

THE IMPACT OF (PARENTAL) INTIMATE PARTNER ABUSE ON MALE SURVIVORS
AND YOUNG PEOPLE

by

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Thesis Overview

This thesis, submitted in partial fulfilment of the requirements of the degree of Doctorate in Clinical Psychology, contains two volumes.

Volume One

Volume I consists of a qualitative evidence synthesis, an empirical research study and two press releases. The qualitative evidence synthesis provides an overview of and discusses the qualitative literature exploring males' experiences of female-perpetrated intimate partner abuse (IPA). The empirical paper explores how young people with experiences of parental IPA make sense of romantic relationships. The press releases offer an accessible overview of the findings from the two chapters for the purpose of public dissemination. Findings are communicated in lay terminology for the benefit of the wider public, and those for whom these are of particular relevance (e.g., participants, experts by experience, stakeholders).

Volume Two

This consists of five clinical practice reports (CPRs). CPR1 presents two formulations of a 65-year-old male suffering with anxiety. CPR2 presents a case study using Acceptance and Commitment Therapy to support a 44-year-old woman suffering with low mood and health difficulties. CPR3 presents an audit exploring the timeliness of diagnosis in a Young Onset Dementia Pathway. CPR4 presents a single-case experimental design evaluating a behavioural intervention with a 10-year-old boy diagnosed with global developmental delay displaying behaviours of concern. The final CPR (CPR5) outlines the use of Cognitive Behavioural Therapy with a 14-year-old experiencing non-epileptic attack disorder and panic attacks.

N.B.: All potentially identifying information has been changed to ensure service user confidentiality.

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Chapter 1:

Literature Review

“It Was Different Because I Was a Man”: A Qualitative Evidence Synthesis Exploring the Lived Experiences of Male Survivors of Female-Perpetrated Intimate Partner Abuse

The manuscript has been submitted to *Aggression and Violent Behaviour: A Review Journal* for review. This journal requires manuscripts to be submitted with U.S. word spelling. The manuscript is authored by Hollie Richardson and Juliane Kloess. Its format has been altered in places to achieve consistency throughout this thesis.

Abstract

Approximately four in 100 men experienced intimate partner abuse (IPA) in the years between 2018 – 2019. The impact of IPA can be severe and pervasive for both male and female survivors, including physical and mental health difficulties. There are currently few studies that explore the experiences and needs of male survivors of IPA, with a large proportion of the literature focusing on female victimisation. A literature review in the form of a synthesis of existing qualitative research exploring the experiences of male survivors of female-perpetrated IPA was therefore completed. Twelve studies using a variety of qualitative methods were included in the review. It followed Noblit and Hare's (1988) seven-phase process for conducting a meta-ethnography. Original extracts from the data, as well as the authors' interpretations, were included in the synthesis to identify common themes and concepts across the included studies. Five superordinate themes were identified. The concept of 'hegemonic masculinity' was present within all of these themes. The review presented here highlights the types of abuse men experience, how they try to make sense of and cope with these, the process of help-seeking, and the way in which societal views of masculinity colour their experiences. These themes illustrate the significant impact IPA can have on men, and allows for comparison of these experiences to those of female survivors of IPA.

Introduction

Intimate Partner Abuse

The World Health Organisation (WHO, 2013) describes intimate partner abuse (IPA), also known as domestic abuse, as a social and health problem which can lead to significant physical and mental health difficulties, with an estimated 2 million people worldwide (aged between 16 – 59 years) experiencing IPA in 2018. IPA can be defined as a single incident or multiple occasions of behaviour involving threats, violence and / or abuse (Crown Prosecution Service (CPS), 2017; Elkin, 2018). IPA can include (but is not limited to) psychological, physical, sexual, financial and emotional abuse (Elkin, 2018). Controlling and / or coercive behaviours were also introduced as a criminal offence in 2015¹, and can also be included in the definition of IPA (CPS, 2017; Elkin, 2018).

The effects of IPA can be extensive for the individual. According to the WHO (2013), the effects for both men and women can include chronic pain, depression and post-traumatic stress disorder (PTSD) (Campbell, 2002). The effects of IPA can also impact upon those around the survivor. For example, approximately one in five children in the UK have experienced parental IPA, with exposure thereto in childhood increasing the likelihood of developing anxiety, depression and aggressive behaviours, as well as the risk of experiencing IPA in their own relationships as adults, either as a survivor or a perpetrator (Fehringr & Hindin, 2009; Temple et al., 2013). This highlights the impact IPA can have on both the survivors and those around them.

IPA and Gender

¹ Section 76 of the Serious Crime Act 2015 - Controlling or Coercive Behaviour in an Intimate or Family Relationship (CPS, 2017)

The Office for National Statistics (ONS) suggests that females are more likely to be a survivor of IPA than men. However, both females and males can be survivors of IPA, with approximately 7 in 100 women, and 4 in 100 men, experiencing IPA between 2018 – 2019 (Elkin, 2019). It is important to note that this is likely to be an underestimation due to a reluctance in survivors to report these crimes; for example, Drijber et al. (2013) explored the characteristics of male survivors of IPA in the Netherlands using an online questionnaire. Results revealed that only 15% of male participants had reported their experiences of abuse from a female partner to the police, with the most prominent barriers being a belief that the police will subsequently not take action, or that their reports will not be taken seriously or believed (Drijber et al., 2013; Huntley et al., 2019). This supports the notion that the number of male survivors of IPA may be underestimated both in the literature and in national statistics.

Feminist movements encouraged a shift in what society deemed ‘acceptable’ behaviour within relationships, and awareness around male-to-female IPA consequently grew as such behaviour was recognised as abuse. This is reflected in the literature as research in regards to male-to-female IPA has also increased to explore the prevalence and lived experiences of female survivors of male-perpetrated IPA (Alhabib et al., 2010; Josolyne, 2011), with findings supporting the development of national policies, support services and interventions for survivors, as well as generally raising awareness of this issue. There is also a body of literature which focuses on male perpetration of IPA, including treatment programmes for these individuals, which evaluate the effectiveness of these programmes and highlight ways of improving the efficacy of interventions (Saunders, 2008; Smedslund et al., 2011).

Conversely, there is a relative lack of research focusing on male victimisation by female partners (Tilbrook et al., 2010). Chaudhuri (2012) suggests that there is a reluctance in both

the media and academic literature to recognise and discuss IPA beyond the notion of female victimisation and male perpetration. This is perpetuated by a gendered model of IPA which suggests that the motivation underlying male-to-female IPA is a desire to be dominant and exert power of females (Bates, 2019). These are characteristics that are present in the prominent views of men held by society. As such, a gendered model of IPA also suggests that female-to-male violence occurs almost exclusively as a result of self-defence (Bates, 2019). More specifically, gender stereotypes of ‘enhanced femininity’ suggest that females are caring and submissive, further limiting the view of IPA to that of male perpetration and female victimisation (Josolyne, 2011). It can therefore be argued that such views impact upon the experiences of male survivors of IPA and their willingness to speak out and report this. In addition, the understanding of male victimisation is limited, and the needs of this population have been somewhat overlooked (Huntley et al., 2019). This is further reflected in the lack of support services available for male survivors of IPA compared to female survivors. Finally, training for healthcare professionals regarding recognising signs of IPA is heavily focused on female survivors, and many IPA screening tools have been developed with a female population in mind (Drijber et al., 2013).

However, in recent years there has been a move toward acknowledging the extent to which IPA can impact upon males as well as females (Huntley et al., 2019). Quantitative and survey-based studies have been completed which estimate the prevalence of female-perpetrated IPA, including the type and severity of abuse and risk factors for experiencing IPA (Dim & Elabor-Idemudia, 2018; Hester et al., 2015; Hines & Douglas, 2016). For example, Dim and Elabor-Idemudia (2018) suggest that psychological abuse may be more prevalent in male survivors of IPA than female survivors, and Hines and Douglas (2016) found that men also experience sexual violence, as well as physical and emotional abuse.

The impact of female-to-male IPA has also been explored quantitatively; for example, Hester et al. (2015) suggest that men who have experienced IPA are more likely to experience symptoms of depression and anxiety disorders. While such studies are useful in raising awareness of male victimisation, less is known about the lived experiences of males, given that the use of qualitative approaches to exploring this topic is still an emerging area (Huntley et al., 2019). It is of great importance that male survivors of IPA are given a voice in order to ensure that national policies, support services and interventions are developed to address the needs of this population, as well as to further challenge a gender stereotyped view of IPA.

Qualitative Evidence Synthesis

While methods for synthesising quantitative research are well established, methods for synthesising qualitative research are more recently emerging due to an increasing number of qualitative studies being published. Noblit and Hare (1988) outlined a seven-phase process for synthesising qualitative research (see Table 1). There are various approaches to synthesising qualitative research. More specifically, meta-ethnography involves understanding and interpreting an author's interpretation of their results across multiple studies. As such, authors' interpretations within the studies are treated as original data, which are then synthesised across studies in order to develop new concepts and / or themes to answer a particular research question (Britten et al., 2002). A meta-ethnographic approach is often used when exploring perceptions or experiences (Kastner et al., 2016), and can be used to provide deeper analysis, novel research questions, as well as prevent research duplication (Atkins et al., 2008).

Present Review

A qualitative evidence synthesis was therefore chosen for the purpose of answering the research question of the present review, namely 'what are the lived experiences of male

survivors of female-perpetrated IPA?'. The chosen approach was deemed to be most appropriate, given that qualitative research is best placed to answer the research question in light of the in-depth and rich personal accounts it generates about people's life experiences. Furthermore, numerous systematic literature reviews and meta-analyses exist of quantitative research studies that explored this topic (Chan, 2011; Golding, 1999; Langhinrichsen-Rohling et al., 2012). A review of the existing qualitative research in this area is therefore important in order to further our understanding of male survivors' experiences of IPA². The present review aims to identify what the available qualitative literature tells us about the lived experiences of male survivors of IPA perpetrated by female partners. In doing so, the review adds to this emerging field of enquiry by synthesising the findings from existing qualitative studies. This will further develop our understanding of the experiences and needs of male survivors of IPA by providing an overview of the current evidence base, ultimately informing recommendations for clinical practice and future research.

Method

A qualitative evidence synthesis using a meta-ethnographic approach was used to synthesise the available qualitative literature in this area, in order to meet the aims of the review. Noblit and Hare's (1988) seven-phase approach was used to guide the analytic process. These steps are outlined in Table 1.

Table 1

Noblit & Hare's (1988) Seven Phases of Meta-Ethnography

Phase	Description
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²While the present review focuses upon female-to-male IPA, it is important to note that IPA can also occur in same-sex relationships (Houston & McKirnan, 2007). The present review aimed to understand the unique experiences of male survivors of female-perpetrated IPA, and as such IPA within same-sex relationships was not explored.

1. Getting Started	Identifying an interest which could be informed by synthesising the available qualitative data.
2. Deciding what is relevant to the initial interest	Systematic literature search to identify studies which are relevant to the study interest and could contribute to the area of interest.
3. Reading the studies	Becoming familiar with the studies identified to be included in the meta-ethnography. This includes identifying concepts and themes within the studies and what these say about the area of interest.
4. Determining how the studies are related	Themes, phrases and ideas which are used within each study to begin identifying how the studies relate to each other. This may be reciprocal, refutational or line-of-argument syntheses.
5. Translating the studies into one another	Synthesising the data by continuously comparing key concepts, themes and interpretations within and across each study.

6. Synthesising translations	Comparing the translations identified within the previous step to see if there are common translations.
7. Expressing the synthesis	Communicating the synthesis at an appropriate level for the audience you wish to communicate it to.

Phase 1: Getting Started

Phase 1 includes identifying a research area which would benefit from a synthesis of the available literature to further inform and develop our understanding thereof. This started with an interest in IPA and the impact of this more broadly upon women, men and children. I conducted initial literature searches in these areas to better understand the available literature, as well as identify any existing meta-syntheses. As outlined above, there is currently limited understanding of the experiences and needs of male survivors of IPA perpetrated by a female partner. This appears to be an important gap in the literature, as such understanding may facilitate the development of better support services for this population (which, in turn, may subsequently increase help-seeking and reporting by male survivors of IPA). Following the initial literature searches, my research interest was refined to answer the following research question: ‘What are the lived experiences of male survivors of female-perpetrated IPA?’.

Phase 2: Deciding What is Relevant to the Initial Interest

Following establishing an area of interest, a systematic literature search was conducted to identify any relevant studies that had used a qualitative methodology.

Search Strategy

Web of Science, PsychInfo, Embase and ProQuest Social Sciences databases were searched using a number of keyword search terms (see Table 2). As this is an emerging area of enquiry, the search was not limited to peer-reviewed journals, and therefore enabled the identification of theses and dissertations. As such, it was deemed important to also search for theses and dissertations specifically, which was done via the Electronic Thesis Online Service (ETHOS), ProQuest Dissertation and Thesis Global, and the Open Access Thesis and Dissertation databases.

Table 2

Database Search Terms

	Search term or restriction
1	Experience* OR “lived experience*”
2	“domestic violen*” OR “domestic abus*” OR “intimate partner violen*” OR “intimate partner abus*” OR “partner violen*” OR “partner abus*”
3	Survivor OR suffer*
4	Male OR men OR man
5	Combine 1,2,3 and 4 with AND
6	NOT Perp*
7	NOT elder

8	NOT child
9	NOT youth
Restricted to	Full text, English language and human

A total of 1,477 articles were returned overall. Two of these were identified through backward searching, that is, through the studies being cited in the articles that were returned by the search. Search terms 1-4 returned a very large body of literature, with a number of articles relating to elder abuse or abuse in adolescent relationships. As such, search restrictions 6-9 were added. Following the removal of duplicates, and applying the inclusion criteria outlined in Table 3, 12 relevant qualitative studies were identified for inclusion in the review. Of these, three results relate to doctoral theses (Cristofi, 2018; Hogan, 2016; Josolyne, 2011), and one relates to a Master-level dissertation (Du Toit, 2010). Where there was uncertainty about the relevance of a study, and whether it should be included in the review or not, this was discussed within the supervisory team to ensure that a consistent decision was made. The search process, including reasons for excluding articles, is documented in Figure 1.

Table 3

Criteria for Inclusion in Review

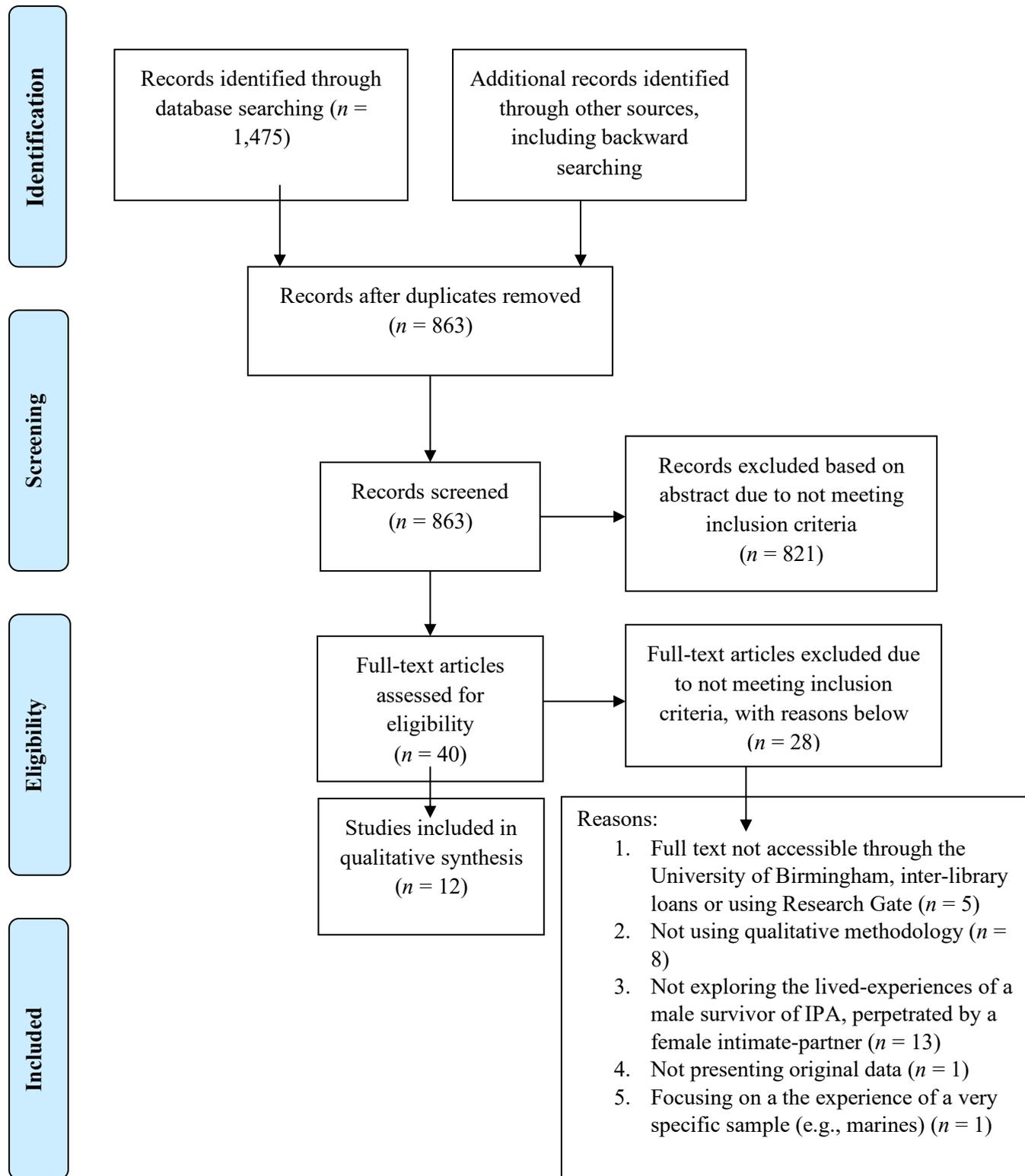
Criteria for Inclusion in Review

1. Papers must be in English.
 2. The full text must be accessible through the University of Birmingham, inter-library loans or using Research Gate.
 3. Papers must use a qualitative methodology.
-

-
4. Papers must explore the lived-experiences of a male survivor of IPA, perpetrated by a female intimate-partner.
 5. The sample must be comprised of males only.
 6. Papers must present original data.
 7. Papers must include a sample of participants over the age of 18.
 8. The paper must focus on the lived experience of non-specific samples.
-

Figure 1

PRISMA Flow Diagram of the Systematic Literature Search Process (Moher et al. 2009)



Phase 3: Reading the Studies

Study Characteristics

Phase 3 includes becoming familiar with the studies that have been identified for inclusion in the review. I did this by reading through the studies in detail and extracting information about each study's aims, participants and data analysis.

