors' experience of working with male victims of female-perpetrated domestic violence. *Counselling and Psychotherapy Research, March 2012; 12* (1), pp. 44-52.

Kimberg, L. S., (2008). Addressing Intimate Partner Violence with Male Patients: A Review and Introduction of Pilot Guidelines. *General Internal Medicine, 23 (12),* pp.2071-8.

Lliffe, G. and Steed, L.G., (2000). Exploring the counsellor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence, 15* (4), pp. 393-412.

McLeod, J. (2003). Doing Counselling Research. London: Sage.

McMahon, A. (2014, Nov 12). Calls for better Garda training to deal with Domestic and Sexual Violence. The Irish Times. Retrieved 20 January 2017, from http://www.irishtimes.com/crime-and-laws/calls-for-better-garda-training-to-deal-with-domestic-and-sexual-violence-1.1997123.

McNeilly, C., (2013, Oct 29). Domestic violence against men at its highest level in Northern Ireland since police began recording statistics. *Belfast Telegraph*, p. 1.

Migliaccio, T. A., (2001). Marginalizing the battered male. *Journal of Men's Studies, 9* (3), p. 205.

Sarantakos, S., (1999). Husband abuse: Fact or Fiction? *Australian Journal of Social Issues 34 (3),* pp. 231-252.

Strauss, M. A., (2012). Blaming the messenger for the Bad News about Partner Violence by Women: The Methodological, Theoretical, and Value Basis of the Conflict Tactics Scales. *Behavioral Sciences and the Law, 30,* pp. 538-556.

Swan, S. C., Gambone, L. J., Caldwell, J. E., Sullivan, T. P., Snow, D. L., (2008). A Review of Research on Women's Use of Violence with Male Intimate Partners. *Violence and Victims, Volume 23* (3), p.310.

Tsui, V., Cheung, M., Leung, P., (2010). Help-Seeking Among Male Victims of Partner Abuse: Men's Hard Times. *Journal of Community Psychology, Vol. 38*, No. 6, pp. 769-780 (2010).

World Health Organization (2012). Understanding and addressing Violence against Women. Retrieved March 1, 2016 from http://apps.who.int/iris/bitstream/10065/77432/1/who

Zimmerman, J. (1997). The Monitor. The Belmont Report: An Ethical Framework for Protecting Research Subjects. Retrieved February 10, 2017, from http://www.impactcg.com/docs/belmontreport.pdf

APPENDICES

APPENDIX A: Information and Consent Form

INFORMATION FORM

My name is Agnes Molloy and I am currently undertaking a BA in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is titled -
'A psychotherapeutic exploration of the male victim presenting with intimate partner violence (IPV)'. I will be exploring the views of people like yourself, all of whom work as psychotherapists.

What is involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, in having experience of working with males presenting with IPV. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than 60 minutes to complete. During this interview I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Anonymity

All information obtained from you during the research will be anonymous. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. All data stored will be de-identified. Audio recordings and transcripts will be made of the interview will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters)_____

Signature_____

Date / /

Name of Interviewer (in block letters)_____

Signature_____

Date / /

APPENDIX B: Interview Questions for Participants

1. In your experience what are the adverse physical, psychological, social and personal effects on heterosexual males presenting with intimate partner violence (IPV)?

2. Have you experience of working with same-sex and/or transgender males presenting with IPV? If yes, are the effects the same as above and would you like to add any further comments?

3. Have you found that there is a pattern of reported underlying causes for female or male perpetration against males in intimate partner relationships e.g. substance abuse, mental illness and early childhood issues?

4. How does the existence of stigma, within the general population for male IPV, affect your experience of working with male victims of IPV?

5. What needs to be done to further public awareness and improve resources and facilities for male victims of IPV?

6. What is your opinion of the Gardaí, Social Services and the Judicial System in dealing with male victims of IPV? What improvements, if any, are required in these support services?

7. How has your work with male victims of IPV impacted on your life?

8. Do you feel your gender plays any significant part in the therapeutic work?

9. In the therapeutic space how do you manage transference and/or counter-transference in your work with male victims of IPV?

10. How do you look after yourself around self-care in order to prevent burn-out, etc.?

11. Is there anything you would like to add?