

LIGHTLY EDITED FILE

National Resource Center on Domestic Violence
Enhancing Services to Male Survivors Series:

Changing the Narrative

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>> Hello, everyone.

This is Ivonne Ortiz with the National Resource Center on Domestic Violence.

We are getting ready to start.

I just wanted to tell you a couple of things.

I'm seeing that the chat is really busy.

I'm really excited.

Continue to introduce yourself.

Make sure that you share any resources that you know of and any questions that you have for our presenters can go in there.

And also please, if you can, you can dial in for better audio quality.

And Breckan is our chat monitor.

She has posted the 1-877 number.

And that will ensure that you don't lose audio in the middle of the presentation.

So basically that's all I have for now.

We will get started in three minutes.

>> Hello, everyone.

My name is Ivonne Ortiz, I am the Training Institute manager for the NRCDV.

Thank you for joining us today and welcome to our

webinar titled Enhancing Services to Male Survivors: Changing the Narrative, Part 1, Abuse Experiences,

Mental Health and Help Seeking.

For more than 25 years, the National Resource Center on Domestic Violence has been a comprehensive source of information for those wanting to educate themselves and help others on issues related to domestic violence.

At the NRCDV we know that domestic violence is preventable and ending it takes vision.

That is why we developed the NRCDV Stands that you're looking at, and we also developed some promises, and I'm going to read them to you.

We promise to lead boldly in centering and amplifying voices of survivors and traditionally marginalized communities.

We promise to make you feel valued, inspired, equipped, and informed in each and every interaction that you have with NRCDV.

We promise to provide opportunities to make you feel invested and connected in the movement to end domestic violence.

And that is why we want to focus today on male-identified survivors of intimate partner violence although statistically we know that there are fewer male survivors of intimate partner violence than females.

At the center of our work is that we believe that all people who are victimized by domestic violence, dating

violence, sexual assault and stalking deserve appropriate help to aid them in their healing and recovery.

Males experiencing violence have both similar and unique needs for services and supports when compared to female survivors and these are often misunderstood or unaddressed by many mainstream services and support models.

Serving all survivors of violence requires both maintaining the safety and responsiveness of programs currently provided to women and children, continue to represent the majority of victims who find themselves needing services, at the same time, integrating these practices for addressing males across the gender spectrum and across the life span.

Today's presentation will focus on the victimization of heterosexual men and their experiences while trying to access services and I am excited and I want to introduce our amazing presenters today.

And the first one we have, Dr. Emily Douglas, and starting in fall 2020, Dr. Emily Douglas will be professor and chair of the department of social work in child advocacy at Montclair State University in Montclair, New Jersey.

Her research focuses on program and policy implications

of issues that address child and family well-being, largely in the areas of family violence -- fatal child maltreatment, underrepresented victims of partner violence and helpseeking, children's exposure to partner violence corporal punishment, and the connection between research and policy.

Emily is the author of more than 60 peer-reviewed publications, books, and presents annually at domestic and international conferences.

Emily has spoken at the State House in Maine and Massachusetts and Connecticut and provided testimony before a congressional committee.

In 2016 and 2017, she was a congressional fellow in Washington, D.C., dually sponsored by the Society for Research in Child Development and the American Association for the Advancement of Science and Technology.

During this time, she held the position in the U.S. Senate in issues related to for-profit foster care.

Welcome, Emily.

>> Thank you very much.

>> Also, we want to welcome Dr. Denise Hines.

She's a professor in the department of social work, college of health and human services at George Mason University.

Dr. Hines' expertise includes the causes,

consequences, and prevention of family violence and sexual assault, with a particular focus on underrecognized victims of violence.

Dr. Hines is the author of over 70 peer-reviewed articles and two books on issues of family violence, one of which -- Family Violence in the United States -- is about to be released in its third edition by Sage Publications.

She was the 2013 Distinguished Visiting Scholar at the University of Central Lancashire in England.

She has spoken about her work in front of various audience, including state coalitions against domestic violence, the Massachusetts state legislature, the White House domestic policy staff, staff of the Senate judiciary committee, and the Canadian parliament.

Welcome, ladies.

We are so excited to have you.

Emily, make sure you're not muted.

>> I have muted, sorry about that.

>> There we go.

>> Great thank you so much for the warm welcome and introduction.

It's so nice to spend some time with all of you today.

And I'm speaking to you from my home in Massachusetts today and, so, just a little warning that, overall,

many of us are all just operating from our homes and you never know if my doorbell will ring or my dog will bark or something like that.

But it's giving all of our lives a lot of context and reality for each other.

Denise.

>> Yes.

Hello.

I'm also in my home in Fairfax, Virginia.

And I fully expect that a 3-year-old or a 5-year-old will make an appearance sometime during this presentation, so bear with me if that happens.

Somebody might need something, a fight might break out.

We'll see what happens.

And Emily and I, I know, are thrilled to be here.

We love talking to practitioner audiences on this topic, and one of the reasons we're really thrilled is because it means that some of the experiences that men have told us about during the years when they sought help will be less and less likely to happen the more we're talking to audiences such as you who are interested in providing more informed and better services to men who come forward because of domestic violence victimization.

Emily and I have been doing this work for over 15 years now.

Emily?

When did we meet?

>> Yeah.

That's right.

>> We've been doing this work together for over 15 years now.

We studied well over a thousand men who have told us their experiences.

Most of our work has been in the United States, but we have been doing some work in other countries as well.

And the work that we're going to be talking about today, most of it has been sponsored by the National Institute of Child Health and Human Development and the National Institute of Mental Health.

And, so, I think we'll get started.

Unless there's more you want to say, Emily.

>> No, I'm good.

Let's get into it.

>> Let's get started then.

So let me -- okay.

So, I just -- we just want to start out by giving a little context to the men that we studied over the years.

We have some really powerful quotes from the men to just show you the kinds of things that they're

reporting that they're experiencing in their relationships.

So we think of this first man here who frequently thinks about suicide.

He says I've called the helpline multiple times, but I stay around to protect and provide for the kids.

We will be talking a little bit about the kids today in our presentation and their needs.

And then also from this man who -- who also has our kids.

Then our son walked into the bathroom, he was 5 at the time.

My wife's back was to our son, so I brought both knives in close to me so he could not see her with the knives. Instead of helping me hide the knives from our son, my wife stuck one of the blades under my rib cage and the other near my chin, threatening me with them.

I looked over her shoulder and told our son that mommy and daddy are just talking and he should go back to bed and that I'll wake him up when it's time for school.

And we start with these quotes to just give you an idea of some of the serious issues that these men experience and to set the tone for the presentation.

But also with the disclaimer that we're talking about male survivors, but that doesn't mean that we intend to ignore or minimize any of the enormous pain and

suffering that female survivors have experienced.

We just are going to talk about what we see the men reporting on, what their needs seem to be based on our studies of them through the years.

Now, most of the men that we have studied are in relationships with women.

So we want to be clear about that from the beginning.

So these are men who are victimized by women.

And we have their sides of the story.

We have not studied the women themselves.

And we started out this work based on some of our -- from the results of some population-based studies that have been conducted here in the United States that show that anywhere from 20% to 50% of all partner violence victims in a given year are men.

And there's a whole host of population-based studies that show this.

The national crime victimization survey, which is conducted by the U.S. Department of Justice, shows about 20% of victims of partner violence in a given year are men, and these are people who conceptualize or who report that what happened to them was a crime. They might not have reported it to the police, but they are thinking about it as somebody committed a crime against them.

