AN EXAMINATION OF THE MALE EXPERIENCE OF LEGAL AGGRESSION

AS A FORM OF INTIMATE PARTNER VIOLENCE IN CANADA

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Bachelor of Arts, Honours, University of British Columbia, 2018

A thesis submitted
in partial fulfilment of the requirements for the degree of

MASTER OF EDUCATION

in

COUNSELLING PSYCHOLOGY

Faculty of Education
University of Lethbridge
LETHBRIDGE, ALBERTA, CANADA

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Defense Date: June 7, 2021

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Dedication

This work is dedicated to three of the most important men in my life: my mentor – Dr. Brian O'Connor, my husband – Cory Strong, and my father – Jamie Ingram.

To my mentor, Brian, who has always believed in my potential, even when I did not. I will be always grateful for your guidance and friendship.

To my husband, Cory, who has supported me in ways that defy logic and reason. I will meet you on the monkey bars.

And to my dad, who gave me the gifts of curiosity, tenacity, and an appreciation for hard work. I will forever make hay while the sun shines

Abstract

There is a paucity of literature exploring the male-victim experience of intimate partner violence (IPV). The current study contributes to the body of literature that explores male-victimization IPV typologies by employing a novel measure of IPV (Legal and Administrative Aggression [LA]) to a Canadian sample, including mental health correlates (anxiety, depression, and alcohol misuse) from the female-focused IPV literature, and assessing the factor structure of the LA using exploratory factor analysis and exploratory structural equation modelling. Our data suggested that legal aggression may be an important facet of male-victimization. The mental health concerns evidenced in female-victims were generally mirrored in male-victims. Factor analysis further lent support that legal and administrative aggression and control may be a unique factor that belongs with the accepted typologies of IPV. Given the concerning outcomes of IPV, there is a sense of urgency to expand knowledge of this health crisis to drive social support.

Preface

The Human Participant Research Committee of the University of Lethbridge granted ethics approval for this research. The certificate approval numbers for the project were Protocol #2020-036. This project was supported by Tri-counsel Agency of Canada, specifically though the Social Sciences and Humanities Research Council of Canada in a Joseph Armand Bombardier Canada Graduate Scholarship-Master's research award. The results of this study have not yet been published.

Acknowledgments

I would first like to thank my supervisor, Dr. Kerry Bernes, and my committee members, Drs. Thelma Gunn and Danny Balderson, for their faith in this project and more specifically for their faith in me and my ability to be successful in this venture.

To my children, Lincoln and Gracie, thank you for your patience in sharing my time with my academic pursuits, for your words of encouragement, and your resolve in the belief that your mom can do anything.

And to my teacher and very beloved friend, May Kanipayor, without your insight, confidence, and endless feedback, this project would not have come to fruition.

Thank you.

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CHAPTER 1 Introduction

Intimate partner violence (IPV) has been recognized as a critical public health concern that affects millions of people worldwide (Stewart & Vigod, 2019). IPV does not discriminate and, instead, has been shown to cut across age, gender, sexual orientation, and socio-economic status (World Health Organization [WHO], 2014). For these reasons, IPV has been declared a worldwide public health concern and has been indicated as a health priority by WHO (2013). Although there has been a growing body of literature into the theoretical understanding and intervention of IPV there is need to expand the understanding of the multifaceted nature of IPV and to address the dearth of male-victim focused IPV literature. Until recently scholars have conceptualized IPV as a unitary construct, addressing IPV as primarily a form of physical violence manifested in intimate relationships (Ansara & Hindin, 2011). To date, there exists a rich body of literature reflecting the understanding and application of IPV primarily in a female population with fewer investigative efforts focused on unpacking this important construct among males; particularly those who have been victimized in their relationships. However, there is a growing body of literature indicating that male victimization has a dearth of literature compared to female experiences of physical violence in relationships (e.g., Corbally, 2015; Hines et al., 2007; Walker et al., 2019). Within Canada there is a paucity of research focusing on the impacts of IPV across gender (Lysova et al., 2019). In addition to the dearth of male-IPV research, there have been increasing efforts to elucidate the multifaceted nature of IPV, beyond its unitary conceptualization as reflecting primarily a form of physical violence (Ansara & Hindin, 2011).

Scientific inquiry into the qualitative nature of IPV has a notable female-victim focus, with decades of literature addressing the physical and social effects of IPV on females (Golding, 1999). Only recently, has academia begun to explore the qualitative nature of the experiences of male victims (Brooks et al., 202; Morgan & Wells, 2016). Based on the works of Hines and Douglas (2010), initial qualitative explorations revealed a novel facet of IPV previously excluded from the literature, legal and administrative violence. This seminal work laid the foundation to better understand the experience of IPV for male-victims. Building on the qualitative work by Hines & Douglas (2010), Hines et al. (2015) created a measure to assess the prevalence of legal and administrative aggression and control as forms of IPV. The measure is comprised of 12 items aimed to address legal and administrative aggression that are intended to be used as an add-on to the revised conflict tactics scale (Straus et al., 1996). Additionally, Hines et al. (2015) included nine items from the psychological maltreatment of women inventory (Tolman, 1995) that are argued to represent control. The inclusion of these two elements is posited to better capture the experience of IPV for male-victims (Hines et al., 2015).

Indeed, men report that their experience of IPV includes perpetrators abusing the criminal justice system to act as an agent of control over male victims' relationships with their children (Brooks et al., 2020; Hines et al., 2015; Morgan & Wells, 2016). Given the permanence of parenting, this type of abuse can continue for years beyond the termination of the relationship and reverberate throughout the lives of everyone involved. Thus, there is a sense of urgency to deepen academic understanding of this phenomenon to drive social support and advocacy.

With respect to the growing investigative efforts to elucidate the multifaceted nature of IPV recently, researchers have begun differentiating physical violence from psychological abuse (Johnson, 2006; Stark, 2006). Although historically the scope of investigation has focused on physical IPV, it is generally accepted that there are multiple types of IPV (e.g., Coker et al., 2002; WHO, 2014), such as sexual (Carney & Barner, 2012) and psychological (Dim & Elabor-Idemudia, 2018) violence. Indeed, the elucidation of IPV typologies has become a growing focus of scientific efforts, with the intention to gain insight into how the various typologies differ qualitatively and how these differing experiencing affect prevalence rates and help-seeking behaviours.

More specifically, the current study aimed to assess the prevalence of differing types of IPV, including legal and administrative violence in Canadian men. Further, this research assessed correlational patterns cited within the female-focused IPV literature, including alcohol use, and mental health concerns.

CHAPTER 2 Literature Review

This chapter will present a general review of the IPV literature, the prevalence of IPV, the most influential theories of IPV to help understand gender disparities, and a summary of the impact of gender on IPV. Next, this chapter will outline current IPV typologies, including legal and administrative aggression and control as types of IPV. This chapter will conclude with a review of mental health correlates with a focus on gender-based explanations for different IPV dynamics.

A General Review of the IPV Literature

Historically, IPV has been conceptualized primarily in terms of wife battery or the show of physical violence against a female partner in intimate relationships (Lagdon et

al., 2014). Although scholarly inquiry still tends to focus on men as the predominant perpetrators of IPV (Lysova, 2016), empirical evidence demonstrates that perpetration and victimization are not gendered (e.g., Corbally, 2015; Golding, 1999), and that IPV is not limited to physical violence (Carney & Barner, 2012; Dim & Elabor-Idemudia, 2018; Muehlenhard & Kimes, 1999). In this vein, scholarship has expanded the conceptualization to include cross-gender investigation and broadened the context and behaviour reflective of violence within the IPV context. Further, there is no singular definition of IPV, but it is currently described by the WHO as behaviour within an intimate relationship that causes sexual, psychological, or physical harm; including controlling behaviour, psychological abuse, sexual coercion, and /or physical abuse (WHO, 2014).

Prevalence

Research indicates that in Western countries, anywhere from 20 to 54% of women will experience at a least one incident of physical IPV in their lifetime (Reisenhofer & Seibold, 2007). However, this may be an underestimation of the prevalence of IPV, as this statistic only represents reported physical IPV, and it is estimated that IPV is commonly underreported as a whole (Tiefenthaler et al., 2005). Recent literature indicates that psychological IPV is the most prevalent form of IPV (Dim & Elabor-Idemudia, 2018). The body of literature referencing typology and rates of IPV with male victims is substantially smaller than the body of female victim IPV (Desmarais et al., 2012). A metanalysis found that of the 750 articles investigating IPV in the years 2000 to 2010 inclusive, 85 articles included a male sample and only six had an exclusively male sample. Across the included literature, researchers found that approximately 1 in 4

women and 1 in 5 men had experienced physical violence within an intimate partner relationship (Desmarais et al., 2012).

Even though it has long been accepted that IPV can be perpetrated by both genders (Steinmetz, 1977), the focus on the physical aspect of IPV may have played a role, in part, in limiting the research into male IPV victimization (Hines, & Douglas, 2010). This has been attributed to the physical disparity between genders and the perception that male victimization is not as serious as female victimization (Hines & Douglas, 2010) and is further complicated by a male reluctance to report and self-identify as a victim (Walker et al., 2019).

Conflating matters further are the combined issues of estimated low male self-disclosure rates and problematic sampling. According to a 2014 Canadian General Survey, women are four times more likely than men to report IPV to the authorities (Lysova et al., 2019). Sampling IPV victims often comes from various official sources, including social support networks, hospitals, shelters, and the Royal Canadian Mounted Police (Akers & Kaukinen, 2009). These sources of information gather can be problematic for a variety of reasons. The most glaring issue has been that men are less likely to self-identify as victims (Walker et al., 2019). Although research has indicated that the rates of female self-disclosure of committing violent acts can be as elevated as male perpetration, the rate of injury has been often documented as lower (Archer, 2000). This can perpetuate the idea that IPV committed by women is less severe because the injury rate has been reported less (Archer, 2000). This perception serves to further solidify the idea that male victimization is not serious, which in turn may further discourage men to come forward.

A further complication of sampling is situational couple violence, such that when the violence is reciprocal it can be unclear who is the victim and who is the perpetrator (Johnson, 2006). When situational violence is a pattern within a relationship and males have an unwillingness to self-identify as victims it may be reflected as an inflated rate of male perpetration when the reality may be mutual victimization. However, to date, the qualitative nature of male victimization is limited within the literature (Corbally, 2015). Given the lack of literature on the qualitative nature of male sustained IPV, it is currently unclear if measures employed in this vein of research accurately address male IPV, as males experience it. Compounding this issue, without empirical evidence to generate backing for social supports, there will continue to be limited help for male victims of IPV. The effect of low crime reporting, and limited social supports to draw samples from may further perpetuate skewed sampling. Under-reporting, issues with self-identification, problematic sampling, and societal stereotypes all lead to an unclear estimation of accurate prevalence rates of IPV.

Theories of IPV

A Gendered Perspective Through the Lens of Feminist Theory

One of the most well-known theories in understanding IPV is the Feminist Model (Bell & Naugle, 2008). From this perspective IPV is understood through the lens of sociocultural norms. Proponents of this theory argue that the patriarchal framework that facilitates hegemonic masculinity is one of the main causes of IPV (e.g., Dobash & Dobash, 1977; Mihalic & Elliott, 1997). Proponents of the Feminist Model argue that gender roles and norms are learned within the context of the patriarchy, and thus, young males learn to be dominant and power-over females (Mihalic & Elliott, 1997). Then in an

effort to retain their culturally outlined gender role, men often resort to IPV (Walker, 2016). From this lens, the nature of the IPV is often cyclical and starts with emotional manipulation to retain control and may lead to physical violence out of frustration (Pence et al., 1993). Further, because the drive to dominate is learned throughout childhood and reinforced through social norms, abusers often report feeling out of control and the need for control is often automatic (Pence et al., 1993); however, regardless of their feelings of being out of control, researchers posit that this behaviour is not without intent. From this theoretical perspective, abusers employ emotional abuse such as using degrading language in an effort to objectify their spouse. Objectification is argued to make the perpetration more accessible because it is easier to abuse an object, rather than a spouse and human that they love (Pence et al., 1993).

Emerging from this theoretical perspective, Johnson (2008) proposed three major types of IPV: intimate terrorism, violence resistance, and situational couple violence. Intimate terrorism is considered to be primarily perpetrated by men against their female partners in an effort to retain control. This form of violence facilitates a pattern of abuse that employs abusive intimidation, coercion, and physical violence (Johnson, 2008). Violence resistance is the physical act of responding to intimate terrorism. Johnson (2011) describes this as often being an instinctive and at times may lead the victim to feel that killing her partner is the only way to be safe (Johnson, 2008). Finally, situational couple violence is described as violence that is situationally provoked, wherein tension and frustrations of a specific situation give rise to a violent outburst. This type of IPV is unlike intimate terrorism and violence resistance, as it is a type of IPV that is not born of a general pattern of coercive control and it is roughly gender-symmetric (Johnson, 2011).

Johnson's typologies of IPV have gained notoriety among feminist IPV scholars (Lystova, et al., 2019). It is notable that these typologies do not allow for female perpetuation without provocation. Johnson does acknowledge that situational couple violence allows for the consideration of female-only violence; however, these IPV types do not involve patterns of abuse that are described as female-perpetrated. This gendered lens has been criticized as lacking the consideration that violence can be used by either partner regardless of gender (e.g., Felson, 2014; Hamel & Nicholls 2007; Stith et al., 2011). Further, criticisms of this framework highlight its minimization of the heterogeneity and variance of perpetration and victimization (Dutton et al., 2010). A significant criticism of the Feminist literature is the recruitment methodology, such that, research that supports gendered perspectives often recruits participants from emergency rooms and women's shelters (Dutton, 2006). Further, studies oriented in the Feminist lens, focused only on the reports of female victims (e.g., WHO, 2005). This sampling methodology and line of inquiry has been characterized as potentially damaging due to its potential to mislead and further concretize hegemonic masculinity (Dixon & Graham-Kevan, 2011). To avoid these sampling issues, the current research recruited samples using online platforms open to the general population, such as Facebook and Twitter. In this way, we sought to capture both help seeking and non-help seeking IPV populations.