Over half of the studies included in the review were conducted in Europe, including the UK, Portugal and Italy. The remaining studies were conducted in the USA, Canada, South Africa and Cyprus. Three studies that were included in the review are case studies. Two studies used an online questionnaire or survey design with open-ended questions in order to collect data from a large sample of participants ($n > 100$). One study used diary entries in combination with in-depth interviews, and the remaining studies used semi-structured interviews for the purpose of data collection.

A total of 506 male survivors of IPA were participants across the 12 studies included in the review. All were in a heterosexual relationship at the time of experiencing IPA. The age range of these participants was large, ranging from 18 to 82 years, although it is important to note that exact ages were not reported within all studies. Finally, several different qualitative data analysis approaches were employed, including thematic analysis, discourse analysis and interpretative phenomenological analysis (IPA). Table 4 provides an overview of the study characteristics, including participant details, study aims and qualitative methodology.

Table 4

Characteristics of Studies Included in the Review

Title and Author	Country	Study Aims	Participants	Recruitment Strategy	Method of Data Analysis
1. A marked man: a case of female-perpetrated intimate partner abuse (Allen-Collinson, 2009)	UK	To address a gap in the literature relating to qualitative accounts of intimate partner abuse from a male survivor's perspective.	One white male in mid-fifties – exact age and further details not provided.	Recruitment strategy is not discussed.	Thematic content analysis of a diary written in third person by the participant and a series of 5 interviews.
2. A Narrative Inquiry into the Experience of a Male Survivor of	South Africa	To give a voice to male survivors of IPA by exploring the experience of a heterosexual man in an abusive relationship, taking	One 54-year-old American male.	An advert was placed on an international support forum for survivors of IPA.	The author describes the analysis as circular, involving coding themes

Domestic Violence (Du Toit, 2010)	a social constructionist view.	and taking a categorical- content perspective.		
3. Men's experiences of violence and abuse from a female intimate partner: power, masculinity and institutional systems (Josolyne, 2011)	UK To explore how men construct their experience of abuse from a female intimate partner. To highlight internal and external practices acting on this population which impacts upon their identity and response to the abuse.	Nine males aged 38-70 years (mean = 52 years). Various cultural backgrounds including Indian, Black British, White British and South African. All participants had separated from the partner from whom they experienced abuse.	Recruitment through a number of methods: (i) an advertisement in a local newspaper; (ii) an advertisement on the website of charity organisations for male survivors of IPA; and (iii) snowball sampling – individuals were referred from non-participating contacts of the researcher,	Discourse analysis.

				who then referred further individuals.	
4. The lived experiences of a male survivor of Intimate Partner Violence: A Qualitative Case Study (Nayback-Beebe & Yoder, 2012)	USA	To explore /understand the lived experience of a male survivor of IPA and the context in which the abuse happened.	One 44-year-old Caucasian male. Inclusion criteria ensured he was either in the process of leaving or had left the relationship.	Participant introduced by an acquaintance.	A phenomenological qualitative case study using Colaizzi's method.
5. When the Woman Gets Violent: the construction of domestic abuse	Italy	To investigate the experience of abuse from the perspective of men who are survivors of IPA	20 Italian men aged 26-66 years (mean = 47 years).	Participants were recruited through radio advertisements, social media and online articles,	Discourse analysis with a qualitative approach. Analysed using ATLAS.TI software with

<p>experience from heterosexual men's perspective (Entilli & Cipolletta, 2016)</p>	<p>perpetrated by female partners. To shed light on abusive and coercive behaviours that could be perpetrated by both men and women.</p>	<p>10 participants were still in the abusive relationship or had ended the relationship less than 12 months before the study. 10 participants had ended the abusive relationship more than 12 months before taking part in the study.</p>	<p>as well as through a shelter supporting victims of IPA and word of mouth.</p>	<p>an aim to reduce the data being contaminated with subjective opinions.</p>
<p>6. It's deemed unmanly': men's experiences of intimate partner violence (IPV)</p>	<p>UK To explore how male survivors of female-perpetrated IPA make sense of their experiences.</p>	<p>Seven males. Participants were not asked to disclose demographic information. Relationship</p>	<p>Advertisements for the study were posted on the websites of UK-based organisations supporting male survivors of IPA.</p>	<p>Interpretative phenomenological analysis (IPA).</p>

(Morgan & Wells, 2016)			length ranged from 3-13 years. Time since relationship ended ranged from 8 months to 14 years.		
7. Men's experiences of female-perpetrated IPV: a qualitative exploration (Hogan, 2016)	UK	To explore men's experiences of female-perpetrated IPA, their help-seeking experiences and / or their expectations of accessing support. To explore barriers to men leaving the abusive relationship	23 males aged 24-74 years (mean =47 years). Various ethnicities including White British, British Pakistani and Black Afro-Caribbean. 17 participants reported being in one abusive relationship in their	A range of recruitment strategies were utilised: (i) IPA support services in the UK; (ii) mental health and substance misuse services in the UK; (iii) presentations at the British Psychological Society's Division of Counselling Psychology Annual	Thematic Analysis.

			lifetime and 6 reported two.	Conference and the Male Psychology Conference, University College London; (iv) advertisements on online support forums and male survivor support blogs; and (v) snowball sampling.	
8. Exploring help seeking experiences of male victims of female perpetrators of	Portugal	To explore what forms of abuse male survivors experience and what consequences of the abuse men report. To explore how male survivors cope with	10 males aged 35-75 years (mean =51.6 years). The majority of participants had left the abusive relationship by the time the study was	Not reported but all participants had sought help from formal support services for survivors of IPA and / or the legal system.	Thematic Analysis.

IPV. (Machado et al., 2017)	IPA and their experience of seeking help /support.	conducted, with two men still in an abusive relationship. Mean length of relationship was 15.5 years.	Cultural and ethnic information was not discussed.		
9. "How many silences are there?" Men's experience of victimisation in Intimate Partner Relationships.	Canada	To explore men's experiences of being a survivor of IPA, with a particular focus on masculinity.	Nine males aged 19-59 years. Authors reported ethnicities as Caucasian, European or First Nations. Information on length of abusive relationship or	Participants were recruited through community services (substance misuse support services, mental health services and counselling centres).	Thematic Analysis.

(Brooks et al., 2017)	whether participants were in the relationship at the time of the study was not discussed.
10. An exploration into the experiences of Cypriot male victims of domestic abuse; An Interpretive Phenomenological Analysis (Cristofi, 2018)	<p>Cyprus</p> <p>To explore the lived experiences of males in Cyprus who have reported IPA from a female intimate partner. This includes how the men made sense of their experiences, how the experience impacted upon them, their experiences of seeking support and any</p> <p>Six males of Cypriot nationality and living in Cyprus. All participants were English speaking, Mean age 42 years. Further demographic information is not discussed.</p> <p>Recruitment through a Cypriot organisation which aims to prevent IPA and support survivors of IPA (Association for the Prevention and Handling of Violence in the Family (SPAVO)).</p> <p>Interpretative phenomenological analysis (IPA).</p>

		barriers they faced in the process of seeking support.			
		To explore the impact of culture on this experience of being a male survivor.			
11. “Walking on egg shells”: A qualitative examination of men’s experiences of intimate partner violence. (Bates, 2019)	UK	To qualitatively explore men’s experience of intimate partner violence (IPV) from their female partners using an anonymous, qualitative online survey.	161 males aged 20 to 82 years (mean = 44). The majority of participants identified as White (77.6%) with others identifying as having a mixed ethnic background (5.6%), Asian (1.9%), Black (0.6%), Other (2%) or	An online questionnaire advertised on social media (e.g. Twitter, Facebook) and on the websites of organisations that are known to work with male victims of IPV.	Thematic Analysis

chose not to answer
(missing: 13%). The
majority identified as
British (57.9%) followed
by being from the US
(15.1%), Australia/New
Zealand (10.7%), Canada
(5.7%), Europe (7.5%) or
Other (3.1%) with a
further number declining
to respond (missing:
1.2%).

Less than half the sample
identified as being in a

			current relationship (39.8%).		
12. Male victims of female-perpetrated intimate partner violence, help-seeking, and reporting behaviours: A qualitative study. Psychology of men and masculinities.	Australia	To increase understanding of male experiences of female-perpetrated IPA by exploring their experiences of abuse, help-seeking and reporting. This paper aimed to avoid using terminology with strong implications regarding gender and masculinity. An anonymous, qualitative online survey was used to meet these aims.	258 men aged 18-77 years (m=40.14). 60.9% were in a current intimate relationship, 32.2% had never been married and 32.2% were married or living together. Almost all participants were living in an Australian state or territory.	The study was shared in an advertisement within a monthly newsletter of an Australian online men's health support site, and social media using a snowballing approach. The advertisement described the aim of the study as exploring men's experiences of intimate relationships, including boundary crossings.	Thematic Analysis.

**(Walker et al.,
2019).**

Information regarding
ethnicity was not
discussed.

Quality Appraisal

As part of becoming familiar with the studies in Phase 3, it was important to assess the quality of the articles individually. To do so, I used the quality appraisal criteria developed by the National Institute for Health and Care Excellence (NICE, 2012). These criteria are outlined in Table 5. Each item in the checklist was coded green if the criterion was met, amber if it was partially met and red if it was not met or not reported. An overall quality rating was then compiled based on the ratio of strengths to weaknesses, while considering whether the results of the study may have changed if more of the quality criteria had been met. An overview of the quality ratings is presented in Table 6 (studies are presented in the same order as in Table 4).

Table 5

Quality Appraisal Criteria Developed by NICE

1. Theoretical Approach
1.1. Is the qualitative approach appropriate? E.g. does the research question aim to understand processes or subjective experiences? Is a qualitative approach a better fit for the question than a quantitative approach?
1.2. Is the study clear in what it seeks to do? E.g. are the aims and objectives of the study clear? Is appropriate literature and theory discussed?
2. Study Design
2.1. How defensible /rigorous is the research design /methodology? E.g. is the research design suitable to answer the research question? Is a rationale given for the approach, sampling strategy, data collection and analysis methods used?
2.2. Method of data collection. This criterion was added by the researcher. Face-to-face semi-structured interviews are rated a '2' due to the benefit of being able to identify social and non-verbal cues. Telephone interviews, interviews conducted using

<p>online video technology, e-mails or studies using open-ended surveys were rated a '1' (Opdenakker, 2006).</p>
<p>3. Data Collection</p>
<p>3.1.How well was the data collection carried out? E.g. are the data collection methods clearly outlined and is the method appropriate to answer the research question? Was data collected in a systematic way?</p>
<p>4. Trustworthiness</p>
<p>4.1.Is the role of the researcher clearly described? E.g. is reference made to the relationship between the researcher and participants? Is it clear how the research was explained to participants?</p>
<p>4.2.Is the context clearly described? E.g. is information about the participants, the setting and context of the research described? Is context bias discussed?</p>
<p>4.3.Were the methods reliable? E.g. was the data collected using multiple methods? Is triangulation discussed? Do the data collection methods explore what they set out to do?</p>
<p>5. Analysis</p>
<p>5.1.Is the data analysis sufficiently rigorous? E.g. is the procedure clearly outlined and described? Is the analysis systematic and reliable? Is the way in which themes were identified explicit?</p>
<p>5.2.Is the data 'rich'? E.g. has the context of the data been described? Has sufficient detail been described?</p>
<p>5.3.Is the analysis reliable? E.g. did more than one researcher analyse the data and if so, is it clear how differences of opinion were resolved? Were participants able to feedback on the analysis?</p>

5.4. Are the findings convincing? E.g. are findings reported and presented in a clear manner? Are extracts /quote from the original data included and are the appropriately referenced?
5.5. Are the findings relevant to the aims of the study?
5.6. Conclusions e.g. are there clear links between data, interpretation and conclusions which are drawn? Are conclusions clear and reasonable? Have other possible explanations been discussed? Do the conclusions enhance the research area? Are implications of the findings discussed? Is there discussion of limitations?
6. Ethics
6.1. How clear and coherent is the reporting of ethics? E.g. have ethical considerations been discussed such as consent and anonymity? Have possible consequences of the research been discussed? Was the study approved by an ethics committee?
Overall assessment: how well was the study conducted? ++, + or –

Each study was rated 0, 1 or 2 on each criterion, with 0 representing ‘criterion not reported/met’, 1 representing ‘criterion partially met’, and 2 representing ‘criterion fully met’. It is important to note that this scoring was based on the assessment of the author of the present review, and it is possible that others may rate the quality of the articles differently. Further explanations of the scoring given to each article are outlined in Appendix A.

Table 6

Quality Ratings of Studies Included in the Review

Study	1. Theoretical Approach		2. Study Design		3. Data Collection	4. Trustworthiness			5. Analysis						6. Ethics	Overall Assessment
	1.1 Is a qualitative approach appropriate?	1.2 Is the study clear in what it seeks to do?	2.1 How defensible/rigorous is the research design /methodology?	2.3 Method of data collection	3.1 How well was the data collection carried out?	4.1 Is the role of the researcher clearly described?	4.2 Is the context clearly described?	4.3 Were the methods reliable?	5.1 Are the data rich?	5.2 Is the analysis reliable?	5.3 Are the findings convincing?	5.4 Is the data analysis sufficiently rigorous?	5.5 Are the findings relevant to the aims of the study?	5.6 Conclusions	6.1 How clear and coherent is the reporting of ethics?	(++, +, -)
1	2	1	2	2	2	0	1	2	1	0	1	0	2	1	2	+
2	2	2	2	1	2	2	2	0	1	2	1	2	2	2	2	+
3	2	2	2	2	2	2	1	2	2	1	2	2	2	2	2	++

4	2	2	2	2	2	0	1	0	1	0	2	2	2	2	2	+
5	2	2	2	1	2	2	2	0	2	1	1	1	2	2	2	+
6	2	2	2	1	2	0	1	1	2	2	2	2	2	2	1	+
7	2	2	2	1	2	2	2	1	2	1	2	2	2	2	2	++
8	2	2	2	2	2	1	1	1	1	2	2	2	2	2	2	++
9	2	2	1	2	2	0	1	1	0	0	2	1	2	2	0	+
10	2	2	2	2	1	2	0	1	2	2	2	2	2	2	2	++
11	2	2	2	1	1	0	1	1	2	0	2	1	2	2	0	+
12	2	2	2	1	1	1	1	0	1	2	2	1	2	2	0	+

Data Analysis and Synthesis (Phases 4, 5 and 6)

Phases 4-6 involve extracting information from the studies to identify how they are related to each other. Studies may be related in a reciprocal manner (in which the results support each other). Studies may also be related in a refutational manner (in which the results of the studies refute or contradict each other). Phases 4-6 were applied in a dynamic manner which involved moving back and forth through these phases. An example of each one of the three phases is provided in Appendices B, C, D and E for one theme, namely 'explaining the abuse'.

In order to begin this process, I created a data extraction grid using an Excel spreadsheet; this included the names of the themes, a description of each theme, the authors' understanding of each theme, as well as my own interpretation of it (if it differed from that of the authors). Quotes from participants and the authors were also included (see Appendix B for an example). Following the initial extraction of data, I then explored how the data were related to each other. I began by identifying common concepts and characteristics which appeared across the papers, grouping them together by using a colour-coding method within the data extraction grid. This identified both reciprocal and refutational translations. These initial translations were part of Phase 4 (see Appendix C for an example). I then went on to continuously compare the key concepts and characteristics across each study and began to group similar characteristics as I moved through Phase 5 (see Appendix D for an example). Through continuously comparing the key concepts, I began to develop an overarching understanding of each concept, and labelled these based on my interpretation, moving into Phase 6. During this phase, my initial labelling of themes changed, and some separate themes merged, while other themes split into multiple separate themes (see Appendix E for an example).

The synthesis process resulted in five themes being identified. Before finalising these themes, I revisited my initial extraction grid to confirm that these themes accurately represented the data within them, as well as ensuring that no data had been missed. These themes are built upon and supported by synthesised data from the 12 original articles below. Discussions and consultations took place throughout the analytical process with (i) the supervisory team; (ii) two members of staff in the Centre for Applied Psychology, University of Birmingham, who are also clinical psychologists; and (iii) three trainee clinical psychologists who were also completing qualitative evidence syntheses. The latter two occurred within the context of small-group workshops which are organised for trainees on doctorate programmes for the purpose of facilitating guidance and support throughout this process. In order to ensure reliability, a fellow trainee clinical psychologist analysed the initial extraction grid and offered suggestions on any themes they noticed within the data. These observations were then compared with my own analysis, and any conflicting interpretations were discussed, resulting in my revisiting the themes accordingly.

Results

Phase 7: Expressing the Synthesis

A total of five themes, with one theme encompassing two sub-themes, were identified to best represent the findings of the articles included in the present review. An overview of the themes is presented in Table 7, and each one is discussed in more detail thereafter. Table 7 includes a number of quotes both from the participants and the author(s) of the articles from which the data have been derived. The concept of ‘hegemonic masculinity’ was present in a large proportion of the articles and is represented by most of the themes identified.

Table 7

An Overview of Each Theme, Including Quotes From Authors and Participants

Super-ordinate	Sub-theme	Number of	Participant and Authors Quotes Supporting Theme
Theme		Papers Contributing to Theme <i>(papers which contribute)</i>	
1. Multiple forms of abuse		9 (4-12)	<p>"My partner denied all access (custody and communication) with my son" – (Walker et al., 2018, page 4), quote from participant.</p> <p>"None of the participants experienced the abuse as a series of single isolated incidents - they emphasised a pattern of abuse, which had occurred across time" - (Morgan & Wells, 2016, page 409), quote from author.</p>

“Subtle changes in the format and method of abuse they experienced, from one off events, to something more routine, and the escalation from predominately verbal to physical abuse”
– (Hogan, 2016, page 54), quote from author.

1.1.Direct Abuse 9 (4-12)

“The majority of participants reported being subject to five types of direct violence, i.e. violence perpetrated directly against them: psychological, physical, economic, stalking and legal administrative (i.e. when one partner uses the legal and administrative system to the detriment of the other partner)” – (Machado, Santos, Graham-Kevan & Matos, 2017, page 517), quote from author.

"Various forms of verbal abuse were described... screamed at... name calling... criticized or belittled" – (Bates, 2019, page 5), quote from author.

“It was scary, because there were many times plates, cups smashed, shards of glass going into my leg, stuff like that, where she'd open up the spoon drawer, the utility drawer and start chucking... I wasn't allowed to listen to a female singer on the radio... it was constant,

whether it was the verbal or the actual physical, it was there all the time"- (Brooks, Martin, Broda & Poudrier, 2017, page 8), quote from participant.