The national family violence surveys did a similar survey that used a similar instrument show that about 50% of partner violence victims in a given year are men and these are surveys that say, you know, family members sometimes don't get along and here's some behaviors you may have used during an argument with your spouse.

Please report how often you and your spouse have used these behaviors against each other.

We'll talk a little bit about more about that methodology because we used a similar methodology in our study.

And then finally, the national intimate partner and sexual violence survey, which is run from the Centers for Disease Control, the most recent survey was in 2015, they also show that about 50% of all partner violence victims in a given year are men.

And they measure physical violence, sexual violence, and stalking behaviors and some psychological violence as well.

And show that around 50% of partner violence victims in a given year are men.

And Emily and I started this work because there was a lot of argument about the validity of these numbers and we were -- we wanted to move past that information about whether or not these numbers were true numbers of

the victimization of men and try to get into the what are these men experiencing, what is their health like, their physical health and mental health, how are the children doing in these relationships, what happens if they try to get help.

These are the kinds of things that we decided we needed to move past the debate of how frequently does this happen to really getting into what is happening to some of these men.

We'll be reporting mostly on two different studies today.

The first one was conducted between 2005 and 2007.

The second one I think we ended that in 2013.

I think that was a 2013 study.

Does that sound right, Emily?

Sounds right.

>> Yes.

Yes.

>> Okay.

And these are convenient samples.

We recruited these men through online sources, places that provide services to male victims, provide services to victims of domestic violence.

We looked for fathers groups, divorced men's groups, men's health, men's mental health groups.

These are the various places that we looked to recruit these men.

The first study we recruited 302 men who had been physically assaulted by their female partner sometime within the previous year.

And in the second study we managed to recruit 611 men who had ever been physically assaulted by a female partner.

So it didn't necessarily have to be in the past year.

I think on average it was about four years ago that they had gotten out of the relationship.

So it covers a wider period of time.

And we use what's called the revised conflict tactics scales to measure partner violence and like I mentioned on a previous slide, this scale asks people, okay, couples sometimes don't get along, here are some behaviors that you and your partner might have used in order to -- during a disagreement.

Please report how frequently that has happened within the past year or whether or not it ever happened in your relationship.

And it asks behaviorally specific questions.

How often did you slap each other, punch each other, beat each other up, or use a knife or gun on your partner, and it also mentions different psychologically behaviors that we'll talk.

And, so, it's a measure of the behaviors themselves that occurred during couples' conflicts.

Just to give you a bit of an idea of who these men were.

On average, in both studies, they were in their early 40s and their partners were, on average, about two to three years younger than them.

These samples were largely white men.

In the second study we did make a concerted effort to recruit from men's health sites that focus on minority men.

And, so, we did manage to get a little bit more racial and ethnic diversity.

So about 3 to 6% -- [indiscernible] ethnic groups, like African American, Native American, Latino, Hispanic, and Asian American, but we don't have very good representation of racial and ethnic minorities in our studies and we think that this is an important area to go into for future research.

One of the things we know about the research that was done on battered women, the very first study that was done on them was a largely white middle-class women, and the men victimization research seems to be going in the same direction.

We're starting with largely white middle-class men and

hopefully moving into much more diverse sample as we're able to locate diverse samples in more ways in the future.

Their partners, though, were more racially and ethnically diverse.

Like I said, they were largely middle-class men.

When we look at their relationships, in both studies these were long-term relationships between eight and nine and a half years, on average.

And you can see from the married to divorced folks, most of these men had been or were still married to their partners at some point in their relationship.

In the first study, because we ask the relationships where there was violence in the past year, the majority of them were still in the relationship, less so in the second study where only a quarter of them were still in the relationship.

In the first study, if the relationship had ended, it had ended, on average, six months ago.

And in the second study, the relationship had ended, it had ended, on average, about four years ago.

And you can see that 2/3 to 3/4 of the men in the studies had children.

And these were minor children.

So children under the age of 18 who were in the home.

And, so, we're going start off by just talking about

the nature of the partner violence they experienced in their relationship starting with physical aggression. But I'm going to start off by orienting you around what these slides look like.

So you can see in the left-hand column, this is any kind of physical aggression is on the bottom bolded. And we divided this up into three different types of physical violence.

Minor violence is violence like slapping, pushing, grabbing, shoving, in which there's a low likelihood of an injury being caused.

Severe violence is violence where an injury may or may not have occurred but it's a higher likelihood, so things like punching, slamming against a wall, kicking would be severe violence.

Very severe violence could be life-threatening violence.

These were things like strangulation, beating up, or using a knife or gun on one's partner.

So we have study 1 first and we have the percent of men who were victimized by that type of violence and the main number of acts in the previous year among those who were victimized.

So you can see all of the men were victimized by this because it was a study criteria to be physically

assaulted in the past year.

And on average, the men sustained almost 47 different acts of physical aggression.

The most common was minor, over 90% sustained a severe act, on average almost 17 acts of severe violence in the previous year and almost half of them reported very severe violence.

On average, about 7.5 acts of very severe violence.

And we see similar percentages for study 2.

We're reporting a little bit different data in study 2 because these men didn't have to be in the relationship within the past year, so instead of reporting the main number of acts in the previous year, we're reporting the main number of types of acts sustained among victims.

So for any kind of violence, if they were slapped, punched, and kicked, that would be three different types of violence.

And, so, you can see 100% of them reported some kind of violence.

On average, six different types of violence.

And, so, we're seeing pretty severe physical aggression against these men.

And one of the things that surprised us is that these numbers are actually not that much different from what you would see in samples of battered women who seek

help.

So that was pretty surprising to us as well.

And here are some things that they talk about.

She would intentionally pick up the 2-year-old child and then beat on me.

After beating me, she would then spit in my face and beg me to hit her.

I never did.

She thought it was funny to punch me in the kidneys.

She thought that because I was so much bigger than her, that she couldn't hurt me, despite me repeatedly telling her otherwise.

And, so, one of the critiques against -- one of the critiques of the male victimization research has been, well, women might be violent against them, but it doesn't really hurt them because, on average, women are smaller than men.

So we did look at injuries.

Does this violence really hurt them?

And, so, again we have any kind of injury that we divided into minor and severe.

So minor injuries are things like cuts, scrapes, bruises.

Severe injuries would be things that would cause them to have to see a doctor, although not all of them did.

So these are things like breaking a bone or passing out from being hit on the head.

And you can see that in both samples, over 70% of the men reported sustaining an injury.

For study 1, almost 12 injuries, different injuries in the previous year.

In study 2, there was almost three different types of injuries.

And broken up into minor, so about 3/4 of the men in both samples experienced the minor injuries, and about 1/3 to 40% experienced a severe injury, something that would cause them to hopefully go see a doctor.

And here are the injuries that they reported on.

Well, I have scars from my head down.

I have 30 burn marks.

Had a gun pointed at my head.
Was pushed down a flight of stairs.

Was beaten up.

This man says, I'm a stage 4 cancer survivor.

She tried to harm me during my treatments.

While outside, she shoved me downstairs in snow and ripped open 400 stitches in my chest and refused to take me to hospital.

She also shoved me down outside while feeding dogs with tubes for chemo and radiation in me.

She throws things constantly at me and the scars I have

on my chest from illness.

And this third man says, I was admitted to the hospital with a separated shoulder, a fractured nose, two dislocated thumbs, and a through and through puncture wound in my forearm and many minor injuries.