A Gender-Inclusive Perspective

Contrary to a Feminist theoretical lens, gender-inclusive perspectives encourage the examination of IPV from the perspective of both men and women who experience IPV and include multiple theoretical perspectives. Theories such as power theory (Straus, 1976) and social learning theory (Bandura, 1971) associate the individual within the

context of their lived experience and circumstances. This allows for the inclusion of potential male victims of IPV and the consideration of important influencing factors beyond the patriarchy.

Power Theory. From this perspective, the root of IPV extends beyond the cultural norms and includes the family of origin (Straus, 1976). In this way, IPV emerges from the interaction of family conflict, gender inequality, and the social acceptance of violence (Straus, 1976). Power dynamics created on psychosocial and interpersonal levels impact the potential for IPV. Psychosocial factors include socio-economic status, with financial strain and low socio-economic status having demonstrated links to higher rates of IPV (Abramsky et al., 2011). Interpersonal aspects include both the power dynamic within the relationship and the family of origin. Power struggles within the relationship may add to the tension, which increases the amount of risk for IPV (Sagrestano et al., 1999; Wagers et al., 2019). Additionally, the family of origin impacts the understanding of relationship dynamics and acceptable behaviours within a relationship. This understanding may lead to the continuation of IPV across generations. Indeed, the phenomenon of intergenerational IPV has been long documented (Straus et al., 1980). This aspect of the power theory aligns closely with the precepts of social learning theory.

Social Learning Theory. Established by Bandura (1971), social learning theory understands IPV as a learned behaviour acquired in childhood (Bell & Naugle, 2008). Aligning with power theory, social learning theory proposes that the family of origin teaches individuals how to navigate conflict and what behaviours are acceptable. The acceptance or toleration of family violence within the family of origin is posited to predict the acceptance of abuse from an intimate partner (Jung et al., 2018). This effect is

further concretized by witnessing the consequences of violence if the violence is perceived to serve the purpose (Bell & Naugle, 2008); however, this reinforcement is not absolutely needed for the behaviour to be learned. Instead, behaviours, including violence, can be passively learned through observation (Bandura, 1971). In this way, positive or negative responses to violence may predict future acceptance or perpetration of violence by the observer. Additionally, the relative importance of the observed perpetrator and the number of individuals who model violent behaviour impacts the affect on the observer (Akers, 1998). Children incorporate relational styles from individuals they deem as important and learn how to behave within a family unit by behaviours modeled in their family of origin (Jung et al., 2018). In addition to learning how to relate to others, children learn how to express emotions within the family of origin (Jung et al., 2018). In this way, appropriate and inappropriate expression of frustration and anger are a learned behaviour.

Summary of the Impact of Gender on IPV

Defining the characteristics of a construct occur within the structure of society. IPV is, in part, well defined. However, the definition is entangled within gender norms and social power structures (Hines et al., 2007). In this way, IPV has essentially become gendered to adhere to power norms that identify women as victims and men as perpetrators (Corbally, 2015). Socially constructed masculinity influences how men perceive themselves (Courtenay, 2000). Currently in Western cultures, hegemonic masculinity is culturally accepted and serves to influence what it means to be a man (Connell & Messerschmidt, 2005; Smith et al., 2015). In this sense, to understand domestic violence, a comprehensive understanding of the power structures that are deeply

ingrained in political, social, and economic structures is required (Hines et al., 2007). Feminist theorists argue that the inequity within the political, social, and economic realms is mirrored in intimate relationships and men are socialized to dominate and misuse power within the relationship (e.g., Dobash, R. E., & Dobash, R. P., 1988). From this perspective, domestic violence is a product of patriarchal hegemonic masculinity (Hines et al., 2007). This conceptualization of IPV has to a large extent limited the inclusion of male victimology from examination (Hines et al., 2007). Therefore, scholars argue that female perpetration of IPV receives insufficient academic investigation and public policy (Corbally, 2015).

Laden within the structure of society is not only how society views men, but how they view themselves. Hegemonic masculinity dictates that society views men in a position of power; men then interweave the societal view into their self-assessment as a man within that framework (Connell & Messerschmidt, 2005). Internalizing a position of power is not conducive to identifying oneself as a victim. Male's acquiescence to IPV may serve as a function of the masculine role of being a good, loyal husband (Corbally, 2015). Therefore, being victimized as a man by a woman may serve to cause internal conflict, not only by the processes of being victimized, but also by challenging their gendered assumptions reflected in their identity. As such, subscribing to gendered norms often prolongs domestic violence and prevents help-seeking behaviours (Corbally, 2015). In this way, help seeking becomes a two-step process. First men must shift their self-perception to include victim of female perpetrated IPV, and second, men must admit to their social network that they are being victimized (Walker et al., 2019).

In terms of IPV, patriarchal norms tend to work against males in two ways. First, they are reluctant to self-identify as victims (Walker et al., 2019). As previously noted, prevalence rates of IPV are discerned often from criminal statistics and hospital reports. Consequently, methodological sampling issues may contribute to the perception of IPV being a male dominated problem. Contrary to this assumption, the recent literature employing alternate methods of data collection indicate relatively equal perpetration rates across genders. Specifically, male and female perpetration does not vary in prevalence, frequency, and severity of IPV (Cho, 2012). Indeed, women self-report instigating physical conflict more often than males (Archer, 2000; Cho, 2012), but more males are reported to the authorities, as they are more likely to inflict injury that requires medical care (Archer, 2000; Hines & Douglas, 2010). This disparity in the severity of injury is reflected in the number of IPV victims help-seeking in hospitals and consequently, perhaps related to duty to report, it is also reflected as elevated male prevalence within the criminal justice system (Machado et al., 2017).

Further complicating the impact of help-seeking circles back to hegemonic masculinity. Men are more reluctant to report IPV because of internal barriers (Choi et al., 2015; Machado et al., 2017). One of the noted issues in reporting IPV that is specific to males is a reluctance to self-identify as a victim (Walker et al., 2019). Recent literature reveals that although males experience many forms of IPV, there is a hesitancy to identify with the language associated with victimization. When researchers used the term boundary crossing, instead of abuse, participants indicated much higher prevalence of the undesirable behaviours (Walker et al., 2019). Elevated reporting may be reflective of a reluctance to label behaviours as abuse, due to the negative and severe implications of

doing so. Although the focus of the research was to capture reporting of violent

behaviours, the use of boundary crossing may have allowed for the men to include

behaviours that they would not have previously considered violent, such as controlling

behaviours (Walker et al., 2019)

The second way in which patriarchal norms tend to work against males is that

social norms create the expectation that men cannot be victimized by women. Although

there have been gains in the public acceptance of males in a victim role, the behaviour of

male perpetrators is still viewed as more wrong and more illegal compared to female

perpetration, which is more accepted (Dennison & Thompson, 2011). For example, a man

slapping his female partner is seen as needing authority intervention, but a woman

slapping her male partner is viewed as not needing a criminal justice response (Dennison

& Thompson, 2011). In this way, the role of victim tends to be coded as a female

experience within the context of Western society (Machado et al., 2017).

Further complicating the issue of male victimization is the secondary abuse

sustained by male victims of IPV from social support systems, such as police and the

justice system (McCarrick et al., 2016; Walker et al., 2019). Men report experiencing

gender-stereotyped treatment when attempting to seek help (Machado et al., 2017).

Indeed, in male populations, formal help-seeking aggravates the impact of IPV on overall

wellbeing and is correlated with negative outcomes (Machado et al., 2017). Specifically,

psychological impacts of IPV are protracted when the victim is not believed or treated

like a suspect (McCarrick et al., 2016). In this way, men are further traumatized by the

criminal justice system, which is intrinsically linked to the gendered view of IPV and

hegemonic masculinity.

Qualitative scholarship identifies this secondary trauma as a fear among male victims. This experience of fear tends to be exacerbated by the fear of being controlled and fear of being cut off from children (Morgan & Wells, 2015). Evidence suggests that some female perpetrators exploit secondary trauma and fear by threatening to report the victims as perpetrators. In this way some female perpetrators are demonstrated to capitalize on the fear of their victims and the gender normative assumptions of the patriarchal social system (Corbally, 2015).

A particularly salient theme within the qualitative literature is the use of children to evoke fear and control (Brooks et al., 2020; Morgan & Wells, 2016). When asked about their experiences of IPV, the fatherhood narrative elucidated the most vulnerable and emotional aspects of IPV for the men (Corbally, 2015). The literature suggests that the experience of IPV for men may be shaped by psychological abuse, often rooted in fear of being systematically removed from the lives of the children (Corbally, 2015). This has been demonstrated to occur both in the malevolent intent to foster a situations of refuse /resist dynamics and in parent – child contact problems (Judge & Duetsch, 2017). As a system of control, children offer a particularly effective mechanism that can last for years after the termination of the relationship. Further, the research posits that some female perpetrators may intentionally become pregnant to retain control over the relationship and their partner (Morgan & Wells, 2016).

As many as 91.4% of help-seeking male victims of IPV report that their perpetrators have made threats that align with legal aggression, often regarding the children. Additionally, 78.9% of men reported that their partner carried out one or more legal and administrative act of aggression, (e.g., the female partner falsely accused the

male partner of sexually assaulting the children to the authorities) (Hines et al., 2015). The socially constructed narrative of victimization as a female experience fosters an environment that allows for female perpetrators to manipulate the social justice system in their favour. Men understand the legal and social narrative that surrounds IPV and act accordingly when threatened by their perpetrators (Hines et al., 2015).

A Brief Review of the IPV Typologies

The following sections will explore the differing types of IPV, including physical violence, sexual violence, and psychological violence. Next, there is a discussion of the less-commonly included proposed facets of IPV, legal and administrative aggression and control.

Physical Violence as a type of IPV

Physical IPV has been defined as using physical force with the intent to harm and/or inflict pain within an intimate relationship (Ali et al., 2016). This can include slapping, biting, punching, pushing, use of weapons, scratching, and other violent physical actions aimed at causing pain towards an intimate partner. Physical IPV is extensively addressed within the literature, although more closely focused on female victimization (Ansara & Hindin, 2011). The nature of physical IPV makes this phenomenon easier to measure and more difficult to hide than other types of violence (e.g., psychological). Additionally, the physical consequences and risk of death more often leads to reporting or help-seeking, especially if the violence leads to an injury that requires medical care. This is especially true for female victims of physical IPV, as more often than males, females end up with serious physical injuries that lead to hospitalization (Hines & Douglas, 2010; WHO, 1997).

Sexual Violence as a type of IPV

The definition of sexual IPV is even less monolithic than physical IPV because it is a form of coercive violence, which leads to physical violence, but not in the straightforward way of being pushed or hit. Sexual violence is coercion in the form of sexual acts preformed under pressure, threat, or influence (Carney & Barner, 2012). Although the coercion is not physical, the sexual act is. In this way, sexual IPV is both psychological and physical. However, within the literature sexual coercion is often viewed as less about physical force and more about power and control (Muehlenhard & Kimes, 1999).

Although previous literature suggested that when participating in surveys females are significantly more likely to report sexual and physical violence than males (Coker et al., 2002), more current evidence suggests that when participating in anonymous surveys more men report physical and sexual violence than women (Lysova et al., 2019). Compounding the physical nature of these aspects of IPV is the judicial correlate of sexual and physical offences; rape and assault have direct and recognizable legal underpinnings (Carney & Barner, 2012). Even though there are direct legal correlates, research comments that underestimation of sexual violence within a relationship may be due to the layered and complex nature of IPV (Muehlenhard & Kimes, 1999), such that, the disclosure of sexual domestic abuse is reported to cause more distress than sexual abuse committed by all other categories of perpetrator (Pagelow, 1992). For example, reporting IPV sexual assault causes more distress that reporting a sexual assault committed by a stranger (Pagelow, 1992). Potentially due to this, sexual IPV is purported to be under-reported and is viewed more egregious than psychological violence in

isolation (Muehlenhard & Kimes, 1999). There is also the complicating factor that sex is generally an accepted aspect of marriage and sexual boundaries in a marriage may cause confusion (Muehlenhard & Kimes, 1999). Prior to 1983 in Canada, marital rape was permissible (Tang, 1998). The legally permissible nature of sexual IPV encouraged its exclusion from the scope of academic inquiry and inclusion in the IPV literature (Pagelow, 1992).

Further complicating sexual violence within the context of intimate relationships is hegemonic masculinity which is imbedded into culture. More specifically, gendered expectations influence the understanding and impact of sexual IPV by imposing the idea of masculinity is equivalent to being sexually dominant (Smith et al., 2015). As such, shame, guilt, and a lack of self-worth are noted in the literature as correlates and products of sexual IPV, and the reasons postulated for underreporting (Kalra & Bhugra, 2013).