"We are talking about absolutely extremely aggressive [violence] you know, attack on my face with deep cuts. I've had to have plastic surgery on my skin" (Morgan & Wells, 2016, page 410), quote from participant.

"His female partner used sexual aggression, including insisting on sex" – (Hogan, 2016, page 49), quote from author.

"All those things I heard from her...the constant accusations and saying that I was worthless and the nasty things she always said about my looks, my body type or my personality, were really bad for my self-esteem, I believed them for a long time" – (Cristofi,2018, page 96), quote from the participant.

1.2.Indirect Abuse 7 (4-7, 9-11)

"This was evident in a variety of different aspects. For some respondents, it was the effect of physical violence targeted upon the children (directly or indirectly) that caused the most concern... the fear and anxiety that the participants felt in regard to their children (including

potential loss) engendered a sense of hopelessness within a number of participants.

Sometimes this resulted in them feeling trapped within the relationship" – (Morgan & Wells, 2016, page 411), quote from author.

“Some men also described indirect violence, i.e. violence that was not perpetrated directly against them. More specifically, men reported that their children were also survivors of IPV" – (Machado, Santos, Graham-Kevan & Matos, 2017, page 517), quote from author.

“Used son, even before he was born, against me to control my behaviour. Said she knew he was the only thing I truly loved and would use him to get me to do what she wanted, that she’d never let me see him if I left her” – (Bates, 2019, page 20), quote from the participant.

2. Searching for understanding

9 (1-6, 8, 11, 12)

"The behaviour is constructed as explicable as a result of childhood experiences of the female partner which have caused her ongoing psychological problems" – (Josolyne, 2011, page 46), quote from the author.

“NH indicated that on many occasions he sought to ascertain what he had "done wrong" and identify what he might do differently to improve matters" – (Allen-Collinson, 2009, page 31), quote from the author.

“Mental health was a theme that was evident in Tom’s story when he told me more of Lidia’s behaviour. Tom saw Lidia’s questionable mental health in the later years of the marriage as an excuse for Lidia’s behaviour towards him” – (Du Toit, 2010, page 85), quote from the author.

“Daniel was stabbed multiple times but continued to say he was responsible for his partner’s violence and he wanted that acknowledged” – (Brooks, Martin, Broda & Poudrier, 2017, page 1), quote from the author.

"I was starting to think what is it that I have done to cause her to act the way she does. What could I have done differently have change it?... And then you get to the point where you play the scenario in your head over and over and over again. Trying to figure it out... to

make some sense of it... and there is no sense to be made" – (Nayback-Beebe & Yoder, 2012, page 92), quote from the participant.

"I believe she was the only one responsible as she was the one that chose to react in that way and she chose to be abusive" – (Cristofi, 2018, page 93), quote from the participant.

**3. Finding ways
to live within
an abusive
environment**

6 (1, 5-7, 11,
12)

"Participants described using strategies such as leaving home temporarily, trying to hide, trying to calm themselves, trying to leave the relationship, sleeping in separate rooms, crying, isolating themselves, devaluing the situation, avoiding the problem, and consuming alcohol"– (Machado, Santos, Graham-Kevan & Matos, 2017, page 518), quote from author.

"After an episode of violence, survivors' strategies including talking to the partner, trying to calm the partner and acting in self-defence. Participants reported having attempting talking to or trying to calm the partner more than acting in self defence"– (Machado, Santos, Graham-Kevan & Matos, 2017, page 519), quote from author.

"In order to live within the parameters of an abusive relationship, survivors report developing a range of coping strategies and tactics". "NH indicated... staying out of the way

of his wife was one of the principal means of avoiding confrontation... sitting in his car, sometimes for hours" – (Allen-Collinson, 2009, page 30), quote from author.

"I just couldn't take it anymore... I finally decided to seek some help because I wasn't able to cope". – (Cristofi, 2018, page 119), quote from participant.

4. Seeking help
(negative, positive and expectations of help-seeking)

9 (2, 4-8, 10-12)

"He constructs himself during the interaction with the police as being positioned as the perpetrator and consequently feeling that his version of events was not believed" – (Josolyne, 2011, page 61), quote from author.

"I went to the hospital to get a medical report and make a complaint of assault. I waited six hours and from behind the curtains, it was 3 in the morning, I heard a nurse that said... "it's that dumbass who got battered by his wife" The guy burst out laughing" – (Entilli & Cipolletta, 2016, page 2336), quote from participant.

"The participants' descriptions included both positive and negative experiences of seeking support. Positive experiences for the participants of this study included the reassurance that they are not the only male victims of abuse, which helped to relieve some of the anxiety,

fear and shame they were feeling in terms of their experience of victimisation and seeking support, and also, the feeling that they were understood and that their experiences were validated" – (Cristofi, 2018, page 113), quote from author.

"Conversely, men reported that they had received valuable support from friends, family and colleagues at work"– (Machado, Santos, Graham-Kevan & Matos, 2017, page 519), quote from author.

"They heard me, they didn't judge me, they gave me support. Sometimes, only hearing what we have to say and having friendly words makes a difference"– (Machado, Santos, Graham-Kevan & Matos, 2017, page 519), quote from participant.

"Some participants described a lack of faith in support services being able to help them, on account that services are not set up to help male survivors" – (Hogan, 2016, page 74), quote from author.

"Participants noted several reasons for not disclosing their experience of abuse to family and friends... survivors reported a fear of being disbelieved or of being thought of as a wimp" – (Walker et al., 2019, page 7), quote from author.

5. Rules of being a man

10 (1, 2, 4 - 6, 8-12)

"He feels that women are seen as a protected class by society in regard to domestic violence and because of this special class, many men and children are harmed" – (Du Toit, 2010, page 87), quote from author.

"Gender, (a cultural construction which ascribes values, behaviours and expectations to a given biological sex) was a key aspect... in particular, the men described how their abusive partners utilised widely held gendered stereotypes of abuse (male perpetrator/female survivor) as a means of facilitating and furthering partner abuse" – (Morgan & Wells, 2016, page 413), quote from author.

"I think that in Cyprus, no one even considers that men can also be victims...most people think that only women can be victims..." – (Cristofi, 2018, page 76), quote from participant.

"The man's agency to respond to his wife's behaviour or seek support is constrained by his embodied feelings of embarrassment associated with his masculinity" – (Josolyne, 2011, page 44), quote from the author.

“Men described themselves as responsible for their partners, engaging in a caring role and showing extreme tolerance for even severe physical attacks towards them...taking responsibility for their partners and not reacting to the attacks gave these men the perception of being a good representation of the male stereotype and acting as a good partner”– (Entilli & Cipolletta, 2016, page 2333), quote from author.

"I never retaliated as I don't hit women" – (Bates, 2019, page 15), quote from participant.

"I haven't measured up in like some way to my perception of what I should be as a male member of society" – (Hogan, 2016, page 76), quote from participant.

1. Multiple Forms of Abuse

A total of nine studies contributed to this theme. Across the studies, participants described experiencing abuse in several different ways. This includes physical violence, verbal and psychological abuse, sexual abuse, coercive control, and isolating the individual from their friends and family, as explained by Machado et al. (2017):

“The majority of participants reported being subject to five types of direct violence, (i.e. violence perpetrated directly against them): psychological, physical, economic, stalking and legal administrative (i.e. when one partner uses the legal and administrative system to the detriment of the other partner)” (author, Machado et al., 2017, p. 517).

Participants across several studies also reported experiencing indirect abuse, describing experiences in which their partner made false allegations of violence about them to the police, friends and family. Indirect abuse also included restricting contact to children or threatening to / actually directing abuse at the children themselves. Authors across the studies suggest that participants’ accounts of experiencing multiple forms of abuse support the notion that female-to-male perpetrated IPA is an “existent phenomenon” (Cristofi, 2018, p. 95), and that males experience IPA in similar forms to females. Concepts of direct and indirect abuse were very salient across the articles, and they will therefore be discussed as separate sub-themes below. Furthermore, it was apparent that the abuse occurred as “a pattern of abuse which had occurred across time” (Morgan & Wells, 2016, p. 409), often increasing in intensity as the relationship progressed (5-9). This often involved “subtle changes in the format and method of abuse...the escalation from predominantly verbal to physical abuse” (Hogan, 2016, p. 137).

1.1.Direct Abuse

Nine studies contributed to this sub-theme, which highlights the direct abuse participants experienced by their partners. Hogan (2016) suggests that there is a “common assumption that physical violence perpetrated by women against their male partner is trivial in nature” (p. 48), however, the evidence contradicts this assumption. Across the studies, the data showed that participants experienced direct abuse, including physical violence and threats, as well as psychological, emotional and sexual abuse. For example, one participant described extreme, pervasive physical and emotional abuse:

“It was scary, because there were many times plates, cups smashed, shards of glass going into my leg, stuff like that, where she'd open up the spoon drawer, the utility drawer and start chucking...I wasn't allowed to listen to a female singer on the radio...it was constant, whether it was the verbal or the actual physical, it was there all the time” (participant, Brooks et al., 2017, p. 8).

Another participant described the injuries they sustained as a result of physical abuse: “We are talking about absolutely extremely aggressive [violence] you know, attack on my face with deep cuts. I've had to have plastic surgery on my skin” (participant, Morgan & Wells, 2016, p. 410).

Across the studies, verbal and emotional abuse was also described, and this was often referred to as the beginning of the abuse prior to any physical violence taking place. One participant described the verbal abuse they suffered as particularly difficult:

“All those things I heard from her...the constant accusations and saying that I was worthless and the nasty things she always said about my looks, my body type or my personality, were really bad for my self-esteem, I believed them for a long time” (participant, Cristofi, 2018, p. 96).

Bates (2019) suggests that “for a significant number of men, the verbal aggression was the antecedent to the development of something more serious...verbal aggression could develop into physical aggression” (p. 12). While there is an assumption that females cannot be physically violent towards males due to physical size and strength (Flynn, 1990), the data gathered across the studies challenged this. A large proportion of the studies suggest that females may use alternative methods to counteract the physical size and strength differences, including using objects and weapons. For example, one participant stated:

“To negate that size and strength difference she would wait until I was asleep, until my back was turned, until I was lying down, or using a weapon or something like that” (participant, Hogan, 2016, p. 48).

Moreover, sexual aggression and physical violence targeting participants’ genitals is also described across a number of studies, supporting the notion that males, as well as females, can be survivors of sexual violence (Hogan, 2016). For example, one participant stated:

“Knee to the groin was always a good one she enjoyed, because she knew, you know, that would, you know, any grown man that, that puts you out” (participant, Hogan, 2016, p. 49).

Another participant described being a survivor of “several ordeals of sexual torture” (Bates, 2019, p. 16), with the author referring to “several descriptions of sexual assault and instances of forced penetration” (p.16). Again, this counteracts the stereotypical view that women cannot and / or would not perpetrate sexual assault and violence due to their lesser strength and smaller size (Bates, 2019).

Finally, four of the studies also report the use of coercive control and isolation. One participant stated that his partner would “severely limit my contact with friends to being only

through phone or Facebook messaging” (Walker, 2019, p. 5). Morgan and Wells (2016) described that participants experienced their partners engaging in “behaviour which served to reduce the respondents’ social networks (and access to support)...both facilitated by, and facilitative of, other forms of abuse” (p. 412). Furthermore, Bates (2019) suggested that some men were also exerted control over by means of “emotional blackmail, or through feelings of fear” (p. 21-22). Overall, this sub-theme highlights the range of directly abusive acts males may experience at the hands of their partners in the context of a relationship that is characterised by IPA.

1.2. Indirect Abuse

Seven studies contributed to this sub-theme, describing the types of more indirect abuse participants experienced from their partners (i.e., “not perpetrated directly against them”; Machado et al., 2017, p. 517). For a large number of participants this related to their children, including physical violence and emotional abuse, with one participant stating:

“If I do not toe the line then my sons are subjected to emotional abuse that affects me as well” (participant, Walker, 2019, p. 6).

Morgan and Wells (2016) described violence targeted towards children as one of the biggest causes of concern for participants within their relationship:

“For some respondents, it was the effect of physical violence targeted upon the children (directly or indirectly) that caused the most concern... the fear and anxiety that the participants felt in regard to their children (including potential loss) engendered a sense of hopelessness within a number of participants” (author, Morgan & Wells, 2016, p. 411).

Participants also described experiencing threats to have contact with their children denied. The use of children to inflict indirect abuse was seen as a “powerful tool” (Bates,

2019, p. 20). Many of the men described feeling “trapped within the relationship” as a result of the indirect abuse relating to their children (Morgan & Wells, 2016, p. 411), and this was one of the key reasons why individuals chose to stay in the abusive relationship. One participant stated:

“Used son, even before he was born, against me to control my behaviour. Said she knew he was the only thing I truly loved and would use him to get me to do what she wanted, that she’d never let me see him if I left her” (participant, Bates, 2019, p. 20).

Furthermore, participants stated that their partners used other techniques to “damage” them through “indirect action” (Entilli & Cipolletta, 2016, p. 2335), including making false allegations. For example, one participant stated:

“The false allegations started. The first false allegation was that I’d caused all her self-harm injuries” (participant, Hogan, 2016, p. 52).

Another participant stated:

“She used false allegations of child abuse to have me removed by family court from my children’s lives for around the 5 months it took to have the allegations shown to be baseless” (participant, Bates, 2019, p. 20).

Overall, this sub-theme highlights the types of indirect acts males may experience at the hands of their partners in the context of a relationship that is characterised by IPA, including the use of their children to further the abuse, which again will impact on the children themselves.

2. Searching for Understanding

A total of nine papers contributed to this theme. It was apparent across these studies that the men attempted to excuse or explain their partners’ abusive behaviour in several ways in order to make sense of their experiences as a survivor of IPA. Hogan (2016) stated:

“Almost all of the participants reported that they had tried to make sense of their experiences by attempting to understand why their partner was abusive” (author, Hogan, 2016, p. 66).

This included explaining the behaviour as a result of their partners’ adverse childhood experiences (ACEs) or previous abusive relationships in which they were the survivor of IPA. Similarly, participants excused the behaviour as a result of mental health difficulties, and therefore took the responsibility away from their partner. They also blamed themselves for causing their partner to become angry or upset and subsequently behaving abusively.

The concept of ‘searching for understanding’ is salient in the participants’ accounts of their experience. For example, one participant explained the behaviour as a result of mental health difficulties:

“She’d been through a lot in her childhood...I, personally think she’s bipolar, but it’s almost, the person I fell in love with, and then it’s the alternate person who comes out when things aren’t going her way” (participant, Josolyne, 2011, p. 46).

By suggesting that the abuse was perpetrated by an “alternate person”, the participant takes the responsibility away from his partner, and attempts to make sense of the behaviour in the context of ACEs and mental health difficulties. Some participants also suggested that they believed their partner’s behaviour to be a normal reaction to something they were doing, with one participant saying:

“I didn’t know it was abuse...I just thought that I was doing something wrong”
(participant, Hogan, 2016, p. 66).

Another way of making sense of their partner’s behaviour was to interpret it as a result of their partner’s own experiences as survivors of IPA. For example, one participant stated:

“I think she’d had a bad relationship with her ex-husband like you know and this sort of thing you know, and I think she used to take it out on me” (participant, Hogan, 2016, p. 67).

Others attempted to explain and understand the abusive behaviour in the context of mood and hormonal changes. For example, one participant suggested:

“Most of the times the abuse was worse and happened during that time of the month, usually those two weeks, before and during” (participant, Cristofi, 2018, p. 93).

Allen-Collinson (2009) suggests that “routinisation, normalisation, and even acceptability of IPA by both survivors and perpetrators form a salient feature of many accounts” (p. 28), suggesting that both survivors and perpetrators attempt to normalise their experiences of IPA, and begin to accept it as part of their daily life rather than challenge the behaviour. Brooks et al. (2017) suggest that men may do this in an effort to reject their status as a survivor, and “preserve their own power and control” (Brooks et al., 2017, p. 9). While some felt as though the abusive partner was wholly responsible for their behaviour, for example:

“I believe she was the only one responsible as she was the one that chose to react in that way and she chose to be abusive” – (participant, Cristofi, 2018, p.93).

Others continued to share this responsibility with their partner or even took sole responsibility for the abuse. For example:

“So she was being...ignoring me, but obviously her temper was mounting and I started forcing my way into my own bed...“this is my house,” yelling, bla bla bla. So, of course, I pushed and I pushed and I pushed until something broke...and then, all of a sudden, probably I was still too much in her face, I was mad, too. She grabbed

whatever she could get her hands on to get me away from her. It happened to be a very large knife” (participant, Brooks et al., 2017, p. 10).

Furthermore, some participants stated that while they initially excused the behaviour based on ACEs and mental health difficulties, their understanding of the abuse changed with time:

“Some of the participants initially excused their partner’s (abusive) behaviour.

However, as the abuse continued this view changed to the belief they had been deceived” (author, Morgan & Wells, 2016, p. 412).

Overall, there is a salient theme in the literature relating to participants seeking to make sense of their experience by attempting to understand why their partner became abusive towards them. Several different ways of understanding their experiences are highlighted, ranging from understanding the behaviour as a consequence of mental health difficulties or difficult life experiences, blaming themselves, or placing the responsibility on the abusive partner. For some, their understanding changed as the relationship progressed or after the relationship came to an end, often moving from self-blame or excusing the behaviour to holding their partner responsible for the abuse they experienced.

3. Finding Ways to Live within an Abusive Environment

Across the studies, it was apparent that participants tried to find a way to cope with the abuse “in order to live within the parameters of an abusive relationship” (Allen-Collinson, 2009, p. 30). Six studies contributed to this theme. Participants described several ways of coping with and managing the abusive situation, including:

“Leaving home temporarily, trying to hide, trying to calm themselves, trying to leave the relationship, sleeping in separate rooms, crying, isolating themselves, devaluing

the situation, avoiding the problem, and consuming alcohol” (author, Machado et al., 2017, p. 518).

Participants also experienced themselves becoming more passive throughout the relationship, and “standing there taking it” (Hogan, 2016, p. 63). One participant described feeling as though they were:

“Walking on eggshells the whole time, desperate not to do something that might annoy her” (participant, Morgan & Wells, 2016, p. 410).

It seemed as though this theme was interconnected with the theme of ‘searching for understanding’, as some participants described “devaluing the situation” (Machado et al., 2017, p. 518) in the same way as others engaged in “normalisation, and even acceptability” (Allen-Collinson, 2009, p. 28) in order to understand the abuse they were experiencing. Some participants also described trying “to seek some help because I wasn’t able to cope” (Cristofi, 2018, p. 119). Furthermore, many participants described needing to find ways to cope with their own feelings, such as anger, in order to avoid retaliation. For example, Allen-Collinson (2009) states:

“NH found various techniques of managing his own anger and dealing with the stress and pain so as not to show any anger towards his wife” (author, Allen-Collinson, 2009, p. 30).