So we can see that these men are reporting some pretty severe injuries.

So definitely we're seeing that the violence does hurt them.

Another critique we hear sometimes is that, well, okay, so the women can be physically violent, but what we see among women victims is that there's also this psychological aggression and controlling behavior that they're experiencing and that men don't experience that either.

In the research literature, this is often called terroristic violence, where there's frequent and severe physical partner violence, accompanied by severe psychological aggression, and it takes place within the context of power and control.

And the thought was, well, this is not something that men are experiencing as victims, and there's some large-scale studies in other countries, though, that show that men are experiencing this type of aggression.

So in Canada, for example, over 1/3 of the victims of

terroristic violence were men in the Canadian general social survey, which is a population-based survey.

And they found that 40% of their male partner violent victims were terroristic violence victims.

And then in a study in New Zealand, which is a cohort study that they've been following since birth, and these people, I think, are now in their 30s, half of the victims of terroristic violence were men.

And so we looked at that in our own study.

In the second study in one of our published articles, we found that over 70% of the men in our sample of male victims were classified as victims of terroristic violence based on criteria established in the

literature, that they are experiencing power and control in addition to the physical violence.

And to just give you an idea of the nature of the psychological partner violence they're experiencing, we looked at both severe psychological aggression and controlling behaviors.

So severe psychological aggression included threats to harm the man or someone he cares about, destroying something he cared about, those types of behaviors.

Controlling behaviors, we asked about things like monitoring his whereabouts, restricting him from seeing his friends or family, not allowing him control of the money, to have any control of the money, so behaviors

like that.

And we can see in both studies well over 90% of the men are experiencing both types of psychological partner violence.

For the men in study 1, they experienced almost 30 acts of severe psychological aggression in the previous year and almost 43 acts of controlling behaviors in the previous year.

On average, three different types of severe psychological aggression.

I believe we asked about four or five different kinds.

And for controlling behaviors they experienced just over four different types of controlling behaviors.

And I think we asked about six different types of controlling behaviors.

So the majority of the controlling behaviors we asked about.

And here are the things that they talk about.

My phone activity was monitored and my text messages were monitored.

My Facebook was monitored.

I was always being accused of cheating.

Arguments were always about who I was talking to.

I was accused of wanting to sleep with every female that walked by.

My wife has stepped up her verbal abuse of me.

Her rationale is that her father was abusive.

[child talking]

>> Okay.

Sorry.

I have a toy emergency.

Okay.

Okay.

Real quick.

Okay.

I'll glue that.

Okay.

So the second man says, my wife has stepped up her verbal abuse of me.

Her rationale is that her father was abusive and she will never be the victim like her mom.

Frankly, it's ironic because she is nasty and withholds affection and gives the silent treatment just like her father.

She controls who we see, who I talk to, what I do with my time, and all our money.

I have to hand her my checks.

So we are seeing, you know, pretty severe physical violence that causes injuries.

We have some severe psychological abuse and controlling behaviors.

And, so, one of the critiques that still remains is that, well, many battered women are also sexually assaulted by their partners and we see from the research that has many as 30 to 50% of women who are physically assaulted are also sexually assaulted. I'm assuming you all see this in your work all the time.

And that these are actually the more dangerous types of relationships, that women who are sexually assaulted -- battered women who are also sexually assaulted by their partners tend to experience more severe types of battering.

And, so, the critique has been, surely, men don't have these experiences.

The national intimate partner and sexual violence survey from the Centers for Disease Control show that 9.4% of women report having ever been raped by an intimate partner, and 16.9% report other types of sexual violence from an intimate partner.

So we looked at these types of experiences in our second study.

For reasons we're happy to answer later, we did not address this in the first study.

But in the second study, we asked the men how often did their partner insist on vaginal, anal or oral sex when

they did not want to.

And how often were they physically threatened or physically forced to have vaginal, anal or oral sex when they did not want to.

And we found that close to 50% reported any type of sexual assault.

Most of them insisting on sex when they did not want to but over a quarter did report on feeling physically threatened or physically forced to have sex when they did not want to.

And on average, you can see almost two different types of acts.

And here are some of the things they reported. I have been sexually abused by my former spouse in a variety of ways, typically while I was sleeping.

BJ, hand jobs, cunnilingus to the point of sufficient indication and intercourse, I had PVPS, post vasectomy pain syndrome, which she would use to denigrate me for not wanting sex.

This caused significant pain during sex.

Any resistance would cause her to become violent.

She forces me into sex even when I am injured.

The third man said, many things she tried to get me to do but I was not into.

Urination on a person, female to male, anal sex, bondage, et cetera.

And one of the things we did find in a study that we published in the archives of sexual behavior was that the men, similar to battered women, the men who recorded sexual violence were reporting more severe types of physical violence as well.

And, so, we see that, when there's also sexual violence in the relationships, they are more severely physically violent and also more severe psychological abuse and so forth.

And then finally we looked at an additional form of maltreatment that has not been studied very widely, but the men complain about quite a bit when you talk to them about the types of abuse they experience, and that a researcher in Australia labeled legal/administrative abuse, which is when somebody -- one of the partners manipulates the legal/administrative resources to the detriment of their partners.

We certainly see this among battered women where their batterers will use the legal system against them, try to accuse of them being mentally ill, unfit parent, an alcoholic.

And we see that female abusers use the legal administrative system as well to the detriment of their partner.

In our first study we did ask a few questions to try

and get at this type of abuse.

Found that the most common type of maltreatment was that their partner falsely accused him of hitting or beating her.

There was also some false accusations of physical and sexual abuse of the children.

And, so, in our second study we did create what we called the legal/administrative abuse scale where we asked about six different types of legal and administrative abuse.

We asked whether they were threatened with this behavior and whether they were actually victimized by this behavior.

And you can see the threats are obviously much more common than the actual victimization.

But almost 80% of the men reported being actually victimized by one or more of the different types of legal/administrative abuse.

The most common one was making false accusations to the authorities that he physically or sexually abused her.

Followed by making false accusations to the authorities that he physically or sexually abused the children.

Actually that's not the second most common.

The second most common is ruining the partner's reputation in the community followed by leaving and taking all the money and possessions, ruining the

partner's reputation at work, then leaving and taking the children away and then finally making false accusations to the authorities that he physically or sexually abused the children.

And here is some of what they say in their own words.

I went to sleep.

She said she was calling the police.

I said fine.

She did.

They arrested me with no proof or evidence of me doing anything.

They dropped charges but not before a six-month

restraining order on me which destroyed my family and business, all based on her false allegations.

And the second man says, ex-wife pulled a gun on me and threatened violence before leaving, then calling 911 and saying I threatened to kill her and she was acting in self-defense.

Injured herself to lend credibility to her story, and I was arrested and charged.

While I was in jail, ex-wife stole everything and cleaned out bank account.

Police refused to investigate her actions.

Never recovered any assets.

Case never went to trial and was dismissed, but arrest

is still on record causing problems with housing, jobs, restoration of rights.

And one of the things that we -- one of the main issues -- one of the main things that we decided to look at above and beyond what were the abuse experiences of these men was what was their health like, what was their mental health and physical health like.

And, so, we looked at both PTSD and depression in our study.

So sorry.
I just had another kid go by.

So it's a little distracting when they run through the room.

So we're seeing that they experience a lot of abuse. We're thinking this must have some sort of mental health consequences.

So in our first study we looked specifically at post-traumatic stress disorder.