Psychological Violence as a type of IPV

Less commonly addressed has been psychological IPV. Psychological violence is the use of communication, both verbal and non-verbal, with the intent to harm another person emotionally or mentally (Dim & Elabor-Idemudia, 2018). Psychological violence can also include coercive violence with the intent to control, dominate, or manipulate another person (Dim & Elabor-Idemudia, 2018). It is often difficult to tease apart psychological abuse from physical and sexual abuse because psychological abuse is inherent to physical and sexual abuse (O'Leary & Mairuo, 2001). However, this relationship is not reciprocal, in that psychological abuse is inherently present in the perpetration of physical and sexual abuse, but physical and sexual abuse are not inherent in the perpetration of psychological abuse.

The pattern of male exclusion from the literature is more prominent within this subsect of IPV (Lysova et al., 2019). Although there is a growing body of literature to address the victimization of males in intimate relationships, limitations include research focused on the physical aspect of abuse and the dearth of literature on the experience of IPV from a male perspective. Further, the interaction of females being the victims of more severe injuries that require hospitalization (Swan & Snow, 2002) and psychological abuse not having a legal correlate may further serve to perpetuate the perception of the battered wife.

Legal Aggression as a type of IPV

Recently, the concept of legal and administrative aggression is postulated to be a prominent feature of the male experience of psychological violence (Hines et al., 2015). Currently, research has been seeking to explore this bourgeoning understanding of this novel aspect of IPV. Qualitative accounts of male experiences of IPV encourage the exploration of legal and administrative aggression within the intimate relationships (Hines et al., 2015). One of the outcomes of this research is the expansion of the definition of psychological IPV to include the litigious aspect of IPV previously neglected. This form of abuse is described as *legal and administrative aggression* and occurs when one partner manipulates the legal system to control the other partner (Hines et al., 2015).

Legal and administrative aggression as a unique type of IPV was first proposed by Hines et al. (2015). This type of IPV is defined as when one partner threatens to (or does) use the legal system as an agent of control in such a way that it is determinantal to their partner. Building on previous qualitative work conducted by Hines and Douglas (2010),

the theme of legal aggression was extracted and posited as an important and unique aspect of the experience of IPV for male-victims. Hines et al. (2015) created a 12-item measure that is designed to be used as an addition to the revised conflict tactics scale (Straus et al., 1996). The 12 items are divided into two different types of abuse. The first is referred to as the threatened scale. This aspect of the measure assesses whether the perpetrator threatened to use the legal system to control the behaviour of their partner. The second portion of the measure is referred to as the actual scale and it was designed to assess if the perpetrator followed through with the legal and administrative acts of violence outlined in the items.

This type of abuse is often employed when one partner is engaging in malicious influence to foster parent – child contact problems. (Harman et al., 2018). Parent – child contact problems have been demonstrated to be influenced by the actions of one parent who has intentionally interfered with and extirpated the relationship between the other parent and the child(ren) (Judge & Deutsch, 2017), which often extends into custody litigations (Gardner, 2002). One of the aspects of legal and administrative violence is threatening to systematically remove the children from the life of the IPV victim (Hines et al., 2015), which directly aligns with the goals of malicious influence and parental interference. As such, this tactic is argued to be employed as a means for the perpetrator to retain control of the victim, to the determent of their child(ren) (Hines et al., 2015). For these reasons, understanding legal aggression, may be a sine quo non of the conceptualization male IPV victimization.

Control as a type of IPV

Control as a form of IPV is largely imbedded into psychological; however, more recent literature posits control and manipulation as an independent form of IPV (Dim & Elabor-Idemudia, 2018; Hamel et al., 2015). Control in the context of IPV can be thought of as an intention to manipulate and control the actions of the other spouse. More specifically, control becomes abusive when the options for the victim are constrained to outcomes that are all viewed as negative by the victim (Hamberger et al., 2017) Although there has been consensus that control has been an aspect of IPV, there is little research or cohesive understanding of control as an independent form of IPV, especially across gender (Hamberger et al., 2017). More current literature revealed that men are twice as likely to report being a victim of controlling behaviours (Lysova et al., 2019). Indeed, qualitative works report controlling and manipulative behaviours described by male victims of IPV (Brooks et al., 2020).

A Brief Explanation of the Mental Health Correlates of IPV

Research indicates that IPV has adverse effects on the mental health of victims (Lagdon et al., 2014). For both males and females IPV victimization is highly correlated to mental illness (Coker et al., 2002: Lysova et al., 2019); however, females are more likely to report negative mental health as a consequence of IPV victimization (Ulloa & Hammett, 2016). Although rates of depression are higher among female victims, higher rates of depression, post traumatic stress disorder (PTSD), and suicidality among IPV victims as compared to non-victims are noted throughout the literature across gender (Coker et al., 2002; Lagdon et al., 2014; Rhodes et al., 2009). Across the lifetime, physical and psychological IPV are associated with poor health outcomes; however, the

problematic aspect of IPV research focusing on male perpetration crosses into the assumption that psychological abuse is more prevalent in male perpetration (McHugh et al., 2013). This assumption may be rooted in the focus on physical IPV (Ansara & Hindin, 2011) and carried over into psychological IPV. Further, this assumption may be inadvertently reinforcing toxic masculinity norms and hindering academic investigation into the experience of male victims of IPV.

Although all forms of IPV are correlated to negative mental health effects, across genders these correlations are more pronounced among victims of IPV where power and control were the predominate weapon of abuse (Coker et al., 2002). Moreover, psychological violence has a more pronounced effect on internalizing feelings such as fear and self-doubt. These are particularly impactful because these factors influence victims to remain in abusive relationships (Lagdon et al., 2014). Indeed, psychological IPV has been compared to prisoner of war effects, in so far as the indoctrination of the victims into abuse. The effect of this leads to lack of self-esteem, feelings of isolation, fear, and hopelessness (Lagdon et al., 2014). In this way, psychological abuse and negative mental health outcomes may become a cyclical pattern (Lagdon et al., 2014).

Depression in Relation to IPV

Depression is among the most prevalent mental health disorders (Kessler et al., 2005) and is costly on both an individual and societal level (LeMoult & Gotlib, 2019). Depression is characterized by the operation of negative biases in self-referential processing, attention, and memory, as well as negatively skewed cognitive processes (LeMoult & Gotlib, 2019). The negative impacts of depression are pervasive throughout

the individual's life; facets impacted include interpersonal relationships, self-perception, cognitive deficits, and energy levels (LeMoult & Gotlib, 2019).

Depressive symptoms are demonstrated to be associated with psychological IPV victimization for both males and females (Brown et al., 2018) but the impact on depressive symptoms of physical victimization is only seen in females (Barros-Gomes et al., 2019; Brown et al., 2018). Thus, it appears that psychological IPV may have more of a negative impact on depressive symptoms for men than other measured forms of IPV; however, this gap in the literature requires more investigation to better understand the interactions of perpetration /victimization and gender on depressive symptoms.

Anxiety in Relation to IPV

Fear and anxiety are common in everyday life and a normal response to a fear stimulus; however, anxiety becomes maladaptive when it is disproportionate to the actual risk or danger present (Craske & Stein, 2017). Anxiety symptoms are categorized as dysfunctional based on severity, impact on function, frequency of occurrence, etc. Anxiety responses can be exacerbated by external and internal mechanisms or situations, such as the experience of IPV. Indeed, the relationship between IPV and anxiety is significant regardless of IPV typology (Velotti et al., 2020); although, similar to depression, the association between anxiety for psychological abuse was higher than physical abuse. Like depression, the link to more severe rates of anxiety linked to psychological IPV foster a sense of urgency to gain a deeper understanding into the interaction of types of IPV beyond physical violence and mental health impacts.

Alcohol Misuse in Relation to IPV

It is widely accepted that alcohol is an aggravating factor of violence (e.g., Lipsey et al., 2002; Murphy et al., 2005; Pleck, 1987). Specifically, alcohol has been considered one of the most robust correlates of IPV (Murphy et al., 2005). Alcohol use has been correlated with three times the rate of IPV from nonusers to users (Kantor & Straus, 1987). Although there is a consistent and longstanding correlation between alcohol consumption and IPV, researchers highlight the importance of differentiating between the correlational relationship and a causal one (Gil-González et al., 2006; Leonard, 2005). Further, researchers indicate that this correlation should be viewed with caution, as much of the literature addressing this relationship has yet to control for the influence of marital relations, such that negative martial relations may influence alcohol consumption, which in turn may influence IPV (Leonard, 2005). As such, much work must be done to discern if the precipitating factor is the situation or the alcohol use to understand how alcohol influences IPV.

A further critique of this literature is that much the focus has been on alcohol as it influences on male perpetrated violence (McKinney et al., 2010). Demonstrating this negative male focus, one study is titled, "The "drunken bum" theory of wife beating" (Kantor & Straus, 1987). This clear bias has roots going back as far as the day of the Temperance movement where the threat of becoming a wife beater was employed to encourage men to avoid alcohol (Pleck, 1987). This focus on male alcohol consumption and its correlation to IPV perpetration is noted throughout the literature.

More recent literature proposes that the correlation between alcohol misuse and IPV perpetration and victimization is moderated by gender (Cafferky et al., 2018). That

is, the belief that men are more likely to perpetrate IPV when they misuse alcohol, and women are more likely to misuse alcohol when they are the victims of IPV (Spencer et al., 2019). After all, there is evidence to suggest that alcohol consumption is the only risk factor for IPV where men and women differ significantly. Specifically, alcohol is identified as a risk factor for male perpetration, but not female perpetration (Spencer et al., 2016).

Research Questions

The overarching aim of the current study was to explore the experience of IPV victimization in a male Canadian population. The primary objectives of the study were threefold. First, we wanted to examine the prevalence rate of the different IPV typologies (i.e., psychological violence, sexual coercion, injury, physical violence, legal aggression, and control) and mental health correlates of IPV (i.e., depression, anxiety, and alcohol misuse) in a male victim sample. Second, we wanted to explore the correlational patterns between the different IPV typologies and mental health correlates in a male victim sample. Finally, we wanted to explore the underlying factor structure of the pool of items used collectively to reflect the different IPV typologies to discern how the less commonly included facets of IPV – legal aggression and control – may be related to the general IPV construct.

CHAPTER 3 Method

Participants

Participants were recruited on various web-based platforms, including on such social media platforms as Facebook and Twitter and on Amazon's Mechanical Turk. Forty participants were recruited using Amazon's Mechanical Turk and 145 participants

were recruited using a snowball method on social media. A snowball sampling method is where a target group is asked to share the study with people that may be interested (Coleman, 1958). For the current study, this was accomplished by contacting moderators of Facebook groups and asking them to share the study link. This removed the need for any in-person participation and facilitated a cross-Canada snowball recruitment campaign. Further, this recruitment method permitted sampling from a population that crossed socio-economic status, gender, age, and location. Finally, using exclusively online recruitment and participation aids in participant anonymity because they do not have to participate in person. Indeed, the literature suggests that sample results tend to be comparable between social media, Amazon's Mechanical Turk, and in-person participation samples (Casler et al., 2013).

Social Media – Facebook and Twitter

Social media sampling is growing to be a common practice among social sciences (Casler et al., 2013). For certain populations, recruitment may be difficult and the use of social media for data collection has given an avenue to reach these difficult to assess populations. For the current study, recruitment was difficult for a variety of reasons (e.g., lack of victim self-identification, non centralized organisation to target, etc.). To address this problem, Facebook and Twitter were employed as recruitment platforms. There has been a growing body of evidence to support the use of social media to collect data for nonprobability samples (Schneider & Harknett, 2019).

Recruitment for the current study used the social media platforms Facebook and Twitter. Facebook recruitment was shared on the Dr. Bernes Lab Facebook group page. From here a snowball sampling tactic was engaged in as people were encouraged to share

the posting. Additionally, the moderators from men and father family support groups were contacted and asked to share the posting. These groups are present in each province and territory in Canada and each of them were invited to share the posting. All of the groups across Canada posted the recruitment poster at least once.

Amazon's Mechanical Turk (MTurk)

Online crowdsourcing has become a useful and expedient way to collect social science data (Buhrmester et al., 2018; Hara et al., 2018). Crowd sourcing is a process of collecting data using an online platform to access an open marketplace where researchers can engage the general population to participate in research while being compensated for their time (Buhrmester et al., 2018). In 2005 Amazon introduced a crowdsourcing platform called Amazon's Mechanical Turk (MTurk) (Paolacci et al., 2010) and since then the use of MTurk as a data source has proliferated throughout academia (Buhrmester et al., 2018). The data retrieved from MTurk has been demonstrated to be high quality that meets or exceeds the psychometric standards set by alternate sources (Buhrmester et al., 2011). Further, attention and validity checks indicate that MTurk workers demonstrate higher attentiveness than traditional data collection samples (Hunt & Scheetz, 2019)

Academic debate regarding the generalizability of convenience sampling has long been a topic of contention (Sears, 1986). Much of the data collected in the social sciences has used convenient university student samples, often housed within the faculty of social sciences, specifically university students in psychology classes. This body of research has been criticized for drawing conclusions about human behaviour from a homogenous sample (Sears, 1986). Critics point out that making broad general statements about

human nature and behaviour based on the data from Western, Educated, Industrialized, Rich, and Democratic (WEIRD) populations may be an overreach (Henrich et al., 2010). They further question the external validity of drawing cross-cultural conclusions based on these homogeneous samples (Henrich et al., 2010).

Given the proliferation of technology and the internet, online crowdsourcing may be one avenue to address the homogeneity of university samples. However, MTurk and crowdsourcing has limitations as well. One such limitation is access to the internet; the population that is accessed by MTurk not only had access to the internet, there is also a level of technology and internet fluency that is required to run MTurk. Additionally, access to the internet is not ubiquitous around the world, therefore this access requires a level of industrialization and wealth, not shared evenly on a global scale. As such, this population may be more reflective of the WEIRD population (Henrich et al., 2010). Even with these limitations, research indicates that the data retrieved when using MTurk is more diverse across levels of education, gender, and socio-economic status than university samples (Buhrmester et al., 2011).