This theme highlights the fact that men, as well as women, seek a variety of ways to manage and cope with the abusive relationship. Authors across the studies suggest that the experience of trying to cope with the abusive relationship, and the ways in which men do this are similar to that of female survivors of IPA, particularly the techniques of trying to limit contact with the abusive partner (Hogan, 2016), blaming themselves for the abusive

behaviour, and trying to hide their own feelings of anger from their partner (Allen-Collinson, 2009).

4. Seeking Help

A total of nine studies contributed to this theme which describes participants' experiences of seeking help from formal sources, such as police and support services, as well as informal sources, such as friends and family. The experiences of seeking help from informal sources, such as family and friends, were mixed. A number of participants described negative experiences of seeking help from friends and family while experiencing IPA, such as not being believed, or their experience being minimised or belittled. For example, one participant described:

“Going to my in-laws for Sunday lunch with a black eye, and my father-in-law asking me, you know, ‘How did you get that’ and I sort of, you know, ‘She’ ((moves head to the side)) you know. And he laughed, and they all thought it was hilarious you know, and it’s like if that had been the other way round it wouldn’t have been funny now would it?” (participant, Hogan, 2016, p. 79).

In contrast, some participants described positive and supportive experiences of seeking support from friends and family. For example:

“Men reported that they had received valuable support from friends, family and colleagues at work” (author, Machado et al., 2017, p. 519).

Machado et al. (2017) suggest that participants within their study often sought support from friends, family or colleagues in the first instance, and these individuals often informed them of formal services they could contact. Across the studies, a large proportion of participants described their experiences with formal support services, including police,

medical professionals, social care and judicial services, as negative. One participant described their experience of attending hospital following sustaining injuries from their partner:

“I went to the hospital to get a medical report and make a complaint of assault. I waited six hours and from behind the curtains, it was 3 in the morning, I heard a nurse that said... "it's that dumbass who got battered by his wife" The guy burst out laughing” (participant, Entilli & Cipolletta, 2016, p. 2336).

Regarding seeking support from police when experiencing IPA, men described feeling disbelieved, not listened to or blamed. For example, one participant described his experience of calling the police to intervene:

“When the police came... they tackled me to the ground, and here she was the one beating on me, and they seen that, the whole damn neighbourhood seen it, but I'm the guy that they tackled, and they walked her inside the house” (participant, Brooks et al., 2017, p. 14).

There was a sense across the studies that the reaction of formal support services was influenced by gender stereotypes. Walker (2019) suggested that:

“Police appeared to have a gender-stereotyped perception of IPV, which seemed to lead to inadequate support of male victims...police sometimes accused the victim of being the perpetrator or threatened them with arrest” (author, Walker, 2019, p. 7).

In contrast, it is important to note that some participants did report positive experiences of seeking help from formal services, namely counsellors and IPA support services. More specifically, participants reported validation and reassurance that there are other male survivors of IPA as particularly helpful. For example, one participant stated:

“They were also very good in reassuring me that these things happen to both men and women and that it wasn’t only me that was abused by his partner. They also reassured me that what Emily was doing was not okay” (participant, Cristofi, 2018, p. 115).

Participants also described the value of not being judged when they were seeking support in relation to their experiences of IPA. For example, one participant stated:

“She offered no judgement at all, which is one of the things that makes it very easy to talk to a counsellor” (participant, Hogan, 2016, p. 85).

Furthermore, there was also a theme across the studies of men not seeking help at all due to negative expectations in terms of the type of reactions they would receive. Josolyne (2011) stated that one participant decided “to not access support, anticipating a negative response from a male friend” (p. 59). One participant, speaking of seeking support from friends, stated:

“I couldn’t even bare to tell other friends...they wouldn’t understand it...I didn’t know how they would react, would they make fun of me?” (articipant, Cristofi, 2018, p. 112).

It is also suggested that participants had little faith in support services as these are commonly designed with female survivors of IPA in mind (rather than male survivors of IPA). Hogan (2016) stated:

“Some participants described a lack of faith in support services being able to help them, on account that services are not set up to help male victims” (author, Hogan, 2016, p. 34).

Overall, this theme provides an overview of the mixed experiences participants described having when seeking support from friends, family and formal support services. It was apparent across studies that gender stereotypical views in regards to IPA were a large

barrier when it came to seeking help, with many participants feeling that these views would lead to them not being believed or taken seriously.

5. Rules of Being a Man

Across the studies, there was a sense that participants' experiences of IPA were shaped by 'rules', expectations and stereotypes around what it means to be a man, and how a man should act. Some men spoke of these expectations being placed on them by society, while others spoke of rules which they themselves hold towards themselves as a man. Such internal rules will have likely been informed by participants' experiences, including family scripts which are shaped by societal expectations regarding masculinity over generations. This theme was very prominent, with ten studies contributing to it.

These 'rules' may mean that men are not seen as survivors of any form of IPA as "it is deemed unmanly" (Morgan & Wells, 2016, p. 414), as well as due to being considered "potentially dangerous because of their relatively large size, greater strength, and potential use as a tool of sexual violence" (Allen-Collinson, 2009, p. 33). As such, many of the participants across the studies felt unable to seek help from professionals, friends or family, as society holds preconceptions that men are the perpetrators (rather than the survivors) of abuse. One participant stated:

"I think that in Cyprus, no one even considers that men can also be victims...most people think that only women can be victims" (participant, Cristofi, 2018, p. 76).

The way in which participants felt able to respond to the abuse perpetrated against them by their partner was also influenced by an emphasis in society that "a 'real man' should never under any circumstances hit a woman, whatever the provocation" (Allen-Collinson, 2009, p. 34). For example, one participant stated:

"I never retaliated as I don't hit women" (participant, Bates, 2019, p. 15).

This caused participants to feel confused and unsure as to how to respond when their partner was abusive towards them, as they felt that they could not respond to a female in the same way they would respond to a violent male, with one participant stating:

“I could deal with a man but I couldn’t deal with a woman” (Hogan, 2016, p. 146).

Furthermore, rules and “negative associations with male victimisation” (Morgan & Wells, 2016, p. 76) led to many of the participants across the studies to feel “less of a man” (Cristofi, 2018, p. 64), with one participant stating:

“I haven’t measured up in like some way to my perception of what I should be as a male member of society” (participant, Hogan, 2016, p. 76).

As such, many of the participants in the studies rejected the label of ‘survivor’, and instead took on a role of being responsible for and taking care of their partner, despite the abuse they were experiencing. For example, Entilli and Cipolletta (2016) stated that:

“Men described themselves as responsible for their partners, engaging in a caring role and showing extreme tolerance for even severe physical attacks towards them...taking responsibility for their partners and not reacting to the attacks gave these men the perception of being a good representation of the male stereotype and acting as a good partner” (author, Entilli & Cipolletta, 2016, p. 2333).

Overall, this theme offers an insight into the pressure men experience as a result of the perceived expectations society places on them, which substantially impacted on the way participants made sense of their experiences. Many of these expectations served to exacerbate the “shame and embarrassment for not having met these expectations” (Hogan, 2016, p. 72). Additionally, across three of the studies, participants expressed a desire to change these rules and “spread the word” (Hogan, 2016, p. 89) in order to reduce the impact these rules have on male survivors of IPA.

Discussion

The aim of the present review was to synthesise what the available qualitative literature tells us about the lived experiences of male survivors of IPA perpetrated by female partners. Several themes relating to this were identified. Male survivors of IPA experience a range of different forms of abuse, including physical violence, emotional, psychological and sexual abuse, as well as indirect abuse often involving their children. While going through the abuse, participants attempted to make sense of what they were experiencing in a number of different ways, including blaming themselves and justifying their partner's behaviour as a result of mental health difficulties and / or their own experiences of IPA by a previous partner.

The men used different strategies to try and find a way to live within the parameters of a relationship characterised by IPA. For example, participants described becoming passive and submissive within their relationship, feeling the need to be wary of anything that may trigger abusive behaviour by their partner, as well as tolerating it when it did happen. Participants also described trying to evade their partner by spending more time at work or outside of the house, and hiding their own emotions to avoid a negative reaction from their partner. Many of the participants across the studies included in this review also described both positive and negative experiences of seeking help, or the expectations they held of help-seeking if they chose not to do so.

Male Experiences of IPA

Hegemonic masculinity refers to a pattern of behaviours and views within society which normalises the dominance of men over women (Connell & Messerschmidt, 2005). This form of masculinity is characterised by certain traits, including physical strength, control and aggression (Durfee, 2011). It can be argued that while this places men in a position of power within society, it also causes conflict when they experience IPA which is in stark contrast to

this 'ideology'. As such, men are less likely to accept the label of 'victim' and instead describe their experiences in ways which conform to the characteristics of hegemonic masculinity (Durfee, 2011). Hegemonic masculinity also contributes to the gender model of IPA, which posits that male-to-female IPA occurs as a result of power and dominance over women whereas female-to-male IPA occurs as a result of self-defence.

An overarching theme of masculinity and gender was present across the studies in this review. Participants described the expectations placed upon them by themselves and society in relation to their gender. This included the view that men are perpetrators of violence, cannot be a victim of IPA, and that experiencing IPA by a female partner reduces masculinity. These 'rules' had a significant impact on the way men experienced IPA – for many participants, these increased levels of shame which subsequently reduced the likelihood of them seeking support.

Evidence suggests that male survivors of IPA use careful language and humour, as well as minimise their experiences, in order to balance the conflict between 'being a victim' (seen to be associated with weakness) and a 'strong male' (Burcar & Akerstrom, 2009). In an interview-based study with male survivors of IPA, Migliaccio (2001) found that men would present as 'stoic' while discussing their experiences in order to maintain a 'masculine identity' (Migliaccio, 2001). The tendency to reject the 'victim' label/status by emphasising traditionally masculine characteristics is particularly apparent within the theme 'searching for understanding', which describes the way in which men attempt to understand and / or explain their experiences in a way that fits with the ideals of hegemonic masculinity. For example, some men attempted to normalise the abuse they experienced (Brooks et al., 2017). Others emphasised their self-determination and willpower by highlighting the fact that they did not retaliate when they were physically abused by their partner (which is another important

characteristic of hegemonic masculinity). Some men also explicitly expressed a fear that their experience of IPA reduced their masculinity (Allen-Collinson, 2009; Hogan, 2016).

Furthermore, the societal expectations of masculinity create an assumption whereby men cannot be seen to be victims of IPA due to their often larger physical size and strength in comparison to their female partners (Migliaccio, 2001). However, a growing body of literature suggests that when this is the case, female perpetrators of IPA compensate for their smaller size by using objects and weapons to physically harm their male partners. For example, Drijber et al. (2013) found that 54% of female perpetrators of IPA in the Netherlands used items such as chairs and knives to harm their partners. This is supported by the findings of the present review in which participants described how their partners used objects and weapons to compensate for the difference in size and strength.

Seeking Help as a Male Survivor of IPA

The prevalence of female-perpetrated IPA against a male partner may be significantly underestimated as many men do not report IPA due to shame, fear of not being believed, and a perception that there is no support available for them (Migliaccio, 2001). Drijber et al. (2013) found that, in a sample of 372 male survivors of IPA in the Netherlands, 49% did not report their experiences of IPA to the police due to a belief that their claims would not be taken seriously, and 41% believed that the police would not act upon their reports. This may not only be shaped by wider societal views that men cannot be victims of IPA, but is further reflected in the lack of support services specifically designed for and targeted at men. In their systematic review, Huntley et al. (2019) found that men perceived support services to predominantly be tailored for women which further acted as a barrier to help-seeking.

The findings from the present review are in line with the current literature on help-seeking. More specifically, participants described anticipating a negative response from others

if they were to disclose or report their experiences, which ultimately prevented them from doing so. Those who had sought help mainly described negative experiences, in particular with police and health professionals. Participants reported not feeling believed or being blamed as a result of gender stereotypes. However, it is important to note that some participants also reported positive experiences – those deemed to be most helpful involved feeling listened to, believed, validated and being informed that there were other men with similar experiences.

Overall, the findings of the present review suggest that the ‘rules’ placed on men by hegemonic masculinity serve to create a cycle whereby the phenomenon of female-perpetrated IPA remains hidden. Suggesting that men cannot experience IPA increases shame for survivors and reduces the likelihood that they will come forward and disclose their experiences. Even worse, they will try to hide the abuse by minimising or justifying it, as well as concealing their injuries. This is likely to exacerbate the negative impacts of IPA for male survivors. Across the studies, participants reported experiencing difficulties with parenting, friendships, finances, employment and future relationships. This is in line with existing evidence which suggests that male survivors of IPA report physical injuries, increased substance misuse, and mental health difficulties including anxiety and depression (Perryman & Appleton, 2016).

Comparison Between Male and Female Experiences

A number of similarities and differences were identified between the experiences of male and female survivors of IPA. Firstly, a literature review by Grovert (2008) reported that females experienced several different forms of abuse, similar to that of males, and that this was often part of a pattern of behaviours rather than single isolated events. The review described how females felt as though they were “walking on egg shells” (Grovert, 2008, p. 6)

when in the company of their partner to try and avoid experiencing abuse from them, which is a feeling echoed among males in the present review. IPA experienced by females includes sexual, psychological, physical and financial abuse (Flink et al., 2005). As well as physical and verbal abuse, Grovert (2008) emphasises the way in which the perpetrator isolates their female partner by exerting control over when and why she leaves the house, as well as reducing their contact with friends and family. The use of isolation was also described by the participants in the studies included in the present review. Additionally, female survivors of IPA describe being manipulated and controlled by their partners in the relationship, including threatening to harm their children and / or withholding contact with them (Grovert, 2008). This has equally been reported by participants in the studies included in the present review.

One key difference between male and female survivors of IPA appears to be their motivation to stay in an abusive relationship. While men within this review described feeling the need to protect and / or support their partner (Brooks et al., 2017; Entilli & Cipolletta, 2016; Josolyne, 2011; Walker et al., 2019), literature focusing on female survivors of IPA suggests that they stay in an abusive relationship for fear of the abuse becoming worse if they attempt to leave (Flink et al., 2005; Grovert, 2008). Furthermore, it is suggested that some females have no other option but to stay within the relationship, as they have no other means of financial support (Grovert, 2008). While financial and economical abuse is referenced by male survivors, this is not cited as an obstacle to leaving the relationship.

Another difference appears to relate to the use of children and threats regarding custody. This was frequently reported by men within this review, often used by their partner as a way of maintaining control. For example, Hines et al. (2007) found that 64.5% of men who contacted a helpline for survivors of IPA experienced some form of abuse involving their children, including threats to withhold contact with their children. While attempts to limit or

withhold contact with children is mentioned in some of the literature on male-to-female IPA, this does not appear to be as prevalent as has been reported in the studies included in the present review (Grovert, 2008; Sleutel, 1998). Female perpetrators using custodial challenges as a way to threaten their male partners may be facilitated by family court proceedings being influenced by traditional gender stereotypes and beliefs that men are more likely to be perpetrators of IPA (and therefore less likely to be victims thereof) (Dutton, 2006). Consequently, Dutton (2006) highlights the importance of objectivity and actuarial assessments when making custodial decisions. If effective, this may help to reduce the control women who perpetrate IPA can hold over their partners. This can be considered a form of legal-administrative abuse. In a qualitative study by Tilbrook et al. (2010), the decision-making process in relation to help-seeking in male survivors of IPA was explored, with findings suggesting that female perpetrators used legal and administrative systems to negatively impact their partners. Participants believed that this was possible due to the gender stereotypes that are held by individuals within these systems (Tilbrook et al., 2010).

Overall, males and females experience IPA in many similar ways. However, there are important aspects of their experiences that differ, particularly legal-administrative abuse, often due to societal expectations and gender norms. By identifying the ways in which male and female experiences of IPA differ, this knowledge and understanding should further inform existing support services, and how they may be developed to meet the individual needs of survivors based on their gender.

Critique of the Review

Meta-ethnography was developed as a method to draw connections between multiple qualitative studies, increasing the power and generalisability of qualitative findings (Nye et al., 2016). However, meta-ethnography has been critiqued for a number of reasons. Some

argue that by synthesising the results of numerous qualitative studies, these results become simplified and the complexity of the results can be lost (Nye et al., 2016). Additionally, Walsh and Downe (2005) emphasised the importance of being able to understand the context in which the original data was collected, as otherwise the meaning behind it may become lost or skewed. Furthermore, it is important to acknowledge the subjective nature of meta-ethnography, as it relies heavily on the interpretations of the researcher, as well as the interpretations of the author(s) of the included articles. However, it is suggested that the process of triangulation helps to reduce subjectivity. Walsh and Downe (2005) argue that the process of qualitative evidence synthesis by nature includes a process of triangulation through including multiple studies. They also suggest that the analysis should be reviewed by two independent researchers (Walsh & Downe, 2005). Throughout, I endeavoured to meet this goal by continuously discussing my results with a group of qualified and trainee psychologists, hoping to reduce the subjectivity of my results. I also worked towards this standard by including a fellow trainee clinical psychologist to independently review the data extraction grid, who offered their own observations regarding the themes within it.

Furthermore, the review is also limited by the quality of the available literature. While a number of strong studies were included in the review, it is important to highlight the areas which require improvement. For example, it was felt that, across the studies, the role of the researcher(s), and the way in which the research was described to participants, could have been outlined more clearly within the articles. The use of triangulation – collecting data by more than one method – could have also been used more frequently in the studies in order to improve the reliability of the results.

Future studies may endeavour to employ more than one researcher to independently analyse the data, as this did not consistently happen across the studies included in this review.

Overall, it is suggested that the evidence base would benefit from more qualitative studies using larger samples. While some studies included in the review contained extremely large sample sizes for qualitative research (Bates, 2019; Walker et al., 2019), this was achieved by using an online survey with open-ended questions. This method of data collection faces a number of limitations, including the lack of flexibility, which means that new lines of research that may arise in the data cannot be explored (Querios et al., 2017). It is also important to note that any research which is not conducted in person can result in important non-verbal cues being missed (Lo Iacono et al., 2016). Therefore, while future research with larger sample sizes may be beneficial, it is important that this is not at the expense of a sound methodology.

Practical Implications and Future Directions

The findings of the present review reveal a number of areas in which current practice could be adapted and improved in order to better support male survivors of IPA:

- i. Raising awareness of and further developing our understanding of female-perpetrated IPA and the impact it has on male survivors, thereby challenging the traditional gender model of IPA. This will help both survivors and those close to them to recognise signs of potential abuse, ultimately facilitating survivors to come forward, disclose their experiences and seek help. Awareness-raising will also serve to challenge widely-held gender stereotypes, and thereby help to break the cycle keeping male IPA victimisation hidden.
- ii. Further developing support services in order to reflect the varied nature of male survivors' experiences (compared to those of female survivors), as well as meeting their differing needs. This is suggested to further contribute to male survivors seeking help, and thereby increase help-seeking behaviours in this population. Future research

exploring the specific intervention and treatment needs for this population would facilitate the development of such support services.