And what we have here is in the blue the victim sample from the first study of men who experienced partner abuse within the past year.

The orange bar is the victim sample in the second study of men who have experienced some kind of abuse at some point in their lifetime from a female partner.

And this very small brown bar is in the second study we

also recruited a population-based sample of men who had ever been in a relationship with a female partner.

Whether or not abuse occurred.

And for PTSD we asked them to think about their most distressing argument with their female partner and report on various PTSD symptoms.

There were 15 different symptoms we asked, and this is the post-traumatic -- PTSD checklist, for any of you who are familiar with that scale, and it has

established clinical cutoffs which say if they are at this cutoff or higher, they're more likely to be

clinically diagnosed with PTSD.

And you can see in the first sample, almost 60% of the men reported reaching that clinical cutoff for PTSD.

These were men where the abuse was more recent.

And the second sample, so on average this abuse was almost four years ago and still 43% were reporting PTSD symptoms, reaching that clinical cutoff.

Only 2% of the men in the population-based sample reported reaching the clinical cutoff for PTSD.

And this is a significant difference after controlling for significant co-variants for any of you who are interested in those statistics.

In the second study we added a depression scale.

The center for epidemiological studies depression

scale, and that also has clinical cutoff.

And 73% of the men reached the clinical cutoff for depression.

In the victim sample, only 19% of the men in the population-based sample reached that clinical cutoff.

And, again, a significant difference after controlling for significant covariants.

We also looked at physical health problems.

And this is just in the second study.

We asked them if they had ever been diagnosed with a variety of health conditions.

And we see that male victims were significantly more likely to report various diagnoses all around issues of cardiovascular health or most of which were around issues of cardiovascular health.

So all of these differences are statistically significant even after controlling for other covariants.

So angina, heart attack, heart disease, high blood pressure, high cholesterol and stroke.

Men in the victim sample were significantly more likely to experience them, also significantly more likely to have had an STD and to use disability equipment.

And, so, we also see this in samples of women, that there are various physical health effects of being in abusive relationships.

We controlled for histories of childhood trauma here and all of those kinds of things and seeing that, you know, this abuse does seem to be leading to various cardiovascular problems in male victims just like it does in female victims.

So there are very consequential mental health and physical health problems among the victims.

Here are some of the things the men say.

I always had low cholesterol but it went off the charts during my divorce.

It has come down lately now that I'm in a better place.

My doctor is very puzzled as he does not think cholesterol can change much due to lifestyle.

And I always say, I think this guy needs a new doctor because, of course, cholesterol can change due to lifestyle.

And the second one, the last eight months we were together, I was having severe heart attack symptoms.

Some mornings I would wake up and half my body would be numb.

I often went to sleep hoping I wouldn't wake up.

But I couldn't leave her because I was afraid for my children.

During our relationship, I fell into a state of deep depression and experienced suicidal ideation.

And the third man said, this is my nightmare and the reason I am depressed, cry much of the time and have a hard time sleeping and functioning.

So, yes, these men have very severe mental and physical health consequences.

And I'm going to turn this over to Emily now to talk about the children.

>> All right.

Very good.
Thanks, Denise.

All right.

So many of the men who participated in our research also had minor-age children living with them.

Sometimes it was their own biological or adopted children, other times it was their partner's child, but we didn't really differentiate.

We really just want to know if there were minor-age children living in the home.

So we found that about two out of three men who were seeking help for partner violence victimization had children who were in the home and who -- and on age they were somewhere between 9 and 10 years old.

So we asked the men what their understanding was of their children's exposure to the various types of violence and aggression that Denise just walked you through in terms of the kinds of partner violence that

we were assessing.

And, of course, this is the men's understanding of what the children were being exposed to.

Oftentimes we know that children are exposed to a lot more than what the grown-ups in the house think the children are exposed to.

So this is in our second study, and we asked them if they could assess their children's exposure to psychological aggression, which as Denise already explained, includes things like insulting, swearing, shouting, destroying belongings and threatening.

And you'll see that only 8% of the men indicated that their children were not exposed to any of this.

And we see that about 40% said their children were exposed to minor levels of psychological aggression and over 50% saying that their children were exposed to severe levels of psychological aggression.

We asked the same question with regard to physical assault, and about 1/3 of the men thought that their children had not been exposed to any type of physical assault.

And this could be either seeing or hearing.

Of course, if you're seeing, you are usually also hearing, but sometimes the kids just hear it, right?

So we're collapsing these all together.

And, so, the men indicated that about -- I'm sorry -- about 22% of the men indicated that their kids were exposed to physical assault, minor physical assault, and 40% of the men indicated that their kids were exposed in some way to severe physical assault.

We also asked this question with regard to children being exposed to sexual aggression.

And Denise walked you through our findings about that already.

And we collapsed them here to being either insistent on sex or using force and sex.

And you'll see that the vast majority of men, 93%, indicated that the kids were not exposed, but we don't want to minimize the fact that 7% of the men in the study indicated that their kids were exposed to minor and/or severe sexual aggression.

All right.

So I guess, you know, the next question is why does this really -- we all know that this matters, but this is another way to show why it matters.

Denise had mentioned that we had a comparison sample of a population-based study, population-based sample, sorry.

And of men who has just been in an intimate relationship with a woman, they didn't need to have experienced assault as a selection criteria or sought

help or anything like that.

And, so, we asked those men, too, how many of them had children and then asked them to report on their children's behavioral health.

So this, what you have right here, is the experiences of kids whose dads sought help -- whose dads, sorry, experienced partner violence victimization. And, so, those kids were six and a half times more likely to have anxiety than kids whose dads were just in this general population sample.

And kids of dads -- kids of dads who experienced partner violence, they were 6.4 times more likely to have some type of somatic problem, including being tired, having aches and pains, being nauseous, vomiting, headaches, dizziness, complaints about their skin, their stomach, their eyes.

These kids were also 9 and a half times more likely to have conduct problems, which includes problems with aggression, destruction of property, being deceitful, violating rules.

And they were two and a half times more likely than -- to have problems with attention deficit hyperactivity.

Now these were as reported by the men, right?

So the men were the only reporters in this study.

And, so, they were reporting both on the level of

violence that they believe that their kids were exposed to and that also using a type of behavioral checklist describing their children's behavior in the behavioral health domain that we just talked about here.

And here's some of the men's accounts of their kids' adjustments.

So this first man said, one night before bed I finished reading him a story and kissed him good night.

He grabbed my arm and wouldn't let go.

He was genuinely terrified of his mother and afraid of what she would do next and he didn't want me to leave him that night or ever.

This second account from a man said, eventually they, the children, refused to do anything to assist with family duties or chores.

And we might all say that we've had young adults or children who might be in that category, but this is a little -- certainly more severe.

All they did was get drunk, get high, steal stuff from the house, wreck our cars, get arrested, exhaust our finances for legal bills for children.

And, so, obviously, this is a family that's really dealing with a high level of disruption, many many challenges, and this is a family system that's under significant stress, obviously.

So these are some of the types of things that the men

report.

And the men also often report that this is one of the reasons why they stay in abusive relationships, which is similar to what women often report as well.

And we have a little bit more information on that in some of our coming slides.

There's also a theory that since men often report

having so much trouble getting help for partner

violence victimization, they often aren't believed,

they are turned away from services, et cetera, which

we'll talk more about -- I'll talk more about in the

coming slides, these children may potentially be

exposed to partner violence for a longer period of time

because they maybe -- the men may be more likely to

stay in the relationship and also men report feeling so

much shame for being in an abusive relationship and

being the target of victimization that they are very

reluctant to seek help.