Recruitment for the current study included posting the recruitment advertisement as a Mturk human intelligence task. The task was posted for seven days and expired after the allotted time. Each participant was compensated 3$ within 24-hours of completing the task.

Measures of Mental Health Correlates

The Generalized Anxiety Disorder – 7 (GAD-7) (Spitzer et al., 2006)

The GAD-7 is a widely used and validated 7-item brief self-report measure to screen for generalized anxiety disorder. The GAD-7 demonstrates excellent internal

consistency, α =.92. Test-retest reliability is also good (intraclass correlation = 0.83).

Procedural validity has been demonstrated by comparing scores derived from the self-repot scales and mental health professional administered versions of the same scales (intraclass correlation = 0.83). Demonstrating good convergent validity, the GAD-7 correlates to both the Beck Anxiety Inventory (Beck et al., 1988) ($r = 0.72$) and the anxiety subscale of the Symptoms Checklist-90 (Derogatis & Unger, 2010) ($r = 0.74$). The GAD-7 is scored on a 4-point Likert scale (0 – *not at all* to 4 – *nearly every day*). Sensitivity and specificity exceed 0.80 at a cut point of 10 or greater; as the cut point increases, specificity increases, and sensitivity decrease in a continuous fashion. This self-report measure consistently demonstrates a single factor structure (Löwe et al., 2008; Spitzer et al., 2006). The GAD-7 was normed on both a male and female sample of varied ages in the general population (Löwe et al., 2008). The data from this measure can be collated into categorical frequencies, where the cut points of mild, moderate, and severe anxiety are 5, 10, and 15, respectively. For the purposes of frequencies this method of scoring was employed; however, continuous data was retained for all other analyses.

The Patient Health Questionnaire-9 Item (PHQ-9) (Kroenke et al., 2001)

The PHQ-9 is a 9-item self-report measure that is the depression module of the full scale PHQ. The cut point of 5 or more suggests the presence of major depressive disorder. Other levels of depression are suggested when 2, 3, or 4 of the symptoms /items have been present in the last two weeks. The symptom rating scales increase in 5-point intervals (e.g., 0-4, 5-9, etc.). However, one item ("thoughts that you would be better off dead or of hurting yourself in some way") suggests depression regardless of the time

frame. The cut point for major depressive disorder, and the other levels of depression, were established by mental health professional structured psychiatric interviews. The severity of the scale ranges from 0-27, with the responses ranging on a 4-point Likert scale (0 – *not at all* to 4 – *nearly every day*). Construct validity was assessed by analyzing functional status, including data collected over 5 physician visits (e.g., disability days, symptom related difficulty, etc.). Internal reliability is good with a Cronbach's alpha score of 0.89. Test-retest was also good with a correlation of 0.84 over a 48-hour retest interval. A strength of this measure is its demonstrated sensitivity to changes over time. Compared to alternate well-validated standardized depression measures, such as the Beck Depression Inventory – II (Beck et al., 1996) and the Hamilton Rating Scale for Depression (Montgomery & Asberg, 1979), the GAD-7 offers sensitivity to change over time and brevity, respectively. The PHQ-9 has been applied broadly and is indicated for use among the general population. The data from this measure can be collated into categorical frequencies, where the cut points of minimal, mild, moderate, moderately severe, and severe depression are 4, 9, 14, 19 and 27 respectively. For the purposes of frequencies this method of scoring was employed; however, continuous data was retained for all other analysis.

The CAGE questionnaire (Ewing, 1984)

The CAGE questionnaire is a self-report measure used to detect alcohol misuse (see Appendix D). This measure contains four dichotomously (yes/no) scored items; each of the letters in CAGE represent one of the items (e.g., C is representative of the item, have you ever felt you ought to Cut down on your drinking?). The measure has a specificity of 89% and a sensitivity of 85% for detecting alcohol misuse (Bush et al.,

1987). Research indicates that a cut-off criterion of two positive responses provides good alcohol use/misuse discrimination (MacKenzie et al., 1996). As such, the current research will follow the guideline of using a two positive response cut-off criterion for potential problematic alcohol use.

Measures of IPV

The Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996)

The CTS2 is a self-report measure, which measures the extent to which conflict such as psychological or physical incidents between partners that are dating, cohabitating, or married occurs. Aligning with previous literature (Hines & Douglas, 2010) the negotiation subscale will not be included in the current research. Additionally, to mirror the items included in research conducted by Hines et al., (2015) an item from the sexual coercion minor scale (My partner made me have sex without a condom) was also excluded. The removal of this item is common (Shorey et al., 2011), as the responses vary depending on whether alternative forms of birth control are employed within the relationship. Thus, a total of 32 items were included from the CTS2.

The CTS2 is comprised of five subscales (four of which were included), which demonstrate good reliability. Psychological aggression ($\alpha = 0.79$) is divided into minor and major severe subscales and is conceptualized as verbal and nonverbal aggressive acts, for example, stomping out of a room. Physical assault ($\alpha = 0.86$) is divided into minor and major severe subscales described by physical assault by a partner.

When revising the conflict tactics scale two new subscales were included and both are divided into minor or major severe subscales. Sexual coercion ($\alpha = 0.87$), defined as acts that intend to coerce a partner into unwanted sexual acts; and injury ($\alpha = 0.95$),

defined as pain or injury, caused by the partner, requiring medical care or pain lasting longer than a day.

Participants are asked to rate the frequency of psychological or physical incidents by indicating on a 7-point scale how frequently various tactics used within the intimate relationship, 0 = never; 1 = 1 time; 2 = 2 times; 3 = 3–5 times; 4 = 6–10 times; 5 = 11–20; 6 = more than 20 times; 7 = did not happen in the previous year but has happened in the past. The CTS2 allows for the referent time-period to be adjusted to the relevant time of inquiry, such that the participants who do not currently experience IPV can endorse category 7, which indicates that they have had a history of experiencing the item in the past. In this vein, the CTS2 also allows for categorical data to be extracted from the items, creating dichotomous yes-no (yes = 1, 2, 3, 4, 5, 6, 7, no = 0) variables indicating whether the participants have experienced IPV at all.

The CTS2 has been criticized for not assessing power and control as a unique type of IPV (Jung et al., 2018). Aligning with previous male inclusive IPV research (Hines & Douglas, 2010), nine items from the Psychological Maltreatment of Woman Inventory (PMWI) (Tolman, 1995) were be added to the CTS2 (Hines et al., 2015). The items pulled from PMWI address controlling behaviours, which may address the criticisms that this element has been excluded from the CTS2. However, previous factor analysis revealed that these items create a unique factor separate from psychological aggression items included in the CTS2 (Hines et al., 2015). The CTS2 was designed to be used to assess conflict within intimate relationships, as such there is self perpetration and other perpetration reporting; however, because the current study is focusing on the experience

of being a victim of IPV, for the purpose of current study, the self reporting of perpetration were excluded from analysis.

Legal and Administrative Aggression Scale (LA) (Hines et al., 2015)

The LA is a self-report measure that assesses the level of legal and administrative aggression within the framework of an intimate partner relationships (see Appendix E). Similarly, to the CTS2, this measure is designed to assess the self-reported victimization and perpetration of IPV.

The LA is divided into two components. The first component, the threatened scale, is a 12–item scale that is intended to be an add-on to the CTS2 and is used in conjunction with the CTS2. These items address how often partners threatened to engage in aggressive legal and administrative behaviours (e.g., threaten to make false accusations to authorities that the partner physically or sexually abused the children) and is scored the same manner as the CTS2 (see above). This scale is scored by frequency, but similar to the CTS2, the LA can also be converted into dichotomous yes/no (yes = 1, 2, 3, 4, 5, 6, 7, no = 0) variables for analysis. The second component, the actual aggression scale, addresses whether the threatened aggression was ever carried out (e.g., made false accusations to authorities that the partner physically or sexually abused the children). This component of the measure is scored dichotomously (yes = 1, no = 2).

Psychological Maltreatment of Women Inventory (PMWI) (Tolman, 1995)

In line with previous research by Dr. Hines (e.g., 2014, 2015) nine items from the PMWI posited to represent control (e.g., My partner prevented me from seeing my friends or family,

my partner did not allow me to leave the house) were included in the item pool. The PMWI is well established; however, the nine-items pulled have not been validated independent of the entire measure.

Procedure

Participants completed a 136–item survey that took approximately 20 minutes to complete. The survey included demographic items, three mental health measures (i.e., CAGE, GAD-7, and PHQ-9), a measure of relationship conflict tactics (inclusive of the items from the PMWI), and a measure of legal aggression. The online survey was hosted on two platforms. The first platform was Mturk, which uses crowdsourcing to manage the supply and demand of Human Intelligence Tasks (Paolacci et al., 2010). The second platform was social media, specifically Facebook and Twitter. A snowball recruitment campaign was employed on these platforms. To achieve this the researchers contacted moderators of various Twitter and Facebook support groups for men who experience IPV. All participants must have provided online consent before proceeding to the survey.

CHAPTER 4 Analysis

Analytic Plan

Data Cleaning

Participants were excluded from subsequent analyses if they evidenced more than 33% missing responses. Additionally, in line with the CTS2 and LA scoring instructions, missing values were replaced with the mean of the other items on the scale if participants answered at least 66% of the items. Nonetheless, only one case met this criterion and as such the impact of missing data on factor analysis was considered minimal.

Multivariate Tests of Normality

Normality was run to determine the distribution of the data. Normality was a precursor to the subsequent analyses chosen. Normality was determined from the collective findings across three tests of normality. The normality function in the DFA.CANCOR package (O'Connor, 2020) in R statistical software was used to assess normality of the data. Within the literature it is encouraged that where possible best practice indicates the use of multiple tests of normal distribution among data (Flegel & Bennett, 2020). In line with this, three tests of normality were included: the Henze-Zirkler, the Royston, and the Doornik-Hansen.

The Henze-Zirkler test (1990) is a multivariate test for normality that is considered a consistent approach (Flegel & Bennett, 2020). Such that, the Henze-Zirkler has been mathematically demonstrated to consistently reject non-normal multivariate distributions. Criteria for assessment of this test includes testing for type I and II errors. The Henze-Kirzler test statistic is the measured distance between the observed and hypothesized distribution, where the function is non-negative (Mecklin & Mundfrom, 2005). For the test to be consistent, the observed data must have multivariate normality and the function must equal zero. While no single test of multivariate normality is superior in all situations, the consistency of the Henze-Kirkler test supports its recommendation as the formal test of multivariate normality. Indeed, in a situation where multiple multivariate normality tests are not appropriate, the Henze-Kirkler is the recommended test for multivariate normality (Mecklin & Mundfrom, 2005).

The Doornik-Hansen (2008) test of multivariate normality is an omnibus test of normality which uses kurtosis and skewedness rooted in Bowman and Shenton (1975).

Strengths of the Doornik-Hansen test include controlling for sample size, utilizing samples as small as ten observations. In this way the Doornik-Hansen test of normality provides a reliable assessment of multivariate normality in small samples.

Finally, the Royston (1992) multivariate test of normality is based on the Shaprio-Wilk's (1965) test statistic (*W*) wherein the *W* statistic undergoes a normalizing transformation so that the *p* statistic can be easily computed. This test is argued to be easy to calculate and is applicable to any sample size greater than three. For a thorough assessment of normality all three of these multivariate tests of normality were employed and test statistics are included in the results section.

Frequency

Grouped frequencies were conducted to assess whether the trend of alcohol misuse that is demonstrated to be prevalent among male perpetrators of IPV is also prevalent in male victims of IPV. This analysis was also run to assess the prevalence and severity of each of the IPV factors (e.g., psychological, sexual, etc.) in a male victim sample. Additionally, to assess if trends of high rates of anxiety and depression in female IPV victims were reflected in a male victim sample, the continuous scores of the mental health measures were grouped into categorical severity groups and then reported as frequencies.

Bivariate Correlations

To assess correlations between IPV typologies and mental health measures, Spearman Rho rank correlation coefficients (Spearman, 1910) were computed, which is equivalent to Pearson's correlation coefficient (Pearson & Filon, 1897) such that it assesses the relationship between to variables. However, Spearman Rho correlations are

preformed on ranked or ordinal data, rather than on raw data (Puth et al., 2015). It assesses the monotonic, but not necessarily linear, relationships between two variables and in this way can be used to assess nonparametric data. A perfect Spearman Rho correlation has a value of +1 or -1 depending on the positive or negative correlation between the variables. In this way, a +1 Spearman Rho correlation coefficient represents a perfect monotone function, whereas a -1 Spearman Rho correlation coefficient represents fully opposed observations in the data (Puth et al., 2015).

For the current study, the standard significance of $p = .05$ was employed to assess significance. There is a large body of literature that indicates that IPV is strongly correlated with depression (e.g., Bacchus et al., 2018; Beydoun et al., 2012) and anxiety (e.g., Lagdon et al., 2014). In line with this, the hypotheses for the Spearman Rho correlations were that all of the subscales of IPV would correlate with each other and with each of the mental health measures, and that the mental health measures would correlate with each other and all the subscales of IPV. As such, all the Spearman Rho correlations were conducted using a 1-tail test.