- iii. Tailoring guidance and training by further developing its content to be representative of male survivors. A significant amount of the existing literature focuses on female survivors of IPA. As such, police and health professionals are more likely to receive training on how to respond to this population. However, it is important that such professionals are also aware of, and know, how to respond to male survivors of IPA in order to ensure that this population is adequately supported and encouraged to seek help. Often, police and health professionals are the first interactions male survivors of IPA have with support services; their experiences of these therefore likely play a role in whether or not male survivors go on to seek help and access other support services in the future. The findings in this review emphasise the importance of men feeling listened to in a non-judgemental manner, and the detrimental effects inadequate responses from services and / or professionals can have on their physical and mental health going forward.
- iv. Increasing awareness of and tackling potential biases as part of family court proceedings and other legal and administrative systems. A number of participants in this review reported feeling trapped in the relationship due to threats from their partner regarding custody of their children, a tactic which can be considered as legal-administrative abuse (Tilbrook et al., 2010). There was a sense that family court proceedings were biased towards supporting mothers, even when men had been subjected to IPA. As such, further research exploring potential biases as part of such proceedings would shed light on how these may be addressed in order to reduce the

use of custody challenges as threats against male survivors, as well as support individuals in identifying and reporting these.

Conclusion

The present review offers an overview of the unique and complex experiences of male survivors of IPA and the needs this population may present with, strongly suggesting that support services should be specialised and tailored, rather than generalised. This is of importance given the notable differences between male and female survivors of IPA, in particular in relation to men tending to stay in abusive relationships in light of threats around the custody of their children. The very fact that many participants in the studies included in this review felt unable to come forward and / or seek help also enables their experiences to remain hidden, which in turn facilitates the lack of recognition in society as a whole and contributes to the belief that male victimisation is rare, if not non-existent. Increasing awareness of the very real reality that men also experience IPA may encourage more survivors to speak out and seek support, which in turn may trigger an increase in available and adequate support services.

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Chapter 2:

Empirical Research Paper

**How Do Young People Who Have Experienced Parental Intimate Partner Abuse Make
Sense of Romantic Relationships?**

Abstract

Approximately one in five children in the United Kingdom (UK) have experienced parental intimate partner abuse (IPA). Research suggests that this is one of the strongest predictors of interpersonal aggression within adult relationships, as well as having significant negative impacts on mental and physical health. Both Attachment Theory (Ainsworth & Bell, 1970; Bowlby, 1969) and Social Learning Theory (Bandura, 1977) attempt to explain this intergenerational cycle of abuse. In line with Birmingham City Council's Domestic Abuse Prevention Strategy 2016 – 2020, the present study aimed to explore the way in which young people who have experienced parental IPA make sense of romantic relationships. Six young people (females = 4, males = 2), aged between 10 – 13 years ($M = 11.16$, $SD = 1.17$), participated in the study. Semi-structured interviews were conducted, and the data were analysed using Framework Analysis in order to generate themes both inductively and deductively. Three superordinate themes were identified, namely *'Recipe for a Healthy Relationship'*, *'When Things Go Wrong'*, and *'What is a Romantic Relationship?'*. Concepts of equality and respect were frequently referenced by participants as part of the interviews. Findings are discussed in relation to practical implications and directions for future research.

Introduction

Intimate Partner Abuse

The UK government recognises intimate partner abuse (IPA) as “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality” (Elkin, 2019, p. 7). IPA can also include psychological, sexual, and / or financial abuse. Between 2018 and 2019, approximately 2.4 million people aged over 16 years experienced IPA. While the prevalence of IPA against women is higher, it is noted that men also experience IPA (Elkin, 2019). The impact of IPA can be pervasive and long-lasting, including mental health difficulties, such as anxiety, depression and post-traumatic stress disorder (PTSD), as well as physical injuries, chronic pain and reproductive difficulties (Campbell, 2002; Lacey et al., 2013). Furthermore, it is estimated that approximately one third of women who have experienced IPA attempt to take their own life (Scott & McManus, 2016).

Impact of Intimate Partner Abuse on Children

IPA not only impacts upon the victim, but it can also have negative consequences for those around them, particularly children. The Office for National Statistics (ONS) estimate that approximately one in five children experience one form of child abuse while under the age of 16 years, with the most common being parental IPA (Elkin, 2020). The Department of Health estimates that 750,000 children in the UK are affected by this, with nearly 75% receiving support from social care for experiencing parental IPA (Birmingham City Council, 2009). Furthermore, 63% of serious case reviews of child abuse in the UK included parental IPA as a risk factor, and 62% of children witnessing parental IPA were also physically harmed (Department of Health, 2017). In Birmingham (UK), 77% of all children referred for

support by social care were reported to have experienced parental IPA (Birmingham City Council, 2018).

Witnessing IPA can have several significant consequences on the growth, intellectual development, and both mental and physical health of the child throughout their life (Lazenbatt, 2010; Unicef, 2006). These include education and employment difficulties, substance misuse, anxiety, depression and PTSD (Evans et al., 2008; Lazenbatt, 2010). Behavioural and social problems are also noted in the literature, with children from abusive homes experiencing social withdrawal and aggressive behaviour, difficulties making friends, and confusion in relation to social skills (Unicef, 2006). The Adverse Childhood Experience (ACE) study (Felitti et al., 1998) found that the impact of witnessing parental IPA first becomes noticeable at school in the form of behavioural or learning difficulties, which continued into adult life, resulting in workplace absenteeism and financial problems (Felitti et al., 1998). Physical health issues in later life are also described, including heart disease, obesity, liver disease, cancer and chronic lung disease (Lazenbatt, 2010). Consequently, Callaghan et al. (2018) argue that witnessing IPA can be as harmful as being involved in the abuse directly, suggesting that young people should not be considered passive witnesses to IPA but instead have an active involvement and experiences of abuse (Callaghan et al., 2018). Viewing young people within this context (as witnesses rather than victims) not only minimises their experience, and the impact this can have on them, but may also reduce the likelihood of them getting involved in research related to their experiences (Callaghan et al., 2018).

Intergenerational Cycle of IPA

As well as having negative impacts on the mental and physical health of children, experiencing parental IPA also influences their interpersonal relationships in adulthood

(Unicef, 2006). Research suggests that one of the strongest predictive factors of children going on to experience IPA in their own adult relationships is witnessing IPA between parents during childhood, with 40% of adults accessing specialist support for IPA in their own relationships having witnessed IPA between parents during childhood (Faringer & Hindin, 2009; Holt et al., 2008; Mandal & Hindin, 2013; Murshid & Murshid, 2018; Reyes et al., 2015; Safe Lives, 2017; Temple et al., 2013). Furthermore, there is a significant relationship between witnessing physical violence between parents and experiencing such violence in adult relationships in later life, with those affected being more likely to perpetrate violence and stay in a violent relationship as a victim (Black et al., 2010; Pollak, 2004).

Intergenerational Transmission Theory (ITT; Sellers et al., 2005), rooted in Social Learning Theory (SLT; Bandura, 1977), is one of the most commonly discussed explanations for this intergenerational cycle of IPA in the current literature. SLT (Bandura, 1977) and ITT (Sellers et al., 2005) propose that children learn that violent and abusive behaviours are an acceptable way of acting and managing conflict within interpersonal relationships when they see these behaviours modelled by their parents / guardians, and therefore go on to imitate these in their own relationships (Franklin & Kercher, 2012). Imitating abusive behaviour is particularly likely when the individual directly witnesses a role model or someone they look up to, such as a parent, acting in this way (Sellers et al., 2005). SLT (Bandura, 1977) also suggests that individuals are more likely to engage in abusive behaviour towards an intimate partner when parents, carers or significant others in their lives hold attitudes and beliefs that endorse the use thereof (Sellers et al., 2005).

Attitudes, beliefs and values can be learnt from significant others, and these are thought to mediate the relationship between witnessing parental IPA and repeating these patterns of behaviour as an adult (Copp et al., 2016). For example, young people exposed to

parental IPA may develop behavioural scripts and attitudes which are accepting of violence, such as 'violence is a way of resolving conflict' (Copp et al., 2016; Murshid & Murshid, 2018; Pollak, 2004; Temple, 2013). Attitudes which are accepting of violence have been found to be associated with perpetration of IPA, particularly in males. A longitudinal study by Foshee et al. (2001) found that adolescent males who believed that violence towards a partner is acceptable (for example if the partner insults or angers him) are more likely to perpetrate IPA than males who did not view this as an acceptable response. Similarly, in a random sample of 502 adult males, Franklin and Kercher (2012) found a significant relationship between holding an attitude which is accepting of violence in interpersonal relationships and perpetration of IPA. This study highlights the way in which attitudes and beliefs learnt in childhood can influence the likelihood of IPA in adulthood.

Another explanation for the intergenerational cycle of IPA, also rooted in SLT (Bandura, 1977), is the development of 'learned helplessness' (Walker, 1977) in response to violence and abuse. It has been suggested that, particularly in women, beliefs and feelings of helplessness, a lack of control and negative perceptions about their abilities to cope with challenging situations may develop in childhood when witnessing parental IPA (Renner & Slack, 2004). The concept of learned helplessness suggests that these perceptions, beliefs and feelings of helplessness are learned through social interactions within the family during childhood. Subsequently, there is an increased risk of becoming a victim of IPA in adulthood, and staying within an abusive relationship due to a perception that they are unable to control the situation they are in, or cope outside of the relationship (Ali & Naylor, 2013; Renner & Slack, 2006).

Attachment Theory (Ainsworth & Bell, 1970; Bowlby, 1969) has also been suggested to explain the relationship between witnessing parental IPA during childhood and going on to

experience it in adult relationships. Attachment Theory (Ainsworth & Bell, 1970; Bowlby, 1969) suggests that children develop beliefs and expectations about themselves, others and the world based on their early relationship with a caregiver. An attachment bond may be secure or insecure based upon the early interactions with a caregiver, and the beliefs an individual develops about themselves and the world are shaped by this. These beliefs are thought to persist into adulthood, with individuals generalising these to other interpersonal relationships as they grow (Scott & Babcock, 2010). Furthermore, attachment to a caregiver is thought to facilitate the development of emotional regulation, impulse control and interpersonal skills, such as empathy. The development, or lack, of an attachment bond early in life can therefore influence behaviours within interpersonal relationships throughout life (Van der Kolk, 2015). Individuals with a secure attachment style are more likely to view others as loving and trustworthy, and view themselves as lovable and worthy of caring relationships. Conversely, individuals with insecure attachment styles are more likely to hold negative views, perceiving others as dangerous, feeling anxious in intimate relationships, and / or being rejecting of their partner (Scott & Babcock, 2010; Van der Kolk, 2015).

The attachment between a child and a caregiver can be fractured when a caregiver experiences IPA and suffers from related negative consequences that make them less 'available' to the child. This impacts upon the development of an attachment bond. For example, stress, depression and other mental health difficulties may result in the caregiver being emotionally distant and unable to be attuned to their child's needs (Van der Kolk, 2015). As a result, an insecure attachment style may develop. Some literature suggests that an insecure attachment style moderates the connection between witnessing parental IPA and subsequent mental health difficulties, including PTSD (Holt et al., 2008; Scott & Babcock, 2010).

Furthermore, Van der Kolk (2015) suggests that as we learn about ourselves and the way people respond to us through our early attachments, this influences the behaviour we come to expect and accept from others as we move into adolescence and adulthood. Individuals with an insecure attachment style are more likely to view others as untrustworthy, hostile and threatening, and therefore respond to them in a way that is consistent with their expectations, including engaging in behaviours which evoke reactions that are more familiar to them based on earlier experiences of relationships (Woollett & Thomson, 2016). Similarly, if the relationships we have as children are characterised by abuse or neglect, we may come to expect others to treat us in the same way, and subsequently accept this behaviour in interpersonal relationships (Van der Kolk, 2015). As a result, individuals with insecure attachment styles are more likely to experience difficulties within adult relationships, which are often characterised by anger and hostility (Woollett & Thomson, 2016).

Nevertheless, whilst there are theoretical explanations for the intergenerational cycle of IPA, it is important to note that many individuals who witness parental IPA do not go on to experience this in adult relationships (Renner & Slack, 2006). This may in part be explained again by Attachment Theory (Ainsworth & Bell, 1970; Bowlby, 1969), as a secure attachment has been found to mitigate against the negative effects of witnessing parental IPA, including mental health difficulties and experiencing IPA in adulthood (Graham-Bermann et al., 2006; Holt et al., 2008). Similarly, access to emotional support outside of the home, within the wider family and community, has been reported to be an important protective factor for children who have witnessed parental IPA (Cox et al., 2003; Holt et al., 2008). This includes the presence of positive relationships with peers and siblings which have been found to increase resilience in children, and subsequently minimise the likelihood of them

experiencing IPA in their own relationships in later adolescence and adulthood (Guille, 2004; Holt et al., 2008).

Research Objectives and Aims

Witnessing parental IPA has the potential to impact upon a young person's mental, physical and social wellbeing, and increase the likelihood of them going on to experience IPA in their adult relationships, either as a victim or perpetrator. While there are many theories which offer an explanation for this association, there is little research that explores how young people who have witnessed parental IPA view and make sense of romantic relationships. The primary aim of the present study was therefore to explore how young people who have witnessed parental IPA make sense of romantic relationships, with a particular focus on equality and respect, as well as what characterises 'healthy' and 'unhealthy' relationships. By further developing our understanding of the intergenerational cycle of IPA, national policies, support services and intervention programmes may be tailored to support the specific needs of this population.

Method

The present study was undertaken in line with the Consolidated Criteria for Reporting Qualitative Research (COREQ; Tong, Sainsbury, & Craig, 2007). The completed COREQ checklist can be found in Appendix A.

Author's Position

The present research project adopted a critical realist standpoint with a slight lean towards a relativist interpretation of the data. This suggests that while a reality does exist independent of the observer, this is influenced by the way in which we come to understand it based on our own experiences (Coyle, 2016). In the case of the present study, concepts such as equality, respect and romantic relationships are suggested to exist, however, the way in

which they are understood and made sense of is dependent upon the experiences of the individual, and the personal meaning individuals attach to these concepts may therefore differ.

The researcher also considered their own views of and assumptions about young people who have experienced IPA, and the way in which they position themselves. The researcher initially thought of this population as ‘witnesses’ of parental IPA. However, considering the significant short- and long-term impact such experiences can have on young people, supported by the work of Callaghan et al. (2018), the researcher became aware of the importance of identifying these young people as actively experiencing IPA. As such, young people in the present study are described as experiencing IPA (and not as witnessing IPA; see Appendix B for further personal reflections).

Ethical Approval

Full ethical approval for the study was granted by the Science, Technology, Engineering and Mathematics Ethical Review Committee at the University of Birmingham (see Appendix C). The researcher adhered to the British Psychological Society’s (2018) Code of Ethics and Conduct throughout the study.

Context

The present study was informed by Birmingham City Council’s aim to tackle the intergenerational cycle of IPA through changing the attitudes of young people who have witnessed and experienced parental IPA from a young age in order to ensure that they are aware of concepts such as equality and respect, as well as what characterises a ‘healthy’ relationship (Birmingham City Council, 2016). It was therefore deemed important to initially explore what attitudes and beliefs are held by this population, particularly within Birmingham, where rates of young people referred to the Local Authority for witnessing parental IPA are higher than in the rest of the UK (Birmingham City Council, 2018).

The study was conducted in partnership with a social enterprise in Birmingham (referred to hereafter as Service X) which supports the mental health and emotional wellbeing of young people (aged 9 – 16 years) within education and community settings, particularly young people who have witnessed parental IPA. This service was established in response to a request by mothers (who attended a charity support group as part of their recovery from IPA) for support of their children. Service X ran a programme for this group of children, which involved building a shared understanding of and language to discuss their experiences, anxieties and concerns. Referrals to the service came from the charity which supports mothers with experiences of IPA. As such, all young people who attended this service had a parent who had sought help and received support for IPA. Further personal reflections about the process of data collection are presented in Appendix B.

Recruitment

Young people were recruited through Service X by contacting anyone on the service's waiting list with a letter inviting them to take part in the research study. Several inclusion criteria were devised which are outlined and described in Table 1.

Potential participants who met the inclusion criteria were identified by a member of staff at Service X. This approach was adopted to ensure that the identity of those who did not wish to take part was kept anonymous. Parents / guardians of young people who were interested in taking part in the study were asked to return a signed consent form (see Appendix D) to confirm that they were happy to be contacted by the researcher. The young person and their parent / guardian were subsequently provided with a copy of the participant information sheet which included further details about the nature of the research study (see Appendix E). Consent to be contacted about the research study was achieved by signing and returning the relevant form (see Appendix F). An interview was subsequently arranged

between the researcher and the young person. All young people who consented to be contacted for research purposes went on to take part in the research study, with the exception of one young person who withdrew before signing the consent and assent forms due to being unable to attend a face-to-face interview.

Table 1

Inclusion Criteria

Criteria	Justification
Aged between 10 and 16 years	This is the age range of the young people who access Service X, through which participants were recruited.
Witnessed/had experiences of parental IPA	The present study aimed to explore young people's views and sense-making of romantic relationships where they have witnessed/had experiences of parental IPA.
No longer in the care of the perpetrator of domestic abuse	In order to ensure the physical and emotional wellbeing of the young person and their family while taking part in the research study, only young people who were no longer in the care of the perpetrator were included.

Sample

A total of six young people took part in the study. Minimal demographic information was collected for each participant. This decision was made in light of the sensitive nature of the topic area, and in order to ensure anonymity for the participants and their families (Baker, 2005). Participant demographics are presented in Table 2. Participants were male ($n = 2$) and female ($n = 4$) young people aged between 10 and 13 years ($M = 11.16$ years; $SD = 1.17$). All participants attended the research interview with their mother. Three of the participants had taken part in an intervention programme with Service X in the past / prior to the study commencing.

Table 2

Participant Demographics

Participant Pseudonym	Participant Age	Participant Gender
1. Emma	12	Female
2. Rebecca	13	Female
3. Anne	10	Female
4. Edward	10	Male
5. James	11	Male
6. Catherine	11	Female

Procedure

Data Collection

Semi-structured interviews were conducted by the researcher for the purpose of collecting qualitative accounts of young people's experiences and sense-making of romantic

relationships. Each participant attended for a single interview. The interviews took place in a private room within the offices at Service X, and ranged from 25 to 43 minutes in duration ($M = 32.5$ minutes). With the exception of Catherine (who wished for her mother to be present for the duration of the interview), all other interviews were completed between the researcher and the participants. Prior to commencing the interview, participants were reminded of the nature of the study, what taking part in the study would involve, with any questions answered, and consent and assent forms were signed by the participant and their parent / guardian respectively.