So this is potentially a kind of sort of unique

experience that children of male partner violence

victims may be reporting -- may experience, I'm sorry.

So we asked men -- I believe that this is from our

first study -- what prevents you from leaving the

relationship that you're in that is abusive?

And these are the things that the men indicated.

The vast majority of them report that they are concerned about their children.

They believe that marriage is for life, for those of them who were married.

That they love their partner, right?

We all know that this is true.
We hear this a lot.

They love their partners.

Going back to the experiences with the children again, about 71% of the men say that they think that they may not see their children again.

And here we drop down into closer to maybe around a half now of the next series of responses say, they still really hold that hope that they think that their partner will change.

They report that they don't have enough money.

They report that they don't have anywhere to go.

They report being embarrassed that others will find out.

And then also roughly in about the half of the respondents saying that they, again, reflecting on the children, they don't want to take the children away from their mother.

So they understand that they are in an abusive relationship, they understand that they are experiencing harm, but they still obviously see value

in the relationship that the children have with their mom.

And then on a smaller percent, lower percent here, somewhere around 25%, maybe getting close to 1/3, indicated that their partner threatened suicide and also that the partner threatened to kill somebody else.

So those can obviously be significant motivators for somebody to stay in an abusive relationship.

So there are always barriers that individuals who are experiencing violence face in terms of seeking help.

We're here, of course, today to talk about the experiences that men report.

And we're going to talk about both internal and external barriers that are present for men around help seeking.

And if we start first with the notion or acknowledging the facts and what research has shown that men are less likely to seek help than women are for any type of problem.

And this isn't just about partner violence victimization.

This could be for any type of physical ailment, aches or pains and also for any type of mental health concern.

Men are even less likely to seek help when they think

that others see their problem as something they should be able to handle themselves, something that men don't do, or that's something that doesn't usually happen to men, something that we call nonnormative in more academic circles.

I remember one of the men, and maybe we have a quote on this coming up, but one of the men said they called the police for help and the police officer showed up and said, really, what's wrong with you?

Can't you control your woman?

And, of course, there are so many things that are wrong with that encounter, both from understanding stereotyping the roles of men and women in relationships and the relationships toward each other and the relationship of couples through law enforcement in terms of being able to seek help as well.

Okay.

So in addition to talking about the first and second studies that we've already mentioned a number of times, that's what we've been presenting on so far, for the most part, we've also been part of a collaborative research group, taking place in four English-speaking countries, with men who experience domestic abuse.

Australia, Canada, the U.K., and U.S.A.

We held focus groups with 41 men.

And we have a research team of, I think, five of us,

and two of us in the group are clinicians as well, so that we always made sure we had a clinician in our focus group as well.

And then also be talking about in these next slides our first study with about 300 men who sought help for partner violence victimization.

So here are some -- right -- these are some quotes.

This is in the category of trouble -- having trouble conceptualizing what their experiencing as partner violence.

So I didn't call it abuse for a long time because I'm a strong guy.

The second man said, I never saw it as abuse.

I thought it was me, you know.

I thought, well, I must be screwing up somewhere.

It's got to be me.

Why would anybody do this?

And this third account, this man said, in the short term I think a lot of men, like I did, they make excuses.

We don't recognize that it's domestic abuse.

And this is something that we heard a lot where men really having trouble understanding, conceptualizing the experiences that they're having as being abusive.

And also the men feeling like they really needed to

handle the abuse themselves.

This first man said, men are terrible at reporting it and we often think that we can sort it out.

So I thought I could deal with it and I could sort it out.

This second man said, I guess for me, I was sort of hesitant to tell anybody because you're supposed to be able to handle this on your own.

And, really, you know, really speaks to this idea of men buying into this idea of strength and being providers and that if they seek help in any way, they will be somehow denying or turning against how they understand themselves.

Us men are taught trying to keep alive and solve problems by ourselves.

And you just have to bottle it up.

You don't even want to tell yourself, I think.

These are really wonderful quotes around both internal and external barriers that men seek.

Also around expecting to get a hostile blaming or nonbelieving response.

This man said, yeah, you get to be felt and seen as if you're the one with the problem.

You're the number one and only problem.

It's the man's fault.

It's always the man's fault.

Then in terms of shame and embarrassment, I didn't tell anyone.

I was too embarrassed.
It was too shameful.

And then not knowing where to go.

When I was going through it, I didn't seek any help because I didn't really know where to turn or recognize what was happening.

So back to our first study.

We asked men about their help seeking experiences in these six domains.

Men also did seek help beyond this, which is an area for a future research, without any doubt, and some work certainly has been done beyond this.

But it's an area that Denise and I would like to expand on.

But we asked men seeking help in these different sources and then we're going to walk you through each of the experiences that they had with each of these.

This is mental health provider, online support, police, DV agency, DV hotline, medical provider.

And you can see, this is in a rank order presenting here, about 2/3 of the men sought help from mental health provider, online support.

Under half around police, DV agency and then less in

the area of DV hotline and a medical provider.

Most people who seek help from a medical provider it's because they have a very -- a serious injury. So in terms -- and then next was how helpful was this resource.

And we see the men reporting that the most helpful resources are in the area of medical providers, mental health providers, online resource, and those falling below the 50% line were the DV agency, police, and DV hotline.

So I'm going to walk you through each of these now.

So these next few sets of slides are going to have a kind of format of setup.

So the first at the top, you'll see how helpful was each of these sources and then below are additional follow-up questions that we asked that were specific to each one of these sources.

So how helpful, so starting first with DV agencies, how helpful were these.

And, so, for each of them we asked them to indicate whether they were very helpful, somewhat helpful or not at all helpful.

And we see that about 66, about 2/3 of the men said that this resource was not at all helpful.

And then we asked the follow-up question, gave impression biased against men, 95% said that was the

case.

They don't help male victims, that's over 75%.
And suggested that the batterer, that's about 2/3.

And then we follow up with some examples of the men's
accounts of each of these resources.

They just laughed and hung up.

Then the second man said, they didn't really listen to
what I said.

They assumed that all of abusers are men and that I
must accept that I was the abuser.

They ridiculed me for not leaving my wife, ignoring the
issues about what I would need to do to protect my six
children and care for them.

Next was DV hotline.

And you'll see that it's about 2/3 said that this
resource was not at all helpful.

Of course, 1/3 saying that it was somewhat or very
helpful.

Additional experiences with the DV hotline.

About 2/3 said that they only helped women.

About 1/3 referred the men to a batterer's program.

About in the area 25% gave references to local
programs that actually did turn out to be helpful.

About 25% gave them a phone number that the men were to
call and then when they called, it was a batterer's

program.

And then a smaller percent were referred to another hotline.

And these are some of the experiences that men recounted or accounted of their experiences.

They were confused, belligerent, patronizing, offended, indifferent.

They thought I was making up a story.

They laughed at me and told me I must have done something to deserve, if it happened at all.

They asked how much I weighed and how much she weighed and hung up on me.

I was told by this agency I was full of B.S.

They told me -- they told me that women don't commit domestic violence.

It must have been my fault.

They accused me of trying to hide my abuse by her by claiming to be a victim, and they said that I was nothing more than a wimp.

When I called to explain that I'd been hit, they kept misunderstanding me and asking me who I hit.

And it was frustrating.