Exploratory Factor Analysis

Dimensional analytic procedures assessed the latent factor structure among the pool of items reflecting IPV (measured by the CTS2), control (measured by the PWMI), and legal aggression (measured by the LA). The factor structure was determined based on converging evidence across multiple analytic procedures. Parallel analysis (Horn, 1965) was run using the RAWPAR function in the EFA.dimensions package (O'Connor, 2020) in R statistical software. Parallel analysis was conducted by comparing the eigenvalues from a correlation matrix of at least one set of randomly ordered variables

and the eigenvalues from a correlation matrix computed from actual data with an equal

sample size (Zwick & Velicer, 1986). This is calculated by first computing the

eigenvalues from the actual data correlation matrices and then for each of the random

data sets. The actual eigenvalues are aligned next to the randomly generated eigenvalues.

Baseline comparisons are drawn from both the eigenvalues corresponding with the 95th

percentile of the distribution and the mean eigenvalues of the random eigenvalues. Using

this, factors were retained if the actual eigenvalue was greater than the 95th percentile

eigenvalue and the mean eigenvalue of the random data (O'Connor, 2000; Zwick &

Velicer, 1986). Parallel analysis yields statistically based factor solutions rather than

other strategies that produce factor solutions based on mechanical rules of thumb (e.g.,

scree plots [Cattell, 1966], Chi-square significance plots [Bartlett, 1950, 1951]).

In addition, the ROOTFIT program in the EFA.dimensions package (O'Connor,

2000) was used to compute fit coefficients for *N*-factor solutions in exploratory factor

analysis. The ROOTFIT function produces absolute fit coefficients; the root mean square

residual (RMSR) and the goodness of fit index (GFI) to assess the overall model fit.

Representing the average squared difference between the observed and estimated model

variances and covariances, the RMSR (Jöreskog & Sörbom, 1981) is a residual-based

index of model fit; good fitting models are specified by RMSR values less than or equal

to .08 (Hu & Bentler, 1999). The GFI fit coefficient (Jöreskog & Sörbom, 1989) is a

measure of the proportion of variance in the observed covariance matrix accounted for by

the estimated model covariance matrix; GFI coefficients range from 0 to 1, good model

fit is indicated by values greater than (or equal to) .95 (Bentler, 1983).

Exploratory Structural Equation Modelling

Exploratory Structural Equation Modeling (ESEM; Marsh et al., 2009) was conducted using the lavann package (Rosseel, 2012) in R to further assess the dimensional structure underlying the current item pool. ESEM simultaneously incorporates the advantages of exploratory factor analysis (i.e., cross-loadings are permitted) and the goodness-of-fit or multigroup models of confirmatory factor analysis. ESEM has the further advantage of managing complex measurement models. ESEM has been shown to generally improve model fit and reduce inter-factor correlations, which in turn have been associated with improvements in discriminant validity between factors (Tóth-Király et al., 2017).

In the current study, an ESEM model was specified with 2- to 6-factors and a final factor model was determined by findings reflecting the most parsimonious factor solution across the factor analytic procedures. The ESEM factor model was then fit to the data using the model-fit-statistics of confirmatory factor analysis from the lavaan package in R.

Results

Descriptive Statistics of the Sample (Table 1.)

Demographic information (i.e., age, education, location, etc.) for the study sample were reported in Table 1. Participants included 185 males with approximately half of the sample below the age of 40, and the largest age range falling between 41 and 45 years of age ($n = 35$). The study survey was deployed across Canada and included only Canadian men, with 67% of the participants living in Alberta and Ontario. Much of the sample reported an education level above high school ($n =165$), with the largest portion having

completed trades school ($n = 51$). Further, nearly 40% of the sample reported their annual income to be over $80,000 per year.

The participants were asked to keep the relationship that they identified as being abusive in mind when they answered the questions pertaining to their experience of IPV. In this vein, the majority of participants ($n = 128$) reported having children with the person who was identified as having crossed the participants' boundaries. The participants reported their relationship length to vary from six months to over 20 years, with the largest group ($n = 53$) reporting a relationship length of between one to three years and only 25 reported still being in the relationship at the time of the study.

Table 1.
Demographics

	Participants ($n = 185$)		
	Social Media	MTurk	Total
Age			
18 -25	7	7	14
26 -30	24	7	31
31 -35	19	11	30
36 -40	24	3	27
41 -45	29	6	35
46 -50	21	3	24
51 -55	14	0	14
56 -60	3	0	3
61 -65	3	2	5
65+	1	1	2
Education			
Elementary School	2	0	2
High School	32	1	33
First-Year University	5	1	6
Second-Year University	6	4	10
Third-Year University	4	2	6
Fourth-Year or Higher University	3	2	5
Completed a University Degree	21	18	39
Current Student or having completed Trade School	48	0	51
Current Student or having completed a Graduate Degree	8	7	15
Current Student or having completed a Professional Degree	15	2	17
Province			
British Columbia	28	7	35
Alberta	64	1	65
Saskatchewan	2	0	2
Manitoba	5	0	5
Ontario	38	21	59
Quebec	1	5	6
Newfoundland and Labrador	3	0	3
Prince Edward Island	0	1	1
New Brunswick	1	1	2
Nova Scotia	2	4	6
North West Territories	1	0	1
Yukon	0	0	0
Nunavut	0	0	0
Household Income			
Less than $30,000	24	4	28
$30, 000 - $50, 000	30	5	35
$50, 001 - $80, 000	37	16	53
$80, 001 - $120, 000	31	10	41
More than $120, 000	23	5	28

The Prevalence Rates of Mental Health Correlates in IPV Male Victims

The following section will present the prevalence rates of the IPV typologies and mental health correlates in a male IPV victim sample.

Subscales of IPV (Table 2). Each of the IPV subscales were endorsed by the population sample. The highest endorsed subscale of IPV was psychological aggression where 97.9% of the participants reported being a victim of this type of IPV. Additionally, 86.9% of the sample reported having been a victim of physical violence. This pattern of seeing lower rates of physical violence compared to psychological abuse reflects current literature (Tsui, 2014). This may be affected by multiple factors, for example, given that psychological abuse is imbedded into physical abuse, it is difficult to tease psychological abuse apart from physical abuse. Further, in general, males have a larger stature than females, therefore, physical violence may be deemed ineffective as a method of attacking male partners.

In this vein, rates of injury (58.6%) and sexual aggression (52.4%) are also lower than factors that engage control, such as actual legal aggression (64.3 %), threatened legal aggression (69.7%), and control (88.3%). Interestingly, with the exception of physical assault, across the data, physical forms of violence were reported to be experienced less than all the psychological forms of abuse. This may be due to the perceived efficacy of inflicting pain, such that females may find it more effective to use psychological forms of abuse than physical abuse.

Table 2.
Types of IPV Experienced

	% of participants	
Types of IPV	Yes	No
Sexual Aggression	52.4	47.6
Injury	58.6	41.4
Psychological Aggression	97.9	2.1
Physical Assault	86.9	13.1
Control (PMWI)	88.3	11.7
Legal Aggression – Threatened	69.7	30.3
Legal Aggression – Actual	64.3	35.8

Mental Health Measures (Table 3). Using the recommended cut-points for the PHQ-9 (Kroenke et al., 2001), 85% of the participants reported symptoms consistent with depression that is considered mild to severe depression. Mild depression was reported by the largest percent (30%) of the sample, whereas the other categories evidenced a range of participants that were identified as experiencing symptoms consistent with depression (moderate depression: 23%; moderately severe depression: 19%; and severe depression: 15%).

Participants ranged from minimal to severe anxiety on the GAD-7 (Spitzer et al., 2006). Of the men included in the sample, 86% report anxiety that was categorized as mild through severe. Mild anxiety was most often endorsed, with 38% of the participants falling into this category. Another 26% were identified as having moderate anxiety, and 20% of the sample was identified as having severe anxiety.

Using the cut-point of two or more affirmative responses for the CAGE (Ewing, 1984), it was found that 29% of the participants may be misusing alcohol. This result suggests that perhaps the rates of alcohol use identified in male perpetrators may not be mirrored in male victims. In sum, much of the sample was experiencing symptoms consistent with significant depression and anxiety at the time of the study, but only one third of participants indicated some potential misuse of alcohol. Reasons that we did not

find a significant correlation between alcohol use and depression and anxiety will be
further discussed in Chapter five, under the heading Research Question One.

Table 3.
Mental Health Measures

		Participants		
	Total Score	Social Media	MTurk	Total
CAGE (*n* = 171)				
Potentially Problematic Alcohol use	0 – 1	33	18	51
Unlikely Problematic Alcohol Use	2 – 4	99	21	120
PHQ-9 (*n* = 171)				
Minimal Depression	0 – 4	17	8	25
Mild Depression	5 – 9	34	13	47
Moderate Depression	10 – 14	29	12	41
Moderately Severe Depression	15 – 19	27	6	33
Severe Depression	20 – 27	25	0	25
GAD-7 (*n* = 174)				
Minimal Anxiety	0 – 4	18	7	25
Mild Anxiety	5 – 9	47	19	66
Moderate Anxiety	10 – 14	34	11	45
Severe Anxiety	15 – 21	36	2	38

Note. The difference in *n* values is due to exclusion of participants scores from subsequent
analyses if they evidenced more than 33% missing responses.

The Correlational Patterns of Mental Health and IPV Typologies in IPV Male Victims

Tests of normality indicated consistent non-normal data (Henze-Zirkler, p = .00;
Royston, p = .00; and Doornik-Hansen, p = .00). Adhering to conventions for non-normal
ordinal data, bivariate correlations were conducted using a Spearman Rho correlation
coefficient (ρ) (Puth et al., 2015). Bivariate correlations between measures of mental
health and the proposed factors of IPV were conducted and the results are displayed in
Table 4. The actual legal aggression scale was excluded from bivariate correlations
because the actual scale is not on a continuous scale and as such could not be included in
this procedure. All the other IPV scales and mental health measures were included in
analysis.

In line with previous literature (e.g., Aina & Susman, 2006; Jacobson & Newman, 2017), there was a significant correlation between measures of anxiety and depression (r_s (170) = .76, p = .00) in the sample; however, deviating from the literature (e.g., Boden & Fergusson, 2011) there was no significant correlation between potential alcohol misuse and depression (r_s (138) = .07, p = .21) or anxiety (r_s (138) = .02, p = .49) (See Table 4). There is a need for a deeper understanding of the relationship between alcohol misuse and IPV victimization. Future endeavours likely should include being parent as a moderating variable between alcohol misuse and IPV victimization. This will be explored further in the alcohol section in the discussion.

As predicted, significant correlations were also found between measures of anxiety and depression and various IPV types. Threatened legal aggression was significantly correlated to depression (r_s (144) = .30, p = .00) and anxiety (r_s (143) = .33, p = .00), but not to potential alcohol misuse. Additionally, both depression and anxiety were correlated to the items from the PMWI scale that is suggested to measure control. Specifically, depression correlated highest with LA and PMWI. This supports previous literature which posits that depression is most often experienced by those who are victims of IPV, which is rooted in control (Coker et al., 2002). Anxiety was also strongly correlated to psychological aggression (r_s (143) = .24, p = .01) and the correlation between depression and psychological aggression was approaching significance (r_s (144) = .16, p = .06). However, depression and anxiety were not significantly correlated with the physical types of IPV (injury, sexual aggression, or physical aggression). In line with previous literature (Spencer et al., 2019), potential alcohol misuse was not correlated with being the victim any of the types of violence for the male sample.

Between the types of violence, sexual aggression was least likely to be significantly correlated to the other types of violence. Indeed, sexual aggression was only significantly correlated to the injury (r_s (145) = .36, p = 00), physical assault (r_s (145) = .41, p = .00), and control (PMWI) (r_s (145) = .25, p = .00) subscales. Each of the other subscales were significantly correlated to each of the other subscales of IPV. Notably, one of the strongest correlational relationships demonstrated in the current sample was between threatened legal aggression and psychological aggression (r_s (145) = .70, p = .00). Indeed, with the exception of sexual aggression, threatened legal aggression was strongly correlated to all of the other subscales of IPV.

Table 4.
Spearman Rho Correlation Matrix

		Mental Health Measures			Intimate Partner Violence Subscales					
		GAD-7	PHQ-9	CAGE	Psychological Aggression	Physical Assault	Sexual Aggression	Injury	PMWI	LA Threat
GAD-7	R_s	1.00	.76**	.02	.22**	.13	.04	.08	.34**	.33**
	P-value	.	.00	.43	.00	.06	.32	.17	.00	.00
	N	173	170	138	143	143	14	143	143	143
PHQ-9	R_s	.76**	1.00	.07	.28**	.20**	.10	.13	.32**	.30**
	P-value	.00	-	.21	.00	.01	.11	.07	.00	.00
	N	170	171	138	144	144	144	144	144	144
CAGE	R_s	.02	.07	1.00	-.04	.09	.05	.02	.07	.02
	P-value	.43	.21	-	.35	.16	.28	.42	.22	.43
	N	138	138	138	117	117	117	117	117	117
Psychological Aggression	R_s	.22**	.28**	-.04	1.00	.44**	.07	.41**	.59**	.70**
	P-value	.00	.00	.35	-	.00	.20	.00	.00	.00
	N	143	144	117	145	145	145	145	145	145
Physical Assault	R_s	.13	.20**	.09	.44**	1.00	.41**	.67**	.47**	.46**
	P-value	.06	.01	.16	.000	-	.00	.00	.00	.00
	N	143	144	117	145	145	145	145	145	145
Sexual Aggression	R_s	.04	.10	.05	.07	.41**	1.00	.36**	.25**	.09
	P-value	.32	.11	.28	.20	.00	-	.00	.00	.15
	N	143	144	117	145	145	145	145	145	145
Injury	R_s	.08	.13	.02	.41**	.67**	.36**	1.00	.45**	.56**
	P-value	.17	.07	.42	.00	.00	.00	-	.00	.00
	N	143	144	117	145	145	145	145	145	145
PMWI	R_s	.34**	.32**	.07	.59**	.47**	.25**	.45**	1.00	.59**
	P-value	.00	.00	.22	.00	.00	.00	.00	-	.00
	N	143	144	117	145	145	145	145	145	145
LA - Threat	R_s	.33**	.30**	.02	.70**	.46**	.09	.56**	.59**	1.00
	P-value	.00	.00	.43	.00	.00	.15	.00	.00	-
	N	143	144	117	145	145	145	145	145	145

Note. ** Correlation (R_s) is significant at the 0.01 level (1-tailed).