The potential risk to participants due to the sensitive nature of the topic area was mitigated against by making sure that participants were aware that they did not have to take part, and that they could withdraw at any point. Information regarding support services was also provided to participants upon completion of the interview, and the researcher (a trainee clinical psychologist) was able to help contain any distress in the moment. Participants were also informed of the researcher's current position, including interests in the research area and her connection with the University of Birmingham and Service X prior to conducting the interview. Further information about the researcher is supplied in Appendix B.

The interviews followed a semi-structured interview schedule (see Appendix G), and covered the following topics: (i) what does being in a romantic relationship mean to you?; (ii) what would make a healthy/unhealthy relationship?; (iii) what are the ways of communicating emotions in a relationship?; and (iv) what do the terms equality and respect mean to you?. This allowed for flexibility for the young person to discuss what is important to them about romantic relationships. The interview schedule was reviewed by experts by experience who had previously received support from Service X in order to ensure that the questions were accessible for this particular age group. Any suggestions or questions were reiterated to the

researcher who adjusted the interview schedule accordingly. Prompts were used for the purpose of further exploring a particular topic, as well as to encourage reflection from the participants (Morrow, 2001). For example, if a young person was struggling to think about the concept of a romantic relationship due to a lack of direct experience, they were encouraged to think about how this might apply to a particular person in their life (Hazel, 2014). All interviews were recorded using an encrypted Dictaphone, and transcribed verbatim.

Following the interview, participants were provided with information about different helplines and support services, in case they wished to speak to someone at a later stage. Participants were able to withdraw from the study up until two weeks post-interview. Thereafter, the process of transcription and analysis commenced, and participants were informed that it would no longer be possible to withdraw at that stage. Any observations and reflections noted by the researcher following each of the interviews were recorded in a reflective diary.

Data Analysis

The data were analysed using Framework Analysis (FA). FA is a qualitative data analysis approach developed by Ritchie and Spencer (1994) which is commonly used within policy research (Srivastava & Thomson, 2009), and follows multiple steps to analyse data (Gale et al., 2013; Ritchie & Spencer, 1994; Srivastava & Thomson, 2009). FA is particularly useful when there are specific research questions and a narrow timeframe in which to complete the research (Srivastava & Thomson, 2009). FA may employ either a deductive or inductive approach, developing themes based on relevant literature, as well as the views and descriptions of the participants involved in the research (Heath et al., 2012; Parkinson et al., 2016). This was considered to be particularly important for answering the present research question; an inductive and deductive approach was used to include important aspects

highlighted by current literature and policy, as well as important ideas raised by participants. Specifically, deductive elements within the analysis included identifying any data which related to healthy and unhealthy relationships, as well as equality and respect. In contrast to other qualitative data analysis approaches, Framework Analysis (FA) aims to be flexible based on the research question(s), rather than being constrained within a particularly epistemological or theoretical position (Parkinson et al., 2016; Ritchie & Spencer, 1994). However, FA adheres most closely to an approach of ‘subtle realism’, according to which all research involves a level of subjectivity (Duncan & Nicol, 2004; Snape & Spencer, 2003). The steps undertaken to analyse the data are outlined in Table 3.

Table 3

Description of the Stages within Framework Analysis (as outlined by Gale et al., 2013)

Stage	Description
1. Transcription	Transcribing audio recordings of the research interviews verbatim. Familiarisation with the data begins here.
2. Familiarisation	Getting to know the data initially with audio recordings and later with transcriptions. This stage can be particularly useful if multiple researchers are involved in data analysis. Any reflections or initial impressions regarding each interview can be noted at this stage.
3. Coding	Reading the transcript in detail and placing a label (‘code’) next to lines and / or sections

	<p>which they interpret as meaningful. The code should briefly describe what the researcher has interpreted in the specific section. If possible, at least two researchers should code a proportion of the transcripts.</p>
<p>4. Developing an analytic framework</p>	<p>After coding a proportion of the transcripts, all researchers involved in this process should agree on a set of codes which have been identified.</p>
<p>5. Indexing (applying the analytic framework)</p>	<p>Applying the identified codes from to the entire data set. It is important to note that this is a working framework and new codes may be identified throughout the process.</p>
<p>6. Charting</p>	<p>A summary of the data should be entered into a matrix (using a spreadsheet), summarising the data based on categories identified in each transcript.</p>
<p>7. Mapping and interpreting the data</p>	<p>Over time similarities and differences across the data will be identified, generating themes and concepts. If possible, suggestions can be made to explain concepts identified within the data and recommendations made.</p>

Coding

Prior to commencing the process of coding, the researcher familiarised herself with the data by reading and re-reading each interview transcript in depth. Throughout this process, the researcher noted down any impressions and reflections alongside the transcript (Gale et al., 2013). Two separate transcripts were independently coded by the researcher and a fellow trainee clinical psychologist, as recommended by Gale et al. (2013). As described in Table 3, this involved reading the transcripts, beginning with Participant 1 (Emma), coding the data line by line, and identifying / highlighting any text which was deemed ‘meaningful’ and / or important to answering the research question. This could range from one word to multiple sentences (Gale et al., 2013). During the process of coding, short descriptive labels (codes) were placed in the left-hand margin next to each section of text identified as meaningful. In the right-hand margin, more detailed notes and thoughts about the word(s) / sentence(s) were written (see Appendix H for an example).

Developing an Analytic Framework

Following the individual coding of two transcripts, the two researchers met to discuss the descriptive labels identified, and why they were perceived to be meaningful in relation to the research question (Gale et al., 2013). Any discrepancies in labelling were discussed, and a final label was agreed. Labels which were related conceptually were grouped together within categories for the purpose of forming a working analytic framework (in line with Stage 4 (Table 3); Gale et al., 2013; Heath et al., 2012) (see Appendix I for an example).

This framework was written up as a table in Microsoft Word and a short description for each label was included in order to ensure clarity prior to applying labels to the remaining transcripts (Parkinson et al., 2016). The framework was built around both a priori concerns in relation to the research question, such as equality and respect, as well as new aspects which

emerged within the data set, such as communication and love (Parkinson et al., 2016). It is important to note that the framework remains flexible and can be amended, as it is applied to the remaining transcripts (Parkinson et al., 2016).

Indexing

Once the working analytic framework was developed, and agreed upon by the two researchers, this was systematically applied to the remaining four transcripts. This process is known as ‘indexing’ (Stage 5 (Table 3); Gale et al., 2013). During this stage, sections of the transcripts were highlighted, and a relevant label or labels of the framework were applied in the left-hand-side margin of the document. Any thoughts or notes were documented in the right-hand-side margin. New labels were created where meaningful data were not already captured by existing labels in the framework, resulting in changes and further developments to the framework. Saturation was reached when no new labels were added to the framework. Once the analytic framework was finalised, and agreed upon between the two researchers, all transcripts were reviewed once more to ensure that all data was accurately captured by the framework (see Appendix J for the final analytic framework).

Charting

At this stage, a summary of the data for each category in the framework was entered into an Excel spreadsheet, known as a ‘matrix’. The purpose of this was to make the data set more manageable to enable analysis in the following stage (Parkinson et al., 2016) (see Appendix K for an example of two sub-categories of the matrix). Data from each participant was entered in a separate row, and the coding labels within each category are shown in the columns. Each category from the analytic framework was entered on a different sheet of the Excel spreadsheet.

Mapping and Interpreting the Data

The aim of this final analytic stage was to move from data management, as within Stage 6, to developing an understanding of the data across and between participants for the purpose of developing themes (Parkinson et al., 2016). Using the matrix, key concepts across the data in relation to the research question were identified, and a thematic structure was created. Colour coding within the matrix was used to facilitate this process. Where appropriate, possible explanations for concepts that had been identified were included. A summary of these themes was compiled and discussed with a fellow trainee clinical psychologist in order to facilitate the critical examination of the data within the matrix (Gale et al., 2013). Throughout the data analysis process, steps were taken to ensure rigour and reduce researcher subjectivity. The steps undertaken follow recommendations by Leal et al. (2015) (see Table 4).

Table 4

Steps Undertaken to Ensure Rigour of Data Analysis Process

1. Systematic data analysis to ensure transparency	Data analysis followed the systematic procedure of FA. This provided transparency of the analytic process.
2. Researcher triangulation at every stage of analysis	At every stage of analysis, data was discussed with a second researcher and trainee clinical psychologist. This included two transcripts being coded by the second researcher, coding labels being discussed between researchers while developing the analytic framework and concepts and

themes being discussed at the mapping and interpretation stage. By doing so, credibility of the results was increased as subjectivity was minimised.

3. Reflexivity

The researcher kept a reflective research diary throughout the research process, starting with recruitment and data collection. Thoughts and impressions in regard to the data were noted. This enabled the researcher to consider how their own beliefs, judgements and practices may be impacting upon the data and influencing findings.

4. Use of quotes

Extracts from the original data (participant quotes) have been included when outlining the findings to provide transparency in regards to how understanding was built upon the data. These quotes have also been referenced to ensure the original source of the data (transcript) can be identified to provide additional context where necessary.

5. Comparison with available literature

Results were compared and contrasted with available literature to support and enhance the findings.

Results

A total of three superordinate themes, together incorporating nine sub-themes, were identified. Figure 1 provides an overview of the thematic structure. An overview of these themes, including original participant quotes, is further outlined in Table 5, and discussed in detail thereafter.

Figure 1

Thematic Structure of Superordinate and Sub-Themes



Table 5

Overview of Themes Including Original Participant Quotes

Superordinate Theme	Sub-theme	Participants contributing to theme	Quotes
1. “That’s how it works” – Recipe for a Healthy Relationship		1-6	
	1.1. “When Two People Love Each Other”	1-6	<p>“Caring for people and supporting them... talk to them nicely and be there in the good and bad times like when you’re having fun and when you’re sad for you to comfort them” (James, L38-43).</p> <p>“I don’t want her to get hurt” (Edward, L87).</p> <p>“You make time for each other” (Emma, L46).</p> <p>“You go on dates” (Anne, L9).</p> <p>“You should be able to be yourself with whoever you are” (Rebecca, L331).</p>

“If it’s a really good relationship then, umm, you can, you love one another rather than just having really strong feelings, ‘cause I feel like having really strong feelings and love is different, like love is like, the most strong feeling you can get” (Emma, L49-52).

“I think if he feels the same way, as long as we feel the same way about each other, I think that’s a big thing too” (Rebecca, L225-227).

“It would make you feel very happy about yourself and that people like want to be around you and not just judge you and not be very nice and they could feel like they can be around them without them judging them” (Catherine, L319-322).

1.2. Ups and Downs 1-6

“There are gunna be rough patches but if you can get through them together both being happy both trusting each other and being able to talk to each other I think they’re the main things” (Rebecca, L148-150).

“It’s not really normal to always be so happy with someone, because you have to be a little bit like if you don’t say anything you won’t get your voice heard like if you were too scared to like get hurt by them you would

			just not say anything and just feel like you don't really have anything to say and you do" (Catherine, L132-136).
1.3. Communication is Key	1-3, 5, 6		<p>"I think communication is key" (Emma, L17).</p> <p>"They talk with each other and they don't just let it like unravel itself they just talk to each other" (Catherine, L83).</p> <p>"They respect each other in a way that they would want to be treated because they talk to each other like they would want to be talked to" (James, L257-259).</p>
2. When Things Go Wrong	1-6		
2.1. Abuse and Mistreatment	1-6		<p>"Where somebody hits me, and they hurt me in some kind of way" (Anne, L382).</p> <p>"If they hurt you, or, emotionally or physically... they're the biggest things I can think of" (Emma, L120).</p>

“Tricking you into thinking the only way your family will love you is if you get a higher job if you get promoted, so making you work harder for more money, and things like that. Just tricking you into doing things that you don’t want to do but that you don’t know you don’t want to do”
(Rebecca, L188-192).

2.2. Psychological 1-3, 5, 6
Impact of an Unhealthy
Relationship

“Really depressed. Very unhappy and lonely. Isolated. I think those are the main ways I would feel. Like nobody was there for me, like I was by myself, and I wouldn’t be able to do anything about it a little bit helpless”
(Rebecca, L458-461).

“If they make you feel sad or angry a lot of the time then it’s not really a good relationship” (Emma, L170).

“It could get very angry and you could maybe like be really frustrated with them and they would be really frustrated with you” (Catherine, L181-183).

2.3. Ending Romantic Relationships	1-3, 5, 6	<p>“Because sometimes you might not be comfortable with it anymore and you can just... you don’t have to be in it if you don’t want” (Catherine, L335-337).</p> <p>“You’re going to have to stop the relationship sometimes... or, when... it’s not really going that well and its going down” (Anne, L550-551).</p> <p>“If they’re still like not treating me right, then, like, it’s kind of like, hard for me to make the decision but I think that I should break things off with them” (Emma, L281-283).</p>
3. Making Sense of Romantic Relationships	1-6	
3.1. Drawing on Experiences of Relationships	2-4, 6	<p>“I’ve learnt it more from the home, being in the environment and trying to figure out when someone’s happy and unhappy” (Rebecca, L207-208).</p> <p>“It might just be that I’ve seen it before, a good relationship and a bad relationship” (Catherine, L345-346).</p> <p>“I haven’t really been in a relationship so it’s hard” (Anne, L567).</p>

		<p>“I don’t really know. I’ve never really experienced love in a romantic way, not really so I don’t really know” (Rebecca, L321).</p>
<p>3.2. Learning from Someone You Trust</p>	<p>1, 2, 5, 6</p>	<p>“Carer or a parent or someone who’s your friend or family who they can go to that will be supportive and that will explain to you what’s right and wrong” (Rebecca, L500-502).</p> <p>“I used to do mentoring with a teacher [...] we used to talk about what... we would talk about things, he’d ask me if I was worried about things and if there’s things that I needed to tell someone that I didn’t know who to tell because I trusted him quite a lot” (James, L450, 456-459).</p> <p>“They covered it in, um, I think it was a relationships um, lesson. But we didn’t really talk much about romantic relationships more friendships” (James, 220-222).</p> <p>“We’ve learnt a bit about racism and being sexist and people’s sexualities” (Rebecca, L362-363).</p>

3.3. Comparisons with 1-6
Friendships

“In a friendship or a romantic relationship you need to be honest, loyal and trustworthy” (James, L131-132).

“When somebody’s your friend and they love you” (Anne, L16).

“They’re similar but different as well because you need to be able to trust each other and talk to each other, but you don’t necessarily love them the same way. You love them more of a friend, than, a boyfriend or husband” (Rebecca, L140-143).

1. “That’s How It Works” – Recipe for a Healthy Relationship

All six participants contributed to this theme, which comprises the key components participants described as making a relationship “work” (Emma, L20). There are four sub-themes within this theme.

1.1. “When Two People Love Each Other”

All six participants contributed to this sub-theme, which encompasses the way in which young people feel that two parties in a healthy relationship will act and feel towards each other. Across the participants’ accounts, there was recognition of romantic relationships being characterised by numerous bi-directional dynamics, including supporting, caring for, and looking after each other. For example, Anne suggests that a romantic partner should be “caring and generous” (Anne, L438). Rebecca and Catherine highlight characteristics they believe to be important in romantic relationships:

“Caring for people and supporting them... talk to them nicely and be there in the good and bad times like when you’re having fun and when you’re sad for you to comfort them” (Catherine, L38-43).

“I know that as long as both people are happy, and respected and loyal and honest, that I think that’s a good relationship” (Rebecca, L505-506).

Some participants also discussed the importance of being able to trust a romantic partner, ensuring that they will be loyal and not “betray them [you]” (Catherine, L6-7). Rebecca and James described different ways in which they envisioned this being the case, referring to trusting a romantic partner with one’s secrets and to be faithful:

“They won’t spread things about you or tell things people that you don’t want other people to know. So you’re basically telling them your secrets in the hope that they

won't tell anybody else. So you're basically giving someone a big box of memories and hoping that they won't just chuck them out" (James, L440-445).

"Trust and loyalty when you're able to let them go out to dinner knowing that they won't cheat on you and knowing that they'll be out with their friends and that they'll be loyal to you and they won't go off with other people" (Rebecca, L103-106).

Moreover, participants also mentioned the importance of being able to make time for each other, engaging in enjoyable activities including "dates" (Anne, L9). Emma suggests:

"You make time for each other [...] you can sort them into your everyday life, and they can sort me into theirs" (Emma, L46, L161-162).

Participants also discussed the way in which two people in a romantic relationship are physically affectionate with one another. Participants suggest that when two people are in a romantic relationship "they kiss" (Edward, L113) and "give them [each other] hugs" (Catherine, L49). Furthermore, participants described how the way two people act towards each other in a relationship is influenced by whether there is equality and / or respect. For example, participants suggested that when there is equality and respect in a relationship, "you wanna treat them the same way you want to be treated" (James, L363), and that you would be "supporting each other and sharing what you have" (Rebecca, L396-397). Participants suggested that having respect for each other would also demonstrate that two people are accepting of each other in a relationship, and that they are supportive of and kind to one another despite differences. For example, Rebecca states:

"Respecting who they are, who their friends are, their family, and just... everything about them. Letting them know that you're happy with who they are, that you're supportive, and that if they are a different race or sexuality or anything like that, if

they're different to you that you make sure they know that that's okay and that you're happy for them, you're supporting them" (Rebecca, L342-347).

Furthermore, all six participants discussed the importance of 'feeling love' or having 'strong feelings' within a romantic relationship. For example, Emma stated:

"If it's a really good relationship then, umm, you can, you love one another [...] love is like, the most strong feeling you can get" (Emma, L49-52).

Participants often spoke about the importance of these feelings being reciprocal. For example, Rebecca and Catherine stated:

"If you do love someone and they don't love you back its quite hard to like do that [...] you might be very depressed like very sad about that" (Catherine, L93-94, 100-101).

"I think if he feels the same way, as long as we feel the same way about each other, I think that's a big thing too" (Rebecca, L225-227).

Participants also spoke about how they might feel within themselves in healthy relationships, with four participants talking about the importance of happiness within a relationship. For example, Anne suggested that a healthy relationship is "when they both feel happy" (Anne, L46). Catherine stated that you should feel happy and enjoy being in a romantic relationship, while Emma stated that an individual would feel happy if they felt protected and safe (even when disagreeing with a partner):

"Happy. And enjoying it. And like being very... not always sad like be happy for what's around you" (Catherine, L62).