Then we asked the men about their experiences with police.

About half of them said that it was on the helpful side and about half said that it was not at all helpful.

Whoops.

Oh, Denise, our line -- so I don't have all of the -- our numbers aren't popping up on this pie chart.

But I do remember that it was -- the percent who indicated that their partner was arrested versus that they were arrested and that there was no statistically significant difference between men who were arrested when they called for help and their partner being arrested.

The men said, the first response they arrested me, and after she turned on them, they did nothing.

The second time they just wrote a scathing report against her but did nothing.

The second man said they asked her to confine her to her bedroom, she was drunk, and they asked me to sleep in the baby's room.

We did.

She passed out.

And they left.

Medical providers, very helpful to somewhat helpful so, we're somewhere around 75 to 80%.

And then asked them how they obtained their injuries, almost all of the providers did that, but then were the men honest about how they obtained those injuries, not even 2/3 were.

And then if they received information about how to get help, a much smaller percent, even of those who were honest.

No follow-up questions for the medical providers.

Then when we go on to mental health providers, so those who were in the helpful and -- I'm sorry -- very helpful or somewhat helpful were somewhere around 70%.

And then the additional experiences with mental health providers, over 2/3 said the mental health provider took their concerns seriously.

Again we see a much smaller percent, though, who received info from the provider about getting help for partner violence.

So the next question is, we move away from each of those different resources, why do these positive and negative experiences matter?

And, so, we found that for each positive -- so for each additional positive help-seeking experience that a man had, for each of those different resources, they were 43% less likely to abuse alcohol and 30% less likely to abuse drugs.

And that for each additional negative help-seeking experience that the men had, they were 37% more likely to reach the clinical cutoff for PTSD.

So we can't see these are causal paths, these are correlational information.

But there definitely does seem to be some type of relationship here between having positive and negative help-seeking experiences and the men's behavioral health.

Denise, I think you're up.

>> I think I am.

So this part of the presentation, we want to think about everything that we've presented to you and give you a little bit more thought about, what can we do, how can we understand these men better, what can we do to help them?

And we always like to start off with going back to the basics.

Back to the basics of good advocacy for victims.

Which is where we start where the victim is and we listen to them.

We extend empathy.

We don't judge, and we educate them about their options.

And as you can see, some of the advocacy organizations that these men reached out to, the advocates weren't doing that.

[child talking]

Okay.

Why don't you come help me with this.
Okay?

Okay.

>> Mommy.

Mommy.

[child talking]

>> Katie's not letting you have one of her animals.

Can you ask for a turn?

Okay.

Ask for a turn when she's done, okay?

>> Okay.

>> Okay.

So, you know, the experiences that these men had at some of these agencies, the advocates weren't using the basics.

And, so, it's a good place to remember to start with. Start where the victim is, listen to them, don't judge, extend some empathy and educate them about their options.

But just some practical things to know.

Use of certain words may be problematic among male victims.

We try really hard when we do our work to avoid the word victim, to avoid the word survivor, to avoid the word abuse, to avoid the word domestic violence.

A lot of the men have trouble -- or don't want to think about themselves in those terms.

And, so, we really try to use synonyms of those words, we talk about walking on egg shells, we talk about that she's being aggressive towards you or, you know, those kinds of words.

And we also find that men talk about wanting help in one or more of the following areas.

They often ask for legal help.

I think when men reach out to me for phone calls, they're often asking me if I know a good attorney.

So they want legal help.

They want all types of support for their children.

And a lot of times they're looking for mental health help for their partner.

They think about domestic violence not as I'm a victim of domestic violence, but she has a mental health problem and she needs some help.

So they're looking for that as well.

They don't necessarily recognize the effect that these types of abuse are having on themselves and they don't really think of themselves as needing help, which gets back to Emily's point about not reaching out for help for themselves.

They're reaching out for other types of help.

The types of help that men are finding helpful, we find, are individual mental health counseling.

Focus group data shows and our survey study of 302 men

had shown that, that mental health counseling is very helpful.

So having some trauma-informed therapists on hand to understand men's mental health issues would be really helpful for helping male survivors.

We also know that there are lots of men's groups.

Men report being part of a men's group is very helpful for them.

I'm not quite sure myself where to find these groups.

But a lot of them can be found online from what I understand.

And that men do find some affinity from being involved in these groups.

I find that really being informed about men's mental health and men's emotional health is helpful in trying to think about how these men are behaving, thinking, conceptualizing their views, how they're interacting with you.

And this book called Invisible Men by Michael Addis is a book that I read, it's a former colleague of mine that works just down the hall from me at my previous university, he was an expert on men's mental health and help seeking.

And I've had many many discussions with him about male victims and trying to conceptualize and think about

what they need, what they're thinking.

And he has this book on men's mental health called Invisible Men.

He doesn't address domestic violence victimization in this book but I think it's really helpful for anybody who really wants to think about how men are thinking, what their inner emotional lives are about.

And he talks about how men's inner lives remain silent. That we don't like to think about men as having emotions.

And we don't like to think about men as having vulnerability and it's uncomfortable for men to think about that -- of themselves.

And it's uncomfortable for others to think about men that way.

>> Mommy.

>> Bring me your water bottle.

Maybe Katie can fill it up for you.

And he has a really great quote, I think, that says, after all, it is much more socially acceptable for a man to be a drunk or a grouch than to suffer from what society deems a women's issue.

And I think that that's a quote to think about when we think about male victims of domestic violence.

They don't really know how to talk about their suffering.

>> Mommy.

[child talking]

>> It's down on the couch.

It's down on the couch in the play room.

So men don't really know how to talk about their suffering.

A lot of times they don't know how to talk about their emotions.

Advocates who work with men a lot sometimes talk about how they might come off as angry.

Also, more importantly, and as we saw on some of the previous slides of the men reaching out for help, that others don't really know how to talk with men about their suffering.

We are uncomfortable with men's vulnerability.

And, so, Dr. Addis talks about the three Ps of silence, personal silence, private silence and public silence, that really impede our ability to help men, in this case men who are victims of domestic violence.

So there's the personal silence where men don't really know one's own emotions because they have difficulty putting their feelings into words.

We don't teach boys how to do that and, so, he talks about how there are many men who grow up who cannot conceptualize or put names on their own emotions.

So he says a man's inner life is so silent that even he can't hear.

And he also makes a point that even if you're unaware of your feelings, you're going to express them in some way.

Like I said, some men come off angry when they call for help instead of what we're used to with women calling and expressing their vulnerability.

Men, on average, are not as able to because they're not as in touch with their own emotions, on average.

He also talks about private silence, which are men who know their own emotions but choose to keep them silent.

And we know that men are much less likely to discuss their problems with others.

And they decide to, even though they know they're suffering, they're vulnerable, that they're experiencing abuse, they're always getting the message to tough it out, go it alone, soldier on, man up, be a man, and all of those types of phrases that we throw at men and that we saw men in our study talking about.

And we also saw the men talking about how their problems might not be bad enough to warrant reaching out to others because they know that those others might not be supportive.

That society isn't going to be tolerant of their feelings.

And, so, men notice whether or not someone will be supportive of them disclosing this abuse.

They're very good at watching how others are going to potentially respond to their abuse.

I tell the story of a man I know from high school, and he saw on my Facebook, I would post the studies that Emily and I did.

And he saw that I did this work and he reached out to me to tell me his story about his first wife and how abusive she was.

Hadn't heard from him in 20 years.