The Factor Analysis Results including the CTS2, LA, and PMWI Items

The following section will discuss the results from the EFA procedure and the factor extraction decisions. This is followed by the results from the ESEM procedures.

Exploratory Factor Analysis. Using the RAWPAR function in the EFA.dimensions package (O'Connor, 2000) in R, parallel analysis (Horn, 1965) was conducted to explore the factor structure underlying the pool of items purported to reflect accepted types of IPV (CTS2) and items posited to reflect novel types of IPV (LA and PMWI). The factors were extracted using principal components analysis. Only the first three eigenvalues generated from the actual data were larger than the mean and 95th percentile eigenvalues generated from the random data (see Table 5); thus, a three-factor model was extracted from the data.

Table 5. *Eigenvalues from Parallel Analysis of the Actual and Random Data*

No. of Factors	Actual	Mean	95th Percentile
CTS2 with the inclusion of the LA and items from the PMWI			
1	22.37	2.32	2.45
2	5.30	2.17	2.14
3	2.21	2.05	2.03
4	1.74	1.96	2.03
5	1.59	1.88	1.94

Note. Eigenvalues for parallel analysis were computed via RAWPAR in the EFA.dimensions package in R (O'Connor, 2000).

To further elucidate dimensionality, the ROOFIT function in the EFA.dimensions package (O'Connor, 2020) was used to calculate fit coefficients for factor solutions (2, 3, 4, 5, and 6 factor solutions). The first seven factors produced eigenvalues greater than 1, as per Kaiser's criterion (see Table 6). Factors two through seven produced adequate fit coefficients with RMSR values $\leq .08$ (ranging from .07 - .03) and GFI values $\geq .95$

(ranging from .98 - .99); however, the first factor did not generate an RMSR (.12) and

GFI (.93) value that fell into the acceptable range. Together, using Kaiser's criterion,

these findings support multidimensionality. There was no change in the GFI from two to

four factors (.99 - .99). There was negligible improvement in RMSR from two to four

factors (.07 - .05). Ultimately, three factors were extracted because it presented the most

parsimonious solution to the data, the eigenvalues are highest for the first three factors,

and this factor solution was also supported by the parallel analysis.

Table 6. *Fit Coefficients for the CTS2, LA, and PMWI items*

			Fit Coefficients	
No. of Factors	Eigenvalue	Variance Explained (%)	RMSR	GFI
1	22.37	47.60	.12	.93
2	5.30	11.28	.07	.98
3	2.21	4.70	.06	.99
4	1.74	3.70	.05	.99
5	1.59	3.38	.04	.99
6	1.32	2.81	.03	.99
7	1.09	2.32	.03	.99

Note. Computations for Factor fit coefficients were conducted using the ROOTFIT function in the EFA.dimensions package in R (O'Connor, 2000); RMSR = root mean square residual; GFI = goodness of fit index.

Generally, factors one and two were defined by the items from the CTS2 (factor

1: r = .35 - .85; factor 2: r = .22 - .78) and factor three was largely defined by items on

the LA and PMWI (factor 3: r = .32 - .88) (see Table 8 for more information). For factor

one the three highest loading items were CTS49 (My partner burned or scalded me on

purpose; r = .85), CTS11 (My partner used force [like hitting, holding down, or using a

weapon] to make me have oral or anal sex; r = .84), and CTS63 (My partner used threats

to make me have sex; r = 82). Factor one was largely comprised of items that have been

classified as severe in the CTS2 (Straus et al., 2003); however, two items (CTS41 [My

partner insisted on sex when I did not want to but did not use physical force; r = .59] and

CTS51 [My partner insisted I have oral or anal sex but did not use physical force; $r =$ .65]) classified as minor in the CTS2 loaded higher onto factor one than factor two items. Given the content of each of these items, the shift from minor to severe factor may be due to how men interpret the severity of sexual coercion and violence. Additionally, PMWI15 (My partner prevented me from getting needed medical care; $r = .67$) loaded highest onto factor one. This may also be due to how men perceive the content of this item. Such that, they may consider this act to be rooted in control, which tends to reflect more egregious act of violence (Muehlenhard & Kimes, 1999).

For factor two, the three highest loading items were CTS35 (My partner grabbed me; $r = .82$), CTS43 (My partner slapped me; $r = .78$), and CTS7 (I had a sprain, bruise, or small cut because of a fight with my partner; $r = .78$). Contrasting factor one, factor two is largely comprised of items classified as minor on the CTS2 (Straus et al., 2003). In this way, the factor structure of factors one and two mirror the minor and severe classification system outlined in the CTS2 (Straus et al., 2003); however, two items (CTS9 [My partner pushed or shoved me: $r = .75$] and CTS33 [My partner beat me up: $r = .52$]) that are classified as minor in the CTS2, loaded highest onto factor one. The shift in these items to more closely align with items that represent the minor classification may be due to nature of gendered physical violence, such that men may not interpret being shoved, pushed, or beat up by their female partners as severe.

Recall, the CTS2 first divides the items into factors (e.g., sexual violence, injury, etc.), then divides the factors into minor and severe categories (Straus at el, 2003). The content of the factors tend to fall into three themes: severe (factor 1), minor (factor 2), and legal aggression /control (factor 3). The three-factor structure extracted is supported

by the factor solution provided by theoretical underpinnings and the minor /severe classification of each of the items in the CTS2 and the addition of the items from the PMWI and the LA.

Exploratory Structural Equation Modeling. As an alternative method for exploring the underlying latent structure of the item pool, ESEM was conducted using the lavaan package (Rosseel, 2012) in R. Although, a three-factor model was extracted, similar to running the parallel analysis procedure, 2- through 6-factor solutions were run and explored. Similar to parallel analysis, the three-factor model was the most parsimonious, thus only the results of the three-factor solution were subsequently reported. Converging the findings from parallel analysis and ESEM a three-factor model was extracted (see Table 7).

Table 7. *Exploratory Structural Equation Model 3-factor model*

	Estimates		
Revised Conflict Tactics Scale (CTS2)	1	2	3
My partner insulted or swore at me. (CTS1)	-	.41	-
My partner threw something at me that could hurt. (CTS3)	-	.65	-
My partner twisted my arm or hair.	-	.36	-
I had a sprain, bruise, or small cut because of a fight with my partner	-	.77	-
My partner pushed or shoved me.	-	.75	-
My partner used force (like hitting, holding down, or using a weapon) to make me have oral or anal sex.	.84	-	-
My partner used a knife or gun on me.	.76	-	-
I passed out from being hit on the head by my partner in a fight.	.81	-	-
My partner called me fat or ugly.	-	.22	.47
My partner punched or hit me with something that could hurt.	-	.75	-
My partner destroyed something belonging to me.	-	.45	.51
I went to a doctor because of a fight with my partner.	.53	-	-
My partner choked me.	.55	-	-
My partner shouted or yelled at me.	-	.48	-
My partner slammed me against a wall.	.52	-	-
I needed to see a doctor because of a fight with my partner, but I didn't.	.60	-	-
My partner beat me up.	-	.52	-
My partner grabbed me.	-	.82	-
My partner used force (like hitting, holding down, or using a weapon) to make me have sex.	.78	-	-
My partner stomped out of the room or house or yard during a disagreement	-	.43	-
My partner insisted on sex when I did not want to (but did not use physical force).	.59	-	-
My partner slapped me.	-	.78	-
I had a broken bone from a fight with my partner.	.74	-	-
My partner used threats to make me have oral or anal sex	.80	-	-
My partner burned or scalded me on purpose.	.85	-	-
My partner insisted I have oral or anal sex (but did not use physical force).	.65	-	-
My partner accused me of being a lousy lover.	-	.35	-
My partner did something to spite me.	-	.26	.47
My partner threatened to hit or throw something at me.	-	.62	-
I felt physical pain that still hurt the next day because of a fight with my partner.	-	.69	-
My partner kicked me.	-	.63	-
My partner used threats to make me have sex.	.82	-	-
Psychological Maltreatment of Women Inventory (PMWI)			
My partner threatened to harm someone close to me.	-	-	.51
My partner prevented me from knowing about or having access to the family income.	-	-	.46
My partner prevented me from seeing my friends or family.	-	-	.55
My partner restricted my use of the car.	-	-	.41
My partner restricted my use of the telephone.	-	-	.36
My partner monitored my time and made me account for my whereabouts.	-	-	.54
My partner did not allow me to leave the house.	-	-	.38
My partner prevented me from getting needed medical care.	.67	-	.32
My partner followed me to check on what I was doing.	-	-	.35
Legal and Administrative Aggression Scale (LA)			
My partner threatened to make false accusations to authorities that I physically or sexually abuse her.	-	-	.65
My partner threatened to make false accusations to authorities that I physically or sexually abuse the kids.	-	-	.65
My partner threatened to leave me and take the kids away.	-	-	.73
My partner threatened to leave me and take all of the money and possessions.	-	-	.77
My partner threatened to ruin my reputation at work.	-	-	.88
My partner threatened to ruin my reputation in the community.	-	-	.78

Note. Factor estimates were computed using the lavaan package (Rosseel, 2012) in R. Highest loadings are indicated by **; bolded estimates indicate where this model diverged from the EFA factor model.

Fit indices were generated using the fit function in the lavaan package (Rosseel, 2012) and suggest an overall moderate fit to the data (CFI = .71; TLI = .67; RMSEA = .13 [upper confidence interval = .13, lower confidence interval = .12], SRMR = .06). The

moderate fit may be explained by the small sample size for the procedure and the non-normality of the data included.

Notably, all the items but PMWI17 had similar item loadings across the factors between parallel analysis and ESEM. Specifically, the PWMI17 loaded highest on factor three. By assessing the content of PMWI17 (My partner followed me to check on what I was doing), a theoretical understanding emerges such that this behaviour may be considered a more severe behaviour when evaluated by a male population. This will be discussed further in Chapter 5. The difference in item loadings were otherwise negligible between parallel analysis and ESEM across the factors (see Tables 8 and 9). Theoretical and conceptual considerations were considered in the interpretation of ESEM factors (Marsh et al., 2009). Therefore, in general the ESEM factor model supported the model created by the parallel analysis procedures. The model created lends support to the hypothesis that legal aggression and control are related, but separate factors of IPV in a male sample. Recall, previous literature posited that control is a related but separate factor from the psychological factor measured in the CTS2 (Hines & Douglas, 2010). The current analysis demonstrated that control and legal aggression may represent a unified factor that is related to, but unique from the items included in the CTS2. The content of the items included from the PMWI and the items from the LA align theoretically and seem to represent mechanisms of control in a male population.

Chapter 5 Discussion

In the present study we conducted a quantitative exploration of the experience of male victims of IPV. In line with previous IPV research we included an assessment of mental health correlates that are prevalent in the literature to assess whether the mental

health correlates in female victims of IPV is also present in male victims. We also examined the IPV typology structure in a male sample with the inclusion of a novel to Canada measure of legal aggression, inclusive of items purported to measure control. Our findings support previous literature that purposes legal aggression and control as a related but unique aspect of IPV among male victims (e.g., Hines et al., 2015; Hines & Douglas, 2010). The following chapter was organized to address each of the research questions, followed by the strengths, limitations, and future directions of the current study, and finally a general conclusion to summarize the results.

Research Question One

Our first objective was to assess the prevalence rate of the different IPV typologies (i.e., psychological violence, sexual coercion, injury, physical violence, legal aggression, and control) and mental health correlates (depression, anxiety, and alcohol misuse) in a male victim sample. This was addressed using Spearmen Rho correlations between each of the IPV typologies and mental health correlates. Correlations between these variables were primarily congruent with past research; however, notably, potential alcohol misuse and depression were not correlated. The possible explanations for this deviation are discussed under the Alcohol header of this chapter.

Sexual Violence and Injury

As expected, both sexual violence and injury were the least prevalent IPV typologies among participants in the study. This finding aligns with the gendered understanding of IPV (Lysova et al., 2019). Female to male IPV includes lower rates of injury and sexual violence, given the features typically associated with men, such that men are expected to be physically dominant which aligns with previous research (Hines

& Douglas, 2010). Due to this, injury is less likely, but certainly not impossible. This is supported by the rate of physical assault in our sample; 86.9% of our sample reported being a victim of physical assault, however only 58.6% reported sustaining an injury from physical IPV. Rates of sexual violence in a male sample may be due to the nature of how females perpetrate IPV. Social norms perpetuate the premise of toxic masculinity, in that men may be expected to be sexually dominant, whereas this expectation may not be present for females (Jewkes et al., 2015), and this may be reflected in how males perpetrate violence, as compared to their female counterparts. Due to social conditioning, sexual violence may be more accessible and, in some ways, more acceptable for men to perpetrate. Interesting, although these two types of IPV were least prevalent, both of these types of offences have judicial correlates (sexual and physical assault) that make them easier to prosecute. In terms of disclosing injury due to IPV to the authorities, the injury itself provides some evidence. Indeed, one of the most influential factors in prosecuting physical IPV is the documentation of injuries (Messing, 2014); however, if experiencing injuries due to IPV is among the least prevalent types of IPV experienced for men, then it is logical that they are not getting help.