"I'd feel safe around them. Like that's really important to me, 'cause a lot of the time around people I just, I feel like on edge, and stuff. So I, I want to feel safe and so I can be myself around that person" (Emma, L288-291).

Participants also spoke about the importance of feeling able to be yourself and feeling happy in yourself, and it was suggested that this may come from feeling respected in the relationship. For example, Catherine states that if there is respect in a relationship:

“It would make you feel very happy about yourself and that people like want to be around you and not just judge you and not be very nice and they could feel like they can be around them without them judging them” (Catherine, L319-322).

Overall, this sub-theme highlights the various ways in which participants perceive people in a healthy romantic relationship to act and feel towards each other, and that the presence of equality and respect can be seen from the way they interact with one another. The feelings described by participants to be associated with a ‘healthy relationship’ are positive feelings, including happiness, enjoyment and joy.

1.2. Ups and Downs

Across participants, there was an understanding that within a romantic relationship there may be “rough patches” (Rebecca, L148), which was considered to be ‘normal’, even within healthy relationships. Catherine suggests that being able to disagree within a romantic relationship is important:

“It’s not really normal to always be so happy with someone, because you have to be a little bit like if you don’t say anything you wont get your voice heard like if you were too scared to like get hurt by them you would just not say anything and just feel like you don’t really have anything to say and you do” (Catherine, L132-136).

Many participants spoke about the process of ruptures and repairs within romantic relationships. As such, there may be disagreements within a relationship, but these can be overcome without it damaging the relationship. Rebecca stated:

“There are gonna be rough patches but if you can get through them together both being happy both trusting each other and being able to talk to each other I think they’re the main things” (Rebecca, L148-150).

Participants spoke about the various ways in which these ruptures, big or small, can be repaired. For example, James suggests that following an argument “you’d probably apologise” (James, L330). Others emphasised the importance of talking to each other if difficulties arise. For example, Emma describes how if she was unhappy in a relationship she would “talk to the other person” (Emma, L153). Alternatively, participants referred to seeking help and support outside of the relationship, either from a family member, friend or a professional:

“You could... go to therapists to talk about what’s happened so that you can work through it” (Rebecca, L256-258).

“I’d definitely go to talk to somebody else I could trust [...] definitely people I know like not just random people, people I know very well” (James, L433, L436).

Overall, this sub-theme highlights how participants did not expect a romantic relationship to bring happiness all of the time. Instead, there is an understanding that it is normal for romantic relationships to also experience difficulties, and that it is the way in which these are managed and overcome that is important.

1.3. Communication is Key

The concept and role of communication within a romantic relationship was prevalent across participants’ accounts. They discussed the importance of communicating with your partner to develop and maintain a healthy relationship, thereby ensuring that the relationship does not “unravel itself” (Catherine, L83). The importance of talking about feelings and

emotions was emphasised, also in relation to one's own mental health. For example, Catherine suggests:

“If you don't share your feelings you'll keep it up inside of you and you might feel really, really sad about it whereas if you talk you'll like share it and you might feel like its not too big of a problem now that you've shared it with someone. So yeah. And they could also help you with like that you're going through and like support you” (Catherine, L116-121).

James supports this, suggesting that if you express your emotions, your partner will be able to help you with this:

“Try and like, um, help you, like, help you in a way so you wouldn't be as sad as you were” (James, L305).

Furthermore, Rebecca suggests that it is important to be able to talk about how you feel both in relation to things in the present and in the future:

“You can talk to each other about problems you've had during the day and if you want to move house or have a future with kids and things like that. Just so you're able to talk to each other about everything” (Rebecca, L94-97).

The importance of communication in the context of making decisions is also discussed, with participants suggesting that it is ok to make your own decisions within an equal relationship, but that talking to your partner about these is also important in order to take their feelings into account, and allow them to be aware of your daily activities. Emma and Rebecca explained:

“Because the other person might not like it. And sometimes it might be bad for them [...] two brains are better than one” (Emma, L274, 277).

“You should definitely make your own, not your significant other’s choices, but you should also, depending on what it is, you should talk to the other person and make sure they’re okay with it first so lets say you’re going out for dinner with a friends whether that’s a boy or girl, you should definitely make them aware of it” (Rebecca, L446-451).

Finally, some participants also talked about the impact respect can have on communication. Rebecca states “communication really is a big thing about respect” (Rebecca, L341), whereas if there was no respect, “they would probably not talk to them in a very nice way” (Rebecca, L261). James supports this, suggesting that you can see the presence of respect within a romantic relationship by the way two people communicate with each other:

“They respect each other in a way that they would want to be treated because they talk to each other like they would want to be talked to” (James, L257-259).

Overall, this sub-theme highlights participants’ views around communication being an important aspect of making a relationship ‘work’, as well as an indicator of whether or not there is respect within a relationship.

2. When Things Go Wrong

All six participants contributed to this theme. It refers to what participants described to be aspects and experiences characteristic of an ‘unhealthy’ relationship. There are three sub-themes within this theme.

2.1. Abuse and Mistreatment

All six participants spoke about abuse as being a defining factor of an unhealthy relationship. This included physical and emotional abuse, as well as manipulation and control. For example:

“When somebody hits me and they hurt me in some kind of way” (Anne, L382).

“If they hurt you, or, emotionally or physically... they’re the biggest things I can think of” (Emma, L120).

“Physically doing something or mentally like hurting their feelings” (James, L285-286).

The above quotes demonstrate the way in which participants spoke about physical and emotional abuse as equally problematic within a romantic relationship. Verbal abuse was also discussed by a number of participants, with some suggesting that this can begin with a breakdown of communication. Verbal abuse may include “bad language” (Anne, L84) and yelling, as well as screaming and swearing at each other (James, L282). Emma also suggested that in an unhealthy relationship:

“You can’t stand to talk to each other, like, a healthy relationship you should be able to talk to each other, yeah, but then an unhealthy relationship you’re not able to talk to each other properly” (Emma, L76-79).

Participants also referred to other forms of abuse, including manipulation and control. Rebecca gives an example of manipulation within a relationship, and suggests that this is one way in which a partner might be controlling:

“Make little digs to change your mind and tricking you into doing what they want you to do instead of what you want to do” (Rebecca, L74-76).

The way in which a romantic relationship may develop into an unhealthy relationship was also mentioned, with some participants suggesting that this can happen relatively quickly, and may be a result of a lack of equality, or a romantic partner not being their true self. For example:

“They pretend to be someone else and then once you’ve gotten married they become a little bit more... they become a different person and they are more themselves which

is a bad thing sometimes because they can be horrible, they can be bullies, emotionally and physically again” (Rebecca, L178-182).

“One person is always submissive and the other person is like, always taking advantage of the other one [...] like that can quickly turn into abuse and a toxic relationship” (Emma, L69-74).

Overall, this sub-theme indicates that participants have an awareness of the different types of abuse which can be present in a relationship, suggesting that they recognise these behaviours as being problematic within a romantic relationship. Participants acknowledged and talked about more ‘explicit’ forms of abuse, such as physical violence and verbal abuse, as well as more subtle forms of mistreatment, such as manipulation. This suggests that young people are aware of less explicit forms of abuse, such as coercive control, despite not using established terms to refer to some of these behaviours as such.

2.2. Psychological Impact of an Unhealthy Relationship

This sub-theme refers to the emotions participants would expect to be associated with and feel in the context of an unhealthy relationship (often in direct contrast to the emotions described in the sub-theme ‘*When Two People Love Each Other*’). Participants spoke about feeling unhappy, depressed, angry and lonely. For example, Emma suggested that the frequency of these emotions would indicate whether the relationship is unhealthy:

“If they make you feel sad or angry a lot of the time then it’s not really a good relationship” (Emma, L170).

Catherine suggested that feelings of anger and frustration may arise from a breakdown in communication with a romantic partner:

“It could get very angry and you could maybe like be really frustrated with them and they would be really frustrated with you and you could just talk it through” (Catherine, L181-183).

Rebecca described how they might feel in a relationship with a lack of equality and respect:

“Really depressed. Very unhappy and lonely. Isolated. I think those are the main ways I would feel. Like nobody was there for me, like I was by myself, and I wouldn’t be able to do anything about it, a little bit helpless” (Rebecca, L458-461).

Furthermore, participants spoke about how they might feel about themselves in a relationship where they were not treated well. For example:

“I wouldn’t feel very good about myself like I’d think that it was all me and that I’d done everything wrong [...] I’d feel very sad” (Catherine, L30-32).

“You wouldn’t feel happy and you wouldn’t feel free to be yourself” (Rebecca, L73).

Overall, this sub-theme highlights the range of feelings participants associated with an unhealthy relationship, as well as how not being treated well in a romantic relationship may impact on one’s view of oneself. These feelings were predominantly of a ‘negative’ emotional nature, such as sadness and anger, and were mostly in stark contrast to the feelings described as part of a healthy relationship.

2.3. Ending Romantic Relationships

This sub-theme refers to the way participants make sense of romantic relationships ending, and when or why it may come to this. There was a shared understanding across the participants that one should not have to remain in a romantic relationship if they no longer wished to. For example, Anne and Catherine suggested:

“Sometimes you might not be comfortable with it anymore and you can just... you don’t have to be in it if you don’t want” (Catherine, L335-337).

“You’re going to have to stop the relationship sometimes... or, when... it’s not really going that well and it’s going down” (Anne, 550-551).

Emma also supported the view that it is okay to end a romantic relationship, especially when not being treated well, but recognises that this might be a difficult decision:

“If they’re still like not treating me right, then, like, it’s kind of like, hard for me to make the decision but I think that I should break things off with them” (Emma, L281-283).

The acknowledgement that ending a romantic relationship may be a difficult decision was shared by other participants. They discussed that the way you go about this may be dependent on various factors, such as whether or not there are children involved, or if the relationship was abusive. For example:

“If you did have kids, make sure if they wanted to see each other that would be possible. And if it wasn’t... a scary relationship, so if it wasn’t threatening, definitely be friends. If it was... so lets say, the other person made threats against your life or your family’s lives, definitely not be in contact with them and go through the courts and make sure that everything was done properly and you were safe and your family and children were safe” (Rebecca, 478-483).

Overall, this sub-theme highlights that participants recognised that being in a romantic relationship is a choice, and that one may have to make the decision of ending a romantic relationship, especially if there is abuse or wrong-treatment, while acknowledging that this can be a difficult thing to do. Participants appeared to have some idea of the complexities around ending a relationship despite having minimal or no experience of being in a romantic

relationship themselves, suggesting that they may have been able to learn about this in ways other than through personal experience.

3. Making Sense of Romantic Relationships

All six participants contributed to this theme. It refers to how participants developed their views around and understanding of romantic relationships so far. There are three sub-themes within this theme.

3.1. Drawing on Experience of Relationships

Participants spoke about the way in which their experience of living in a household where parental IPA occurred had contributed to their understanding of romantic relationships, as well as equality and respect. For example, Rebecca, Catherine and Anne stated:

“I’ve learnt it more from the home, being in the environment and trying to figure out when someone’s happy and unhappy” (Rebecca, L207-208).

“It might just be that I’ve seen it before, a good relationship and a bad relationship” (Catherine, L345-346).

“I saw when mum and [removed] was there and they didn’t respect each other” (Anne, L390).

In contrast, some participants talked about not knowing much about romantic relationships due to lacking direct personal experience thereof. For example, speaking about the way she might feel within a romantic relationship, Rebecca stated:

“I’ve never really experienced love in a romantic way, not really so I don’t really know” (Rebecca, L321).

Similarly, speaking about what might characterise a healthy or unhealthy relationship, Anne stated:

“I haven’t really been in a relationship so its hard” (Anne, L567).

Overall, this sub-theme highlights the way in which participants have an awareness and understanding of some aspects of romantic relationships by means of witnessing and experiencing these through their parents. Other participants felt that they lacked such an awareness and understanding due to an absence of direct personal experience, suggesting that the best way to learn about romantic relationships is through direct personal experience, while others felt that they were able to learn from others' experiences (e.g., their parents).

3.2. Learning from Someone You Trust

Four participants contributed to this sub-theme, which refers to the way in which participants described learning about themselves and romantic relationships by talking to someone they trust, most often an adult, such as a parent, teacher or a formal support service. For example, Rebecca discussed the importance of having a supportive parent or carer to help them in developing an understanding of relationship dynamics in order to avoid experiencing an abusive relationship themselves:

“A carer or a parent or someone who’s your friend or family who they can go to that will be supportive and that will explain to you what’s right and wrong [...] some people who aren’t taught that might feel like they have to be either one or the other and they’re either the dominated” (Rebecca, L500-502, 507-508).

James spoke about the support he found helpful from a trusted teacher at school:

“I used to do mentoring with a teacher [...] we used to talk about what... we would talk about things, he’d ask me if I was worried about things and if there’s things that I needed to tell someone that I didn’t know who to tell because I trusted him quite a lot” (James, L450, 456-459).

And went on to explain that this had helped “to deal with my anger” (James, L484):

“I wouldn’t shout as much definitely when I get angry I would probably talk to them”
(James, L499-500).

Rebecca and James both discussed being taught about relationships, equality and respect at school, although this was not explicitly in the context of romantic relationships:

“They covered it in, um, I think it was a relationships um, lesson. But we didn’t really talk much about romantic relationships more friendships” (James, 220-222).

“Okay so I learnt this from school, but lets say somebody has a wheelchair, somebody’s short and somebody’s tall. Equality isn’t giving them the same amount of boxes so they can all see over the fence, equality is giving them what they need.”
(Rebecca, L377-381).

Furthermore, Catherine discussed the way in which sharing their feelings with a formal support service was helpful:

“I learnt to always share my feelings not just keep it to myself just like talk to people even if you don’t want to you still should talk to people because it helps a lot if you talk to someone. Whereas if you just keep it inside of you it wont do anything it will just be the same but if you talk to someone it could help a lot” (Catherine, L267-271).

Overall, this sub-theme provides an overview of the support networks young people drew on and described as helpful in processing their experiences, as well as helped them to build their understanding of themselves, their emotions, and romantic relationships more broadly. This sub-theme also highlights that participants were not taught about romantic relationships explicitly within mainstream school, however, that some still felt able to apply the information they learnt about romantic relationships themselves, and / or with the support of others.

3.3. Comparisons with Friendships

All six participants contributed to this sub-theme, outlining similarities and differences between friendships and romantic relationships. Across the data set, it was apparent that participants had constructed their understanding of romantic relationships based upon similarities and differences with friendships, which may be a more familiar experience for this age group. For example, Edward suggested that a romantic relationship is:

“When somebody’s your friend and they love you” (Edward, L16).

In terms of similarities, participants spoke about the concepts which are important in both types of relationship, specifically trust, communication and respect. Emma and James stated:

“One of the most important things in any relationship, like, with your friends as well, communication is key” (Emma, L96-98).

“In a friendship or a romantic relationship you need to be honest, loyal and trustworthy” (James, L131-132).

In terms of differences, participants discussed aspects, such as physical affection, love and the amount of time spent with a person, suggesting that one spends more time with a romantic partner than with a friend. For example, James stated:

“A romantic relationship is... I don’t know how to put it. Isn’t as quite as same as a friendship because you’re spending a lot more time with someone in a romantic relationship than in a friendship” (James, L10-13).

Emma and Rebecca also suggested that the way one feels about a person may distinguish a friendship from a romantic relationship:

“They’re similar but different as well because you need to be able to trust each other and talk to each other, but you don’t necessarily love them the same way. You love them more of a friend than, a boyfriend or husband” (Rebecca, L140-143).

“I think that a romantic relationship is just kind of just like friends but you like them romantically as well” (Emma, L127-128).

Overall, this sub-theme highlights the way participants sought to make distinctions between friendships and romantic relationships, identifying several similarities and differences. Understanding these differences may help young people make sense of romantic relationships, particularly if they are taught about friendships rather than romantic relationships at school.

Discussion

The present study aimed to explore how young people who have experienced parental IPA make sense of romantic relationships, with a particular focus on what characterises ‘healthy’ and ‘unhealthy’ relationships. While it is well documented that young people who experience parental IPA are at a greater risk of experiencing abuse in their own relationships, few studies have been conducted on this topic with young people as participants. The present study identified three themes, and nine sub-themes, which refer to the various ways in which young people made sense of romantic relationships.

Overall, despite a lack of direct personal experience of romantic relationships for four of the six participants, everyone was able to offer their thinking around and understanding of what constitutes a romantic relationship. Participants described relationship dynamics they considered to be either ‘good’ or ‘bad’, referring to behaviours and feelings which might lead to a relationship being ‘healthy’ or ‘unhealthy’. Participants also discussed how they had come to develop their understanding of romantic relationships, learning through various means, including seeing behaviours modelled by their parents, talking to their parents about relationships, learning about friendships at school, and receiving additional support either in school or in the community.

Making Sense of Romantic Relationships

The current evidence base suggests that younger children engage in more dichotomous, ‘all or nothing’ thinking than older children (Chambers & Johnston, 2002). Similarly, it is understood that the possibility of experiencing multiple emotions simultaneously is difficult for children at a younger developmental stage to understand (<12 years of age) (Chambers & Johnston, 2002). This is reflected in the results of the present study in that participants demonstrated dichotomous thinking in their sense-making of romantic relationships, categorising behaviours and feelings as either ‘good’ or ‘bad’. Dynamics considered to symbolise a ‘good’ relationship included reciprocal feelings of love and joy, caring for and supporting each other, treating each other well, spending time together, communicating with one another, and the absence of abuse. Conversely, dynamics considered to symbolise a ‘bad’ relationship included physical, emotional, verbal and psychological abuse, as well as feelings of unhappiness, anger and distrust.

The dichotomous way of understanding romantic relationships may reflect the developmental stage of the sample which was made up of quite young participants (10 – 13 years; $M = 11.16$, $SD = 1.17$). This way of thinking may also be representative of the lack of direct personal experience of romantic relationships within the sample, as research suggests that views and understanding of romantic relationships are developed and repeatedly reworked throughout adolescence with every new relationship experience (Smith et al., 2010). Nevertheless, some participants showed great insight into the dynamics that can be involved in both healthy and unhealthy relationships in many ways, as demonstrated in their acknowledgement that a healthy relationship may involve ruptures and repairs and can be ‘good enough’ rather than striving for perfection.

There was also recognition across participants that relationships can change from healthy to unhealthy over time. Young people noted that one may choose to end a relationship in light of difficulties, such as abuse and / or persistent arguing which cannot be resolved. Some participants also reflected on the fact that it may be difficult to make this decision, and that there are many factors to take into consideration, such as the division of assets and / or negotiating childcare arrangements, as well as ensuring one's own safety and that of one's family where this may be compromised.