And then I happened to be giving a talk to a coalition against domestic violence on the west coast, and near where he lives and near where another friend from high school lives, and the three of us got together for dinner one night.

And he had been keeping in touch with this other high school friend, very closely.

They ran marathons together.

They saw each other regularly.

She went to his wedding.
She knew his first wife.

She had no idea that his first wife had been so abusive to him.

And he never told her.

And what happened that night, which I thought was really interesting was, I knew that I was out there giving a talk to a coalition against domestic violence on male victims, and, so, I told them about my talk.

And he watched very carefully what our mutual friend's reaction would be.

And she was very sympathetic and supportive, asked really good questions.

And then he decided that night to tell her all about the abuse that he had been experiencing from his first wife.

And it goes to show, you know, they're going to keep this inside until they know that somebody's going to be supportive of that.

And we do see that among female victims as well.

And then Dr. Addis also talks about the public silence.

So he talks about how in adolescence men are publicly silent from -- or boys are publicly silent from revealing their emotional lives.

We hear about, you know, boys who are children and will cry just as much as girl children do but then are punished for crying at some point in time.

And we do see that society just doesn't -- they want them to man up, we don't want to hear about their vulnerability, they're punished for expressing their

vulnerable emotions.

They witness other boys being punished for this as well.

And the media plays a powerful role in this.

Emily, do you think I can take over?

>> Yeah, I think so.

We're starting to get short on time anyway.

So I think we're going to move on toward the last few slides of the presentation.

And let Denise go and handle that particular little meltdown there.

She's been doing a phenomenal job multitasking.

So some other work that Denise and I did now over ten years old was about the ability of domestic violence agencies to serve underserved populations, a phrase I always have trouble with.

Serve underserved populations.

And in terms of this line here represents those who

were sort of below, you know, lesbian women and

adolescent females were really having trouble providing support for gay men, heterosexual men, elderly men.

And, so, I'd like to turn the conversation a little bit now to what is being done and moving in that direction.

This is actually a public education campaign.

I believe it was in England but Denise might want to

come in and correct me.

I'm not sure.

>> Yes.

>> So this actually shows -- this shows a man who's been castrated, right?

We understand how it feels to be a male victim of domestic violence.

That's not a very welcoming -- it doesn't look like a very welcoming message to men, a picture of their genitals being removed, showing that that's what it means to be a victim of domestic violence.

So here's some examples of messages that are gender inclusive.

So this says, domestic violence can start at anytime.

The font on my screen is super small.

Sorry if you have to look up my nose here for a moment while I'm trying to read this.

But look for the signs, and this really talks about behaviors to look for.

Controlling, isolates you, cruelty to animals, criticizes you, jealousy, possessive, cruelty to children, et cetera.

Here's an example from public education in Virginia, I believe.

Domestic abuse has many faces.

And I can't read the text because it's too small for me

to be able to read.

And, again, it says -- I think it says domestic abuse is verbal, sexual, physical, and just showing that it doesn't happen just to one gender.

Here's another example.

Just because I'm male doesn't mean she can't hurt me.

I'm human too, but nobody believes me.

This is obviously specifically trying to reach men.

A general outreach to the public in Canada, 17% of reported domestic violence victims in Canada are men.

It is thought that many more men don't report.

And then they give this little pause, that's implied by the space.

Yes, seriously.

Did you laugh?

Yeah, that's why more men don't tell others that they're experiencing violence from their partners.

And then some really encouraging stuff is that domestic violence -- men being the target of domestic violence is something that's really been picked up lately in the media.

This is from the Dallas Observer talking about a shelter that had been opened up just for men by the family place.

They actually found that they had so many men coming

forward and they were providing so many hotel vouchers that they realized they were spending so much money on hotel vouchers, they could just buy a house and set up a shelter that was just for men and their children and staff it and actually be as financially well off and provide those same -- better probably services to men. Los Angeles Times did a story on the same, about the shelter being opened in -- I'm sorry -- in Dallas, Texas.

And I don't actually -- oh, this is Valley Oasis and they've been providing services to men, I think, from the '70s, is that right, Denise, '70s and '80s, men and women together.

>> I actually think it's been -- it's been about 30 years.

>> 30 years, okay, sorry, 30 years, very good.

And then, really, you know, all over the country, Denise and I hear from agencies, we're asked to speak to their staff, supervise trainings, people who just say, you know, I work for a DV agency and I want to bring this perspective and I'm worried about the pushback I'm going to get from my supervisors, from our board.

How are other places doing this?

And we can often connect them to other providers who are doing this too.

And the real questions that are being asked are around, is this gender-specific services we provide or can we do gender-inclusive services?

Are these support groups that we've been offering for women, can we just plop men down into the middle of them and the services will work for men also?

Housing, does mixed gender work, do we need to have gender-specific housing?

And then the staff, do we need to have men on staff?

What kind of training do we need?

What are our unconscious biases, what are our very conscious biases and how do we need to address those?

I've really been so excited to see the federal government taking this on.

This is how I became connected with NRCDV and Ivonne and her wonderful team.

This is a roundtable that happened in 2018, and then there was a follow-up to it in 2019, which is bringing together folks who are doing this work, not thinking about doing it, not maybe, not pushing back against it, but who are providing these services to men and coming together and talking about the challenges that they have in front of them, either with their board, either with their staff, either with people -- other victims and how it is that they are taking this on and meeting

this challenge today.

It's a really exciting time, I think, in the field of domestic violence for those of us who are interested in studying underserved populations because it's happening, it's not just an idea, it's really out there, people are doing it and people are being so brave and taking on this work and I really -- both Denise and I want to applaud all of the providers who are doing this because it's hard work.

You're going against the grain.

But we're all there part of a changing the tide, really.

So, this is the end of our formal presentation.

We're happy to take questions.

You can find Denise and I and our email addresses online, et cetera.

Our website -- our professional website has links to our papers.

They are academic papers for the most part.

But you can download them.

They're there.

And I think I'll back off now here and looks like these are slides that are not ours.

They are from NRCDV.

And happy to hear what comes next for questions.

>> I know, thank you so much.

This has been an amazing presentation.

And the chat has been on fire.

And we have a couple of questions.

So let me read them to you.

Casey is asking, can you speak to the challenges, limitations of relying on behavioral measures alone?

If so, does complex, that includes fear, motivation, impacts, et cetera, is so important in understanding domestic violence dynamics for victims across gender?

>> Emily, I'm happy to take that and then you can fill in.

>> Yes, sounds good.

>> Yeah.

The measures that are typically used to measure domestic violence acts are behaviorally specific measures.

I don't think anybody who uses those measures say they should be used alone without additional measures to get at whatever it is that you want to understand, like fear, motivation, impact.

So, for example, we use the conflict tactics scales in addition to asking qualitative questions, as you saw all of our quotes.

Questions about the mental health and physical health impact and we do think that any time you use a

behaviorally specific measure to measure domestic violence that you do need to do -- have other measures accompanying it to really get an idea of what's going on in your sample in terms of motivation, fear, impact, whatever it might be that you're interested in assessing.

Emily, do you have anything to add?

>> No.

Well, I guess I would just, you know, we've also, you know, run focus groups as well.

Denise said qualitative accounts, but also more than just sort of the accounts but actually full on focus groups of collecting qualitative data.

I think that that provides enough information, I think, at this point for this kind of response.

Yeah.

>> Thank you, ladies.
And Anne has a question.

How can we make our agency more welcoming and accessible for male survivors?