Further, as previously noted shame and guilt impact decisions to disclose sexual IPV (Kalra & Bhugra, 2013). Based in the understanding of hegemonic masculinity, this type of IPV may be viewed as even more egregious among a male victim sample, given the suggested expectation that men be dominant over women (Jewkes et al., 2015; Mihalic & Elliott, 1997). A combination of differing female IPV perpetration strategies, such as control and manipulation, and a reluctance to report sexual violence may factor into a better understanding of why so few men report sexual violence. This reluctance is

reflected in the Canadian National Victimization Survey, where of the 2.9% of men that reported experiencing IPV, the weighted average of men that reported experiencing sexual IPV was 0% (Lysova, 2019). Even though, as demonstrated in the current study, sexual violence is a type of IPV experienced by over half of male victims of IPV. This difference may be explained by the two-step process of help seeking for men (Walker et al., 2019), such that, the men in our sample were largely recruited from men's support groups on Facebook. Given the help-seeking behaviour of these participants, they may have already moved through the two-step process and in this way be more able to report the abuse that they have experienced, especially abuse of this nature.

When attempting to get a more accurate estimate of IPV in the general population, the samples must go beyond emergency departments, crime statistics, and shelters. Due to the lower rates of injury and the reluctance to report to the authorities, men experiencing these two types of IPV will likely not be captured by sampling pulled from the typical sample pools noted above. Given the pervasive influence of patriarchal norms, sampling for these two types of IPV was difficult; however, more recent literature revealed that men may be willing to disclose IPV victimization in random sampling (Lysova et al., 2019). Given this, random sampling may be a better sampling method to elucidate male victimization. That is until society can shed the patriarchal expectations on men and the social support services that mirror female victims are in place.

Physical Violence

Much of our sample (86.9%) reported having been the victim of physical violence. However, as previously mentioned this number does reflect the number of men that reported an injury from physical IPV. Although there may not be a large percentage

of victims experiencing lasting physical impacts, psychological IPV is imbedded in physical IPV (O'Leary & Mairuo, 2001). Such that, psychological IPV is inherent to all other forms of IPV, including physical. Thus, it is reasonable to infer that there may be lasting emotional impacts from physical IPV. As such, physical violence must be taken seriously.

Psychological Violence

Psychological violence is a prevalent form of IPV (e.g., Lysova et al., 2019; Coker et al, 2002); this was reflected among our sample, with 97.9% of the sample reporting having experienced this type of IPV. This number must be interpreted with caution, however, because in insolation a few of the items may not be considered egregious to be considered IPV (e.g., my partner did something in spite of me; my partner stomped out of the room, house, or yard). If a participant endorsed any items in an IPV typology they were considered to have experienced IPV. Nevertheless, in general, our results reflect IPV trends in the literature.

Unlike sexual and physical IPV, psychological violence has the complication of not having a direct legal correlate. This makes this type of IPV much more difficult to identify, which may make it more difficult to seek help. In men, help seeking for psychological IPV is received with the same dismissive attitude as reporting physical violence to the authorities (Walker et al., 2019). If men reach out to their social support network, they often report being dismissed and invalidated. Recall again that help seeking in men is often a two-stage process (Walker et al., 2019). Given the two-step process and the unfavourable reception of such disclosures, it is understandable that even with such a high prevalence of psychological IPV, men are reluctant to help seek.

Legal Aggression and Control

To date, legal aggression and control have been minimized primarily from the focus of the CTS2. The current study built upon work to address this gap (e.g., Hines & Douglas, 2010; Hines et al., 2015). Legal aggression and IPV is noted with some frequency within the qualitative literature exploring male victimization (e.g., Hines et al., 2015; Morgan & Wells, 2016; Walker et al., 2019). A large majority of the current sample reported having been the victim of threatened legal aggression and only slightly fewer reported having experienced their partner going through with those threats. This lends support to the premise that legal aggression is a type of IPV that may be experienced by men in abusive relationships. This is a considerable finding because of the reverberating effects of this type of abuse. Indeed, all types of IPV have negative impacts on children and families; however, the goal of legal aggression is often to threaten to (or actually) systematically remove the children from the lives of the victim (Corbally, 2015; Hines et al., 2015). Therefore, there is a sense of urgency to gain a deeper understanding of the impact of legal aggression on not only the victims, but also the children involved. The parent – child contact problems and refuse /resist dynamic literature already demonstrates the negative effects of attempting to unjustly remove a parent from the lives of children (e.g., Harman et al., 2020). Examples of the detrimental effects of parent – child contact problems include disrupted social-emotional development, low self-efficacy, and lack of trust in relationships are among the many examined negative effects of malevolent parent – child interference (Kruk, 2018). Thus, this novel understanding of legal aggression as a type of IPV must be included in the conceptualization.

The CTS2 has been criticized for neglecting power and control as a unique type of IPV (Jung et al., 2018). The addition of the nine items from the PMWI seeks to address this criticism. Recall that the PMWI has been regarded as a measure of the psychological maltreatment of women, more specifically that the items extracted from the measure are argued to assess the use of control as a type of IPV (Hines & Douglas, 2010). Indeed, much of the participants in the current study reported having experienced this abuse of control. Likely, control is a type of IPV that should be recognised; however, it is important to consider the population when interpreting these results. It may be that control is a type of IPV across genders or it may be that the male experience of IPV included more control due to the tactics of abuse employed by women, such as making legal and administrative threats. Although, men and women are argued to perpetrate IPV at the same prevalence, frequency, and severity (Cho, 2012) their motives and mechanisms may vary. For example, females may use manipulation to exert control, whereas men may use physical violence to exert control. Manipulation tactics are reflected in the items included that are purported to represent control. Such as, control over their partner's time and over their relationships that are external to the intimate partnership. These findings may lend support to the hypothesis that control is an important aspect of IPV for men in abusive relationships.

Depression

There is a large body of literature that indicates that mental health is negatively impacted by IPV victimization (e.g., Coker et al., 2002; Lagdon et al., 2014; Ulloa & Hammett, 2016, etc.). Predictably, the results from the current study also lend support to the premise that being a victim to IPV has negative mental health outcomes. Indeed,

much of our sample reported symptoms consistent with depression, ranging from mild to severe. This aligns with the literature that suggests that depressive symptoms are highly correlated with being the victim of IPV (Coker et al, 2002). Specifically, these symptoms are more pronounced when the IPV is rooted in control. In the current study, depression had the strongest correlation with control and legal aggression IPV. This lends to support to the understanding that IPV rooted in control may be positively correlated with depressive symptoms. Reciprocally, these correlations bolster the hypothesis that legal aggression may be rooted in control and that the items from the PMWI and the LA reflect legitimate types of IPV.

Although the literature suggests that females experience more depression rooted in IPV (Ulloa & Hammett, 2016), the males in the current study, report frequent and severe depression. Given the high correlations between depression and the previously excluded measures (LA and PMWI), perhaps neglecting the controlling features of IPV has omitted an aspect of understanding the experience of IPV for men. More specifically, excluding control as a type of IPV, may exclude the people experiencing control as a type of IPV from IPV investigation. Which may have resulted in an underestimation of the impact of controlling IPV on rates of depression for men and help explain the high rates of depression among the current sample.

Anxiety

Similar to depression, our sample of male victims reported high levels of anxiety. Anxiety is highly correlated with all types of IPV, but the association between anxiety and psychological IPV is strongest (Velotti et al., 2020). The current study supports the premise that anxiety is strongly associated with IPV. In Canada, 10% of men experience

moderate to severe anxiety in the general population (Statistics Canada, 2021). In contrast 48% of our sample reported the same levels of anxiety. The personal and social costs of experiencing anxiety suggest that the mental health impacts of experiencing IPV must be addressed.

Alcohol

The correlation between alcohol misuse and IVP is well documented; however, the direction of the relationship and the moderating factors of gender and victimization versus perpetration has need of further investigation (e.g., Cafferky et al., 2018; Spencer et al., 2019). Recent literature has suggested that gender moderates the relationship between alcohol misuse and IPV differently for victimization than perpetration (Cafferky et al., 2018). Such that, women are more likely to misuse alcohol when they are the victims of IPV, and men are more likely to perpetrate IPV when they misuse alcohol (Spencer et al., 2019). The current study may lend support to the possibility that alcohol use is not a prevalent feature among male victims of IPV. Indeed, 29% of the sample reported alcohol misuse, which tends to align with the national average (Statistics Canada, 2019) This finding aligns with the burgeoning literature that IPV in relation to alcohol misuse differs across perpetration and victimization.

Interestingly, contrary to the literature (e.g., Allen et al., 2015; Rodgers et al., 2000), within our sample there were no significant relationships between alcohol misuse and depression and anxiety. The lack of understanding of the interaction between alcohol misuse, IPV victimization and gender (Cafferky et al., 2018) suggests that this must be interpreted with caution. However, 71% of our sample identified as having children with the person who they identify as their perpetrator; due to the acrimonious and litigious

nature of the relationships reported by our sample, alcohol use /avoidance may be at least in part influenced by fear of legal retribution. Indeed, accusations of alcohol misuse against male victims of parental alienation are reported within the literature (Baker, 2006).

Research Question Two

The second question the current study addressed explored correlations between each of the factors of IPV and mental health measures (alcohol misuse, depression, and anxiety) in a male victim sample. In line with previous literature our study supports the strong association between depressive / anxiety symptoms and IPV. A novel contribution to the literature is the significant correlation between legal aggression and control to anxiety and depression. Indeed, both anxiety and depression were correlated most strongly with legal aggression and control. These findings suggest that these two previously excluded aspects of IPV may have the detrimental mental health impacts within a male sample.

Interestingly, problematic alcohol use was not significantly correlated to any of the IPV types or to depression or anxiety. Alternatively, this is hypothesized to be due to the nature of IPV, such that the amount of control and manipulation engaged in by the partners of the men may not have allowed for excessive alcohol use. Additionally, as previously noted, alcohol use, for this population, may be influenced by the fear of legal repercussions, given the level of legal aggression engaged in by their perpetrators.

Another interesting outcome of the study was that, although sexual coercion is posited to be rooted in control and psychological aggression rather than sex or physical force (Muehlenhard & Kimes, 1999), sexual violence significantly correlated with

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physical assault, injury, and control. This may mean that for men, sexual violence is received as being both physical and controlling. In general, there is lack of understanding how men experience sexual violence. There are many reasons for this; most significantly though, may be the impact of toxic masculinity on how men perceive being a victim of sexual violence, especially from their intimate partner. Recall the two-step process of male-victim help seeking. The first step requires men to shift their self-conception of their masculinity. Given that hegemonic masculinity identifies men as being sexually dominant (Smith et al., 2015), this shift in self-perception may be much more difficult for male victims of sexual abuse and thus potentially deemed more egregious than other types of IPV for men. Therefore, a deeper understanding of the motivation for perpetration and reception of this type of IPV must be fleshed out through the lens of social norms and expectations because social norms seem to create different experiences of IPV victimization across genders.

Research Question Three

The final research question sought to explore the factor structure of the items included to discern how legal aggression and control are related to the established items from the revised conflict tactics scale. To date, there has been limited consideration of legal aggression and control as a unique factor of IPV. The current research builds upon research that proposes these elements as a unique type of IPV. This contributes to the growing body of literature that posits that the male experience of IPV may vary from the female experience. Further, that legal aggression and control may be important aspects of abuse, previously excluded from consideration. Creating a more complete picture of how

men experience IPV, the current research gives insight into how including factors of control and legal aggression may better align with their experience.

Factor analysis was conducted at the item level. Both parallel analysis and ESEM revealed a three-factor solution. Although the goodness-of-fit indices had a moderate fit, the data still support a three-factor solution. Although there is a large body of literature confirming the factor structure of the CTS2 as having five (four were included in analysis), a three-factor solution was the most parsimonious fit for the data. A possible explanation for a three-factor solution, as opposed to retaining the original four factors from the CTS, is how the items relate to the items included from the LA and PMWI. Further, the goodness-of-fit indices almost certainly were not a better fit because of the small sample size and the non-normal data.

Factor 1: Severe

In general, the CTS2 items converged on two factors. These factors appear to represent the minor and severe categories previously defined by the authors of the CTS2. Severe appears to reflect behaviours that a deemed severe IPV within the context of an intimate partnership by the male victims. Items that were included in this factor describe extreme behaviours (e.g., my partner used a knife or gun on me; my partner burned or scalded me on purpose; my partner choked me). With the exception of sexual coercion (e.g., my partner insisted I have oral or anal sex, but did not use physical force) all of the items in this factor include physically violent behaviours or the outcome of violence (e.g., my partner prevented me from getting needed medical care). Although the items generally align with the severe categorization previously outlined by the authors of the CTS2 (Straus et al., 1996), they also seem to represent items that may be evaluated as the

items that most strongly contradict their understanding of manhood as defined by toxic masculinity. Specifically, these items may be the most difficult for men to accommodate into their understanding of self.