Furthermore, while the label of coercive control was not mentioned, participants did describe behaviours that may allude to this, such as manipulation and isolation. This indicates that young people are aware of many different forms of IPA which may occur in a relationship, and not just those that are visible, such as physical violence and verbal abuse. These results support existing findings by Callaghan et al. (2018) who found that young people aged 8 – 18 years (who had lived within a family environment where there was coercive control between parents) are very aware of, and impacted by, elements and dynamics of control within parental relationships. Thus, although not explicitly labelled as coercive control in this study, results support the notion that young people are acutely aware of abusive dynamics between parents, even when more subtle techniques, such as control and manipulation, are used.

Intergenerational Cycle of IPA

ITT (Sellers et al., 2005) and SLT (Bandura, 1977) suggest that young people learn about romantic relationships by seeing behaviours, such as violence or abuse, modelled by their parents (Markiewicz et al., 2001; Sellers et al., 2005). The present findings lend support to these theoretical explanations in that young people spoke of seeing abusive behaviours, as well as behaviours which indicated equality and respect (or a lack thereof), modelled within

their parents' relationships. As well as the behaviours within romantic relationships, participants' appraisals of these as 'good' or 'bad' also appeared to be learned from caregivers. Participants described the importance of having a supportive caregiver who was able to explain what was 'right' and 'wrong' within relationships. This suggests that participants in this study developed their awareness and understanding of this through their parents, which is in line with the existing literature that suggests that attitudes and beliefs are learnt from significant others (Copp et al., 2016; Murshid & Murshid, 2018; Pollak, 2004; Temple, 2013).

Furthermore, Roisman et al. (2009) suggest that friendships during childhood provide an opportunity for learning about intimacy before this learning is transferred to romantic relationships in adolescence. Similarly, according to Stocker and Richmond (2007), conflict within friendships during adolescence may predict conflict in romantic relationships in adolescence. This may explain why young people received teaching about friendships rather than romantic relationships in school. Where this was the case, young people talked about deriving learning from this teaching, and applying it to the concept of 'romantic relationships'. More specifically, young people in this study demonstrated a certain level of creative ability, describing how they developed their understanding of romantic relationships on the basis of what they had learnt about friendships.

Throughout the interviews, young people discussed similarities and differences between friendships and romantic relationships, presenting with substantial insight despite the lack of direct personal experiences of the latter for some. However, this is not surprising, given the age range of young people who took part in the study. On the contrary, it may be that relationships with friends (i.e., friendships) were more familiar to young people than romantic relationships. These results add to the current body of literature, which suggests that

relationship dynamics in friendships play a role in young people's learning about romantic relationships, both throughout childhood and adolescence. ITT (Sellers et al., 2005) considers the role of caregivers and role models; the present findings suggest that learning through peer relationships should also be considered alongside this.

Some young people spoke about equality and respect in regard to their relationships within the family, whereas others spoke about equality and respect across genders, sexuality, race, religion and disability. Many spoke about these concepts in terms of being non-judgemental and accepting differences between yourself and others. It was apparent that teaching about equality and respect at school had focused upon the importance of these concepts when interacting with minority groups, rather than regarding romantic relationships. As above, some participants were able to reflect on how this knowledge might apply to romantic relationships, however, this was to a lesser extent than the creative ability described above.

Additionally, Holt et al. (2008) suggest that a strong attachment to an adult can mitigate the negative impacts of parental IPA for a child, such as mental health difficulties and experiencing IPA in their own relationships. This is supported by the results of the present study, which suggests that a positive relationship with a caregiver is important in supporting young people who experience parental IPA, and helping to protect them from experiencing IPA in their own future relationships. One young person suggested that having a strong relationship with their mother had helped them to develop their understanding of healthy relationships by having explicit conversations with her about this. This young person also suggested that others with no access to such a relationship may go on to experience an abusive relationship themselves. This is further supported by existing literature suggesting that a secure attachment to a caregiver is predictive of more positive recovery from conflict

within relationships, and that individuals with supportive parental experiences are more likely to have more positive romantic relationships in adolescence (Salvatore et al., 2011; Roisman et al., 2009). It was of note that the young people in this study all attended the interviews accompanied by their mothers. While it is not possible to make any conclusive statements about the nature of their relationship, it would suggest a certain level of support offered by the parent in this context, particularly as parents sought support for their children through Service X following attending a support service for themselves.

Limitations

The present study has given a voice to young people who have experienced parental IPA, who are often the forgotten victims of domestic abuse (Unicef, 2006). There have been few studies exploring children and young people's views and perspectives regarding IPA, as well as involving them as active participants in research. This may be due to a lack of recognition of this population as victims of parental IPA (rather than passive witnesses; Callaghan et al., 2018). As such, it is important to contribute research involving young people, where possible, as their voice is essential in informing existing preventative measures, as well as further developing and evaluating proactive, person-centred intervention programmes and policy (Houghton, 2015).

Nevertheless, the study is not without limitations. Firstly, FA is designed to manage and analyse large sets of data. Due to the sample of the present study, a larger sample size was not achievable. This was predominantly related to difficulties with recruitment, including loss of funding for the programme through which participants were recruited, resulting in a halt to referrals (see Appendix B for a more in-depth discussion of this). As such, this limits the generalisability of our findings to the wider population of young people who have witnessed and experienced parental IPA. Indeed, it was the case that all participants were brought to the

study by their mothers, and all had actively sought help following experiences of IPA. As such, our sample may not be representative of the wider population of young people who have witnessed and experienced parental IPA overall (i.e., those who may not have sought help in relation to parental IPA).

Furthermore, it is important to note that three of the participants had completed the intervention programme with Service X prior to taking part in the study. This may have altered their attitudes towards and understanding of romantic relationships, as new learning undoubtedly took place as part of the programme. It is also of note that two of the six participants were male. In light of the existing literature suggesting that males and females differ in terms of their attitudes and beliefs around violence and domestic abuse (Mandal & Hindin, 2013), a more equal spread of male and female participants would have been beneficial. Finally, it is also important to consider the limitations around the age range of the sample (10 – 13 years; $M = 11.16$, $SD = 1.17$). As a result, the majority of the participants did not have direct personal experiences of romantic relationships. While this was not essential to take part in the research study, they may have facilitated more in-depth reflections and further insights as part of the interviews.

Practical Implications and Future Directions

The findings of the present study have highlighted a number of practical implications and directions for further research:

- i. The data suggest that having a supportive adult to model and discuss healthy and unhealthy relationship dynamics is beneficial for young people who have experienced parental IPA. As such, it is important to consider ways in which this can be implemented for children who do not have a supportive relationship with a parent and / or guardian, such as those in the care system. Such children may benefit from seeing

these relationship dynamics modelled by someone else they are close to, such as a social worker or foster carer.

- ii. Participants spoke about learning about friendships, equality and respect in regards to minority groups at school, and applying this knowledge themselves to romantic relationships. It may be helpful for schools to teach children and young people about romantic relationships in a developmentally appropriate way. This may include healthy and unhealthy relationship dynamics, seeking support and / or ending romantic relationships, and equality and respect in regards to romantic relationships.
- iii. Participants discussed the benefits of being able to talk about their experiences, feelings and emotions with someone they trust, whether that be an adult at school or within a group in a formal support service. As such, providing different levels of support to young people either within schools or the community may be beneficial for them in terms of developing their understanding and sense-making of relationships.
- iv. Within recommendations 1-3, it is also important to consider the language used, and ensure that it is accessible when supporting this population. For example, some participants within this study did not understand the words 'healthy' or 'unhealthy' in regard to relationships but were able to speak about 'right' and 'wrong', or 'good' and 'bad' dynamics within a relationship.
- v. Four out of six participants had not yet had the opportunity to put their understanding of relationships into practice. It may therefore be helpful to ensure that recommendations 1-3 continue throughout adolescence when young people begin to experience their own romantic relationships, and that they are being supported while putting their knowledge into practice.
- vi. Suggestions for future research are:

- a. Exploring relationships and / or attachments with caregivers which will help to understand how this may mediate the relationship between experiencing parental IPA and how young people understand romantic relationships.
- b. Replicating the current study with a larger sample size and an equal split of males and females in order to determine potential differences between genders.
- c. Replicating the current study with a sample who had not actively sought and / or received support in order to determine whether the attitudes and beliefs of this population differ to those found in the current study.
- d. Replicating the present study with a slightly older sample in order to explore whether their attitudes differ. An older sample may also be able to better understand and articulate their thoughts, feelings, beliefs and reflections.

Within the present sample, some participants lacked understanding of some concepts due to an absence of personal experience of romantic relationships.

An older sample may be more likely to have some level of personal experience of romantic relationships, and therefore offer different, more in-depth accounts.

Conclusion

The aim of the present study was to explore how young people who have experienced parental IPA understand and make sense of romantic relationships. It was hoped that this would provide novel insights in order to inform existing support services and intervention programmes that aim to reduce the intergenerational cycle and transmission of IPA. Overall, the study found that young people are aware of a wide range of aspects and dynamics which may be present in healthy and unhealthy relationships. This included the presence or absence of abuse and positive communication. Furthermore, participants described the different ways in which they applied their learning of related aspects to romantic relationships, including

witnessing parental IPA, speaking with a parent or trusted adult, and learning about friendships at school. Community support services were also noted to be helpful in terms of talking about and making sense of experiences of IPA. Recommendations for practical implications were highlighted, including providing developmentally appropriate teaching about romantic relationships in schools, and ensuring that young people who experience parental IPA have a trusted adult who can model positive relationship characteristics.

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Chapter 3:

Press Releases

(1) Male Survivors of Intimate Partner Abuse Are Silenced by Gender Stereotypes

(2) A 'Recipe' for Healthy Relationships

University of Birmingham

Press Release

13th May 2020

Male Survivors of Intimate Partner Abuse are Silenced by Gender Stereotypes

Approximately 4 in 100 men experienced abuse from a female partner in 2018-2019. However, it is likely that this is a significant underestimation as a large proportion of men do not report their experiences of abuse from a female partner due to fear that they will not be believed, or no action will be taken following their report. Male survivors of intimate partner abuse (IPA) experience a range of abuse from female partners, including physical and psychological abuse. This has a significant and widespread impact upon their lives, including their physical and mental health.

Men described how the expectations society hold about how men should act had a significant impact on their experiences of IPA, causing them to feel ashamed of their experience and avoid speaking out, seeking help and receiving support. One participant explained this by stating: “it was different because I was a man”, feeling as though their experiences and how they were treated would have been different if they were female.

A literature review conducted within the Centre for Applied Psychology at the University of Birmingham explored the experiences of male survivors of IPA as documented in 12 qualitative studies.

Male survivors attempt to make sense of their experiences of IPA in a way that fits with the traditional view of males as being strong and in control, for example by minimising the abuse they are experiencing or explaining it as a result of their partner’s mental health difficulties. Men described the shame they felt as a result of experiencing IPA as they believed this experience reduced their masculinity, and they were reluctant to seek support

from friends or family as a result. Men were also reluctant to seek support as they believed that there were no services available for men, with the majority of services being developed to support female survivors of IPA. Individuals who did seek support were often met with disbelief or ridicule from friends, family, health professionals and police officers. This has created a cycle which keeps male survivors of IPA hidden.

One of the main reasons men report for not leaving the abusive relationship was due to a fear that the female partner would take custody of their children, a threat often used as a form of control to prevent the man from ending the relationship. Male survivors of IPA believed that family court proceedings often favour the mother, even in instances where there was female-perpetrated IPA, and this prevented them from seeking legal support. These results highlighted several areas for future directions, including:

- Increasing awareness of female-perpetrated IPA to reduce stigma and help male survivors and those around them recognise the signs of IPA.
- Developing specialist services for male survivors of IPA which take into account the experiences and needs of this population.
- Increasing training and guidance for professionals, including health professionals and police officers, in responding to and supporting male survivors of IPA.
- Further investigating potential bias in family court proceedings towards mothers and supporting male survivors of IPA in navigating this process.

For more information please contact Hollie Richardson at the University of Birmingham.

Notes to Editors:

- Title of research paper: How Do Young People Who Have Experienced Parental Intimate Partner Abuse Make Sense of Romantic Relationships?

- Please contact the lead author, Hollie Richardson, who will be available for interview.

University of Birmingham

Press Release

13th May 2020

A ‘Recipe’ For Healthy Relationships

Young people who have experienced parental intimate partner abuse (IPA) are at a greater risk of experiencing IPA in their own relationships, either as a victim or perpetrator. Despite this, research at the University of Birmingham found that these young people are able to describe what makes a ‘good’ and ‘bad’ relationship, with participants explaining “that’s how it works”.

Approximately one in five children in the UK have experienced parental IPA, and around 40 per cent of adults accessing support for IPA experienced abuse between parents when they were younger.

It is important to give this population a voice by allowing them to take part in research and explain their attitudes, beliefs and understanding. This helps us to create personalised intervention programmes based on their needs and views.

The University of Birmingham project exploring how young people who have experienced parental IPA understand romantic relationships was carried out at the Centre for Applied Psychology at the University, in collaboration with a community support service for this population within Birmingham.

The results showed that young people were able to describe things which you might see in ‘good’ and ‘bad’ relationships, classing behaviours as ‘right’ or ‘wrong’. Characteristics which would symbolise a ‘good’ relationship included spending time together and caring for one another. Behaviours which symbolise a ‘bad’ relationship included physical, verbal and emotional abuse, consistent arguing and being untrustworthy. Young

people also had a good understanding of when a relationship might come to an end and what this might be like.

In terms of learning about relationships, young people described learning based upon the behaviours they saw modelled by their parents, as well as talking to their parents or other trusted adults about relationships and learning about friendships at school.

The results suggest that young people who have experienced parental IPA are able to understand the behaviours which would characterise healthy and unhealthy relationships if they have had some level of learning about this through parents, teachers, other trusted adults or peers. Having a trusted adult to help teach young people about relationships appears to be a really important factor which may help stop IPA repeating in future generations.

The research also identified areas for future research. Most participants had not had a romantic relationship, and had attended a support group for young people who have experienced parental IPA. It would therefore be helpful to learn about how young people who have experiences of romantic relationships, and those who have not received any support so far, make sense of romantic relationships.

For more information please contact Hollie Richardson at the University of Birmingham.

Notes to Editors:

- Title of research paper: How Do Young People Who Have Experienced Parental Intimate Partner Abuse Make Sense of Romantic Relationships?
- Please contact the lead author, Hollie Richardson, who will be available for interview.

Appendices for Chapter 1

Appendix A – Comments to Support Quality Assessment Ratings for Each Paper

Author(s)	Year of publication	Overall Assessment Rating	Comments Discussing Areas in which Paper Did Not Score Maximum of 2
Allen-Collinson	2009		It is unclear whether more than one researcher analysed the data. The relationship of the researcher to the research and participants is not discussed and the way in which the research was presented to the participants is not described. More detail about participant characteristics could have been described to provide more context for the results
Du Toit	2010		Semi-structured interviews were undertaken by email and it is important to consider whether the results may have differed if a different method was used, such as face-to-face interviews. There was also only one participant within this study, significantly limiting generalisability of results. Minimal original extracts or quotes are including in the results. There was no mention of triangulation and only one researcher was involved in the data collection process, limiting reliability of the process.
Josolyne	2011		Only one researcher was involved in the analysis of data and participants were not given the chance to feedback on the transcripts or data during this process. As a result, researcher subjectivity may influence the results.
Nayback-Beebe & Yoder	2012		Data collection and analysis were conducted by one researcher, reducing reliability and increase subjectivity of results.
Entilli & Cipolletta	2016		Data was collected using semi-structured interviews over Skype. Research suggests the use of Skype to undertake interviews can

			impact on rapport and may result in non-verbal cues being missed (Lo Iacono, et al., 2016). More detail of how data was analysed and how the researcher arrived at the themes which have been identified would have increased the quality of the paper.
Morgan & Wells	2016		Data was collected using telephone interviews which are likely to have the same limitations as Skype interviews, discussed above (Lo Iacono, et al., 2016). Very minimal participant information was described and the position of the researcher in regards to the participants and research was not discussed.
Hogan	2016		Some interviews were conducted using Skype and telephone. No triangulation of data collection methods were used.
Machado et al.	2016		Majority of criteria were met. However, there was no triangulation of data collection methods used.
Brooks et al.	2017		Analytic process could have been described in more detail to make this more clear and increase reliability. The reporting of ethical considerations and approval is not clearly reported.
Cristofi	2018		Minimal participant characteristics described and more detail about the data collection methods. No triangulation of data collection methods.
Bates	2019		Data was collected using an online questionnaire with open-ended questions. It is important to consider whether a different methodology, such as for example face-to-face interviews, would have yielded different results. This was the only method of data collection and no triangulation of methods was used. Data was analysed by one

			researcher only. Description of the process of seeking ethical approval was not provided.
Walker	2019		Data was collected using an online, anonymous, qualitative survey. Results may have changed or different information may have arisen if data was collected using a different method such as face-to-face interviews. Furthermore, the questionnaire assesses incidents of “boundary-crossing” which is understood as IPA, but it can be questioned whether all participants would have understood this terminology in the same way and therefore if the data collection methods assess what they set out to.

Appendix B – Initial Extraction Grid – Example of Phase 3 (‘Reading the studies’)

A	B	C	D	E
Study	Category / Concept	Category / Concept	Category / Concept	Category / Concept
A Marked Man: Female-Perpetrated Intimate Partner Abuse. Allen-Collinson (2009)	Defining abuse: Complexities and Routinization - explaining the abuse (HR)	The pattern of violence: coping strategies	The effects and stigma of intimate abuse	"Real Men Don't Hit Back" - reasons for non-retaliation
Men's experiences of violence and abuse from a female intimate partner: power, masculinity and institutional systems. Josolyne (2011)	Supertheme 1: "Constructing his Experience: Abuse as 'Challenging Behaviour'"	Subtheme 1A: "Abuse as 'problematic behaviour'"	Subtheme 1B: "Abuse as 'impactful behaviour' (or not)" GENDER NORMS	Subtheme 1C: "abuse as 'explainable' behaviour"
The lived experiences of a male survivor of Intimate Partner Violence: A Qualitative Case Study. Nayback-Beebe & Yoder (2012)	Living in the relationship - confrontation from within - trying to make sense of the abuse, self-blame	Living in the relationship - confrontation from without - the perpetrator and witnesses diminishing the	Leaving the relationship - realization and relinquishment - this theme uses the same quote	
When The Woman Gets Violent: the construction of domestic abuse experience from heterosexual men's perspective. Entilli & Cipolletta (2016).	Self-description - renamed by HR as "the male role - taking responsibility, caring for partner and family, non-retaliation"	Partner's