And, Anne, I want to tell you that this is part 1.

Part 2 of the series of enhancing services to men is coming up in August and we are finalizing the date, so just make sure to follow us on social media so you can get the information, we're going to be talking to service providers, that are serving men.

But Emily and Denise, you're welcome to provide more information?

>> Yeah, well, I can start and then Denise can come in and really it sound like, Ivonne, you're going to be providing a lot of information about how to do this. So that's really where people will get the most in-depth information.

But, you know, we can talk about what we hear from men and what we really hear from men are really the things that sound very basic, which is that men really want to be believed.

They want to be heard, they want to be recognized, they want their abuse experiences to be seen as legitimate for what they are, not some kind of secondary or insignificant events in their lives.

You can see from the quotes that are provided here that men are really talking about tremendous emotional pain and they are talking about significant concerns about their children and they also are talking about life-threatening injuries, and these are men who talk about wanting to have a connection to other people who are experiencing violence.

They do want to have a connection to other men who are experiencing violence, but not solely.

I don't think there's any indication that that's the

case.

Denise, do you have anything to add to that?

>> Well, I think that's definitely a case of going back to the basics.

There are some men that also talk about being intimidated particularly by agencies that have female-sounding names, so I know there was a local agency here in Virginia that changed their name, it was like Doorways for Women and Children, and they just changed it to Doorways.

And that was their first step at making themselves more accessible to men.

And I gave a training to them back in January.

So, you know, they were definitely thinking about that in terms of where are they located, what is the name of their agency, some of the first things that they could do to change.

And then I think some of the outreach ideas that we had to men, and I think this gets at the next question that's in the chat, how invisible men feel and how we can help them feel supported, heard and willing to report.

Emily, you just finished writing a paper on something like this.

Right?

I haven't read it yet.

>> Yeah, that's right.

[Overlapping conversation]

>> But I think we analyzed our focus group data to try and get at, well, how can we encourage these men to come forward more quickly, recognize what they're experiencing as abuse.

Emily, what did you find?

>> Well, we really found that the men talked about that, they felt like the public education or the information that they received and that their own social networks received, which is largely through public education, is really targeted at women, and it took them so long to figure out that they were in an abusive relationship.

I remember that we had one man in this group, Denise has, I think, heard me tell this story many many times, which is he was sitting in a lobby somewhere and saw a pamphlet that caught his eye.

And it said things like, are you afraid to go home at the end of the day?

Are you walking -- do you feel like you're walking on egg shells?

And it was like this sort of like little behavioral kind of assessment.

And he went over and it caught his attention, he opened

it, and I swear I think this man was a medical provider, too, so somebody who would have maybe had training, and he opened the pamphlet and it said, you might be a victim of domestic violence.

And he said, not me.

And he went, oh, wait, that is me.

And, so, for him he needed the gender to be stripped away.

He needed sort of the identity of the individual to be stripped away.

And to say, are you experiencing these types of things?

And other men have also said that oftentimes the --

while the police have sometimes been problematic, the police have also sometimes been the ones who have said, you know, what's going on with you is actually abuse. Have you given that any thought?

And really somebody who labeled it for them and offered them empathy.

And then also just -- it was really the men talk so much about public education, about things like legislation being named after women, centers being named, like Mary's Hope, and just like they really feel like it's not for them.

They really feel like this system that is set up that there's no room for them and they're actually not supposed to go there.

So it just continues to sort of feed a narrative, which only tells part of the story.

>> I think we have time for one more question.

>> Sounds good.

Which one was the next one?

>> How can we challenge the idea that women who use force aren't always doing it in self-defense and instead are sometimes the primary aggressor?

Or, rather, are always doing it in self-defense.

>> Right.

Yeah.

>> Similar question, right?

>> Yeah.

>> Denise, you want to go first?

>> Well, I mean, I have to say, we've been trying it for 15 years.

I don't know that we have all the answers to that except that we just -- our thoughts have been, well, let's tell the men's stories from their points of view, what works with some folks doesn't work with other folks.

I know that we've had the idea of then having the children who are -- that's one of the reasons we've been studying the children is thinking, well, the children who witness this are suffering.

So maybe if we focus on the children's experiences watching this abuse that people will be more inclined to understand that this is not necessarily, you know, somebody acting in self-defense or retaliation when you hear it straight from the witness' voices.

So that's another angle we've been trying.

The tide is slowly changing, I think, as Emily said.

We've seen a huge change in funding for this area, interest in people -- in different domestic violence agencies coming forward to say, we want to learn more about this.

>> Yeah.

>> So the message is getting out, whether it's through us or other folks who are doing this work, we're seeing more researchers who are doing this work.

You know, before we started this work, no one had ever been funded to do this work.

We were the first ones who ever got federal funding to do this work.

So something's changing.

And I think it's just more and more people being interested in it, we need more public education campaigns, I think.

I'm going let Emily go from there because there's another child I might have...

>> I guess one thing I might say is actually just

patience.

Patience and a willingness to not be reactive.

You know, Denise and I have been doing this for many years now, and you know, we sort of have figured out a way to talk about it so that people, I hope, aren't still feeling enraged or alarmed by the message that we deliver.

And we're just here to report what the men have told us, which is really true in all research -- in almost all research about violence is that we take information from the people who are experiencing it.

I think that we actually -- I think that the LGBTQ movement has really changed the discussion in so many ways around what families can look like and the experiences that families have good and bad.

And I think that as we open up and we all become more open to the ideas of that being a man doesn't look like this, being a woman doesn't look like that, that gender is a fluid idea, and that trauma comes in all forms, it doesn't just target certain people in certain demographic groups.

I think that that is actually helping us to change the narrative in general around trauma, abuse across the board.

So I think it's really patience, listening to victims,

and trying to have as open a mind as possible and being open to just hearing from people who are recording really painful experiences.

>> I think that's all the time we have for now.

And I want to acknowledge Janisse and Alejandra, we have your questions, and I'm going to be sharing them with our presenters for part 2, I think they can give you great information on that.

They're also going to be talking about nondiscrimination condition, that's related to funding.

So thank you, Emily and Denise.

You guys are super stars.

Thanks for all the work that you've done.
And thank you for spending the afternoon with us.

This has been invaluable.

And the work is not done.

Like you said, -- [Overlapping conversation]

>> It's not done.

>> We started working a couple of years ago, focusing on males, enhancing services for male survivors, and it will continue.

It will continue.

[Overlapping conversation]

>> And we're always looking for collaborative relationships, too.

Just so people know.

Yeah.

We don't like to sit up on the Ivory Tower in academia, we really like to -- you know, we want our work to be meaningful and to help create a conversation.

Thank you for inviting us and for being open to this idea.

Everybody who's joined here, we really appreciate it.

We know we're challenging a lot of ideologies out there.

>> Yes.

Yes.

Thank you so much, ladies.

And to our participants, thank you thank you thank you.

Please don't forget to fill out our survey.

And remember in a couple of days you are going to be receiving the link to the recording of our session.

You're going to receive a copy of the PowerPoint presentation.

And follow up on social media.

Do it.

And I want to thank our captioner, she has worked wonderfully today.

Her name is Angie.

And the NRCDV staff behind the scenes, we have Justine providing technical support, we have Breckan, yeah, in

the chat, we have Casey, who has been helping us, and she's really firing away, you know, social media, doing all those things that you're doing on social media. So we will see you in August. And thank you, everybody, have a great afternoon.

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