Interestingly, two of the minor items loaded higher on to the severe factor. The content of these items give rise to a theoretical understanding (My partner insisted on sex when I did not want to [but did not use physical force], and my partner insisted I have oral or anal sex [but did not use physical force]). The sexual nature of these items may be more impactful for men, such that sexual violence is a common occurrence for women (Bradel et al., 2019). Exposure to this type of violence may be limited for many men, and this may force them to evaluate this type of behaviour to be more severe.

Additionally, an item from the PMWI loaded highly onto the severe factor. The item, my partner prevented me from getting needed medical, was included in the severe factor. It is unclear as to why this item was included in the severe factor; however, potential reasons for this include the injury language included in the item. In this way, the item may be tapping more into injury IPV, rather than control. Further investigation into male attitudes and perception of IPV to hypothesize why this item was demonstrated to more closely adhere to items reflecting severe IPV rather than control.

Factor 2: Minor

Similar to the severe factor, the minor factor was largely comprised of items that reflected the minor category. The items included in the minor factor reflect less severe behaviours such as, my partner insulted or swore at me and my partner slapped me. These items include more verbal abuse tactics and less severe outcomes of abuse. As with the severe factor, the items seem to be clustering together because they may not be evaluated

as a threat to the self-perception of masculinity within our participants. For example, being slapped by their female partner may not impact masculinity in the same way that their partner using threats to make them have oral or anal sex could.

As with the severe factor, two items categorized by the CTS2 as severe, loaded higher on the minor factor. The content for these items (My partner pushed or shoved me, and my partner beat me up) gives insight into how the experience of IPV may differ across gender. The perception of the content of these items may not be deemed severe for men. Such that men may not evaluate pushing or shoving from their female partners as a severe behaviour. Similarly, when evaluating the statement, my partner beat me up, men may not deem this behaviour a severe risk. Indeed, literature suggest that men may not even realize that they are being abused until the abuser engages in more extreme behaviours (Walker et al., 2019). This shift in items from minor to severe and visa versa, gives insight into how the experience of IPV differs across gender.

Factor 3: LA and PMWI

It is also interesting that the items from the PMWI representing control and the LA items representing legal aggression converged onto the same factor. Previous investigation into the factor structure of the LA and PMWI items, revealed two unique factors, one comprised of the LA items and one comprised of the PMWI items; however, the authors did not include the CTS2 items in the factor analysis. Therefore, the differing factor structure is likely due to how the items from the CTS2 related to the LA and PMWI items. Nonetheless, the LA and PMWI items converging on a single factor may lend support to the supposition that the LA items may tap into the aspect of control. Recall, control in terms of IPV refers to behaviours used to restrict or control the options

for the victim (Hamberger et al., 2017) From a theoretical position, this supports the theory that legal aggression may be rooted in control. Legal aggression is posited to be a mechanism of control and manipulation. Indeed, the content of the LA threatened items suggest control (e.g., my partner threatened to make false accusations to authorities that I physically or sexually abuse her). In general, the factors extracted from the items included in analysis support the consideration that control, and legal aggression are a distinct, but important type of IPV.

Clinical Implications

Within a clinical setting, the implications of this research may help to gain a deeper understanding of male-victims of IPV and of their intimate partner relationships. Most notably, the current study may lend support for the inclusion of an exploration of legal and administrative aggression and control when working with couples experiencing IPV. As previously outlined, these aspects of IPV have been largely excluded from the understanding of IPV (Hines & Douglas, 2010). Due to this, the general population may also not understand that these behaviours may, in fact, be salient and unique aspects of IPV and thus, not recognize or identify the behaviours as IPV. When working with couples experiencing IPV, clinicians may want to consider including an examination of these behaviours when exploring the violence within the relationship. In this way, the clinician may be able to gain deeper insight into the dynamics of the relationship. Further, the clinician may be able to help the couple gain insight in the potential harm of these behaviours. For example, the potential negative mental health effects due to the correlation between being victim of this type of IPV and depression and anxiety.

Additionally, the clinician may want to explore these potential mental health correlates when IPV is suspected.

To help explore these behaviours within a clinical setting, the CTS2 is designed as a tool to gauge the conflict tactics and negotiations within intimate partner relationships (Straus et al., 1996). This research lends support of the validity of the LA and the PMWI items as add-ons to the CTS2. Thus, there is potential for the use of this assessment measure within a clinical setting; although, more work on the validity of the novel add-on within couples is needed, there is the possibility that this tool may be useful for clinicians working with couples experiencing IPV.

A potential further clinical implication is a deeper insight into the burgeoning understanding of how men internalize hegemonic masculinity, which may provide guidance into how therapy may be adapted to better suit the needs of the client. More specifically, when exploring IPV, the clinician may help the client understand that these behaviours may be considered abusive and attempt to address what that means for the client, as an individual and as a partner. Further, through the lens of recognizing the impact of masculine expectations the clinician may be better prepared to reflect understanding of the client's lived experience and in this way, serve to deepen the therapeutic alliance and trust. Research suggests that a clinician skilled in the deconstruction of gendered norms facilitates an awareness of lived experience and allows for a deeper understanding of how to situate the individual lived experience within the context of society (Päivinen & Holma, 2017). In this way, gendered understanding can be a salient tool in therapy.

In general, gaining a deeper understanding of hegemonic masculinity and its impact on men and how men view themselves may help to better serve the client both as an individual and within the context of their relationship. In particular, understanding that within the context of social norms and expectations of what it means to be a man may impact men and how they view themselves and their roles within relationships. In a therapeutic setting this may translate into a better understanding of the motivations and expectations of normative gendered behaviours and may help to give insight to both parties in the relationship. Although, as supported by this research, this understanding may be particularly salient within the context of IPV.

Strengths, Limitations, and Future Directions

Strengths of this research include a non-university sample that was pulled from across the country, multiple advanced statistical procedures used to elucidate the factor structure, and the novel deployment of the LA on a Canadian sample. A common method of sample collection is to utilize the available university populations where the research is conducted (Buhrmester et al., 2011). However, this practice has been criticized for its overuse and generalizability to the general population (Henry, 2008; Sears, 1986). Specific to the current research, drawing from a participant pool beyond the scope of universities was necessary as victims of IPV are not limited to universities and extend beyond the traditional age ranges of typical student samples. This study included individuals from a general population using Amazon's Mechanical Turk and social media. Mechanical Turk is an integrated participant compensation platform (Buhrmester et al., 2011). Through this platform researchers can access diverse and expansive samples. Additionally, the inclusion of recruitment served to further expanded the

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sample. Our sample was, thus expanded by age range, education level, ethnicity, and cultural background beyond what can be expected from a Canadian university sample.

The use of multiple advanced statistical procedures was used to gain a clearer picture of trends and patterns in the data. For example, three multivariate tests for normality and two statistical procedures for factor extraction were included. In this way there was limited reliance on a single analytic procedure from which to draw conclusions. Different procedures carry different strengths and limitations; thus, it was important to find convergence in our results across analytic procedures. An additional strength was the novel deployment of the LA scale on a Canadian population. Until this study, the LA has only been used to explore the male experience of IPV in the United States. By expanding the use of the LA beyond the borders of the United States we can gain a more generalizable understanding of the male experience of IPV.

The limitations include a small sample size. Multiple factors impacted participant recruitment. First, the social norms and the general reluctance of men to self-identify as victims of IPV may have attributed largely to the hinderance in participant recruitment. Men who do not recognised themselves as abused cannot self-identify to participate in research. Second, there are few places where men can access supports in Canada. Indeed, a 2017/2018 Canadian survey found that there were zero long-term residentials facilities exclusively for men in Canada. Further, that only 15 of the 552 long-term IPV facilities were mandated to help men (Moreau, 2019). Recall, that often female IPV research recruitment occurs in support groups, shelters, and emergency departments. These places either do not exist for men or they are not utilized (i.e., emergency departments because the rate of injury is not comparable to female victims) (Brooks et al., 2020).

Further limitations include the exclusion of female participants. In hindsight, our sample should have included females for better comparison across gender. Additionally, the inclusion of females would have likely shed light on how control impacts a female sample. Finally, including a female sample for comparison purposes would have facilitated a more robust assessment of how the IPV is experienced across gender, specifically with control.

Future considerations should include a larger sample, inclusive of female victims of IPV. A potentially more productive approach would be to focus on more clearly defining the factor structure, in this way, there would be more concrete evidence that control and legal aggression is, in fact a type of IPV that should no longer be excluded from consideration.

Conclusion

Academic scholarship addressing IPV has been focused primarily on female victimization; however, there is a growing body of evidence to suggest that men experience IPV victimization differently than females and that IPV victimization is a concerning and important matter worthy of academic and social attention. The current study added to this growing body of literature by exploring the prevalence of each of the established types of IPV in a male victimized sample, including a novel type of IPV argued to better reflect the experience of IPV victimization in men. Additionally, the inclusion of mental health measures serves to validate the impact of IPV on men. Given the reluctance of men to self-identify as victims, it is imperative to validate the experiences of men that are able to disclose their abuse.

Much work is still needed to fully understand the male experience of IPV; however, the results of the current study certainly support the inclusion of legal aggression and control in future assessment of male IPV victimization. The impact of the use of the legal system to perpetrate IPV reverberates beyond the scope of the relationship and into the lives of the children and society in general. As such, this aspect of IPV is important to continue to explore and consider. Without a clear understanding of how men experience IPV and the impact on the mental health of males and the impact on the children, social supports will continue to be lacking. As such, this aspect of IPV should be explored with a sense of urgency and importance.

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Appendix A

Demographic Information

Do you identify as

☐   Male
☐   Female
☐   Other
☐ Prefer to not answer

Current age

☐ 18-25	☐ 46-50
☐ 26-30	☐ 51-55
☐ 31-35	☐ 56-60
☐ 36-40	☐ 61-65
☐ 41-45	☐ 65

Highest level of completed education

☐ Graduate degree
☐ Professional school
☐ University degree (completed)
☐ Fourth year or higher university
☐ Third Year University
☐ Second Year University
☐ First Year university
☐ Trade school
☐ High school
☐ Elementary school

Geographical Region

☐ British Columbia
☐ Alberta
☐ Saskatchewan
☐ Manitoba
☐ Ontario
☐ Quebec
☐ Newfoundland and Labrador
☐ Prince Edward Island
☐ New Brunswick
☐ Nova Scotia
☐ Yukon
☐ North West Territories
☐ Nunavut

Household Income

☐ Less than $30, 000
☐ $30, 000 - $50, 000
☐ $50, 001 - $80, 000
☐ $80, 001 - $120, 000
☐ More than $120, 000

What is the approximate length of the relationship that you were in where your partner crossed your boundaries?

☐ Less than 6 months
☐ 6 months to 1 year
☐ Between 1 and 3 years
☐ Between 3 and 5 years
☐ Between 5 and 7 years
☐ Between 7 and 10 years
☐ Between 10 and 20 years
☐ More than 20 years

How many children do you have with the person who crossed your boundaries?

Are you still in a romantic relationship with the person who crossed your boundaries?

0 1 2 3 4 5 6 more than 6

Yes   No

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use " ✔ " to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(Spitzer, Kroenke, Williams, & Lowe, 2006)

Appendix C

Patient Health Questionnaire -9

(PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✔" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all …	Somewhat difficult …	Very difficult …	Extremely difficult …

(Kroenke, Spitzer, & Williams, 2001)

CAGE Questionnaire

1. Have you ever felt you ought cut down on your drinking?   Y / N

2. Have people annoyed you by criticizing your drinking?   Y / N

3. Have you ever felt bad or guilty about your drinking?   Y / N

4. Have you ever had a drink first thing in the morning to steady your   Y / N

nerves or get rid of a hangover?

(Ewing, 1984)

Legal and Administrative Aggression Scale

Threatened Scale

How often did this happen?

1 = Once in the past year	5 = 11-20 times in the past year
2 = Twice in the past year	6 = More than 20 times in the past year
3 = 3-5 times in the past year	7 = Not in the past year, but it did happen before
4 = 6-10 times in the past year	0 = This has never happened

1. Threatened to make false accusations to authorities about physical or sexual abuse of partner	1 2 3 4 5 6	7 0
2. My partner did this to me.	1 2 3 4 5 6	7 0
3. Threatened to make false accusations to authorities that partner physically or sexually abuses the children	1 2 3 4 5 6	7 0
4. My partner did this to me.	1 2 3 4 5 6	7 0
5. Threatened to leave and take the children away	1 2 3 4 5 6	7 0
6. My partner did this to me.	1 2 3 4 5 6	7 0
7. Threatened to leave and take all money and possessions	1 2 3 4 5 6	7 0
8. My partner did this to me.	1 2 3 4 5 6	7 0
9. Threatened to ruin partner's reputation at work	1 2 3 4 5 6	7 0
10. My partner did this to me.	1 2 3 4 5 6	7 0
11. Threatened to ruin partner's reputation in the community	1 2 3 4 5 6	7 0
12. My partner did this to me.	1 2 3 4 5 6	7 0

Actual Scale

Did this happen?

1. I made false accusations to authorities about physical or sexual abuse of my partner	Y/N
2. My partner did this to me.	Y/N
3. I made false accusations to authorities that partner physically or sexually abuses the children	Y/N
4. My partner did this to me.	Y/N
5. I left and took the children away	Y/N
6. My partner did this to me.	Y/N
7. I left and took all money and possessions	Y/N
8. My partner did this to me.	Y/N
9. I ruined partner's reputation at work	Y/N
10. My partner did this to me.	Y/N
11. I ruined my partner's reputation in the community	Y/N
12. My partner did this to me.	Y/N

(Hines, Douglas, & Berger, 2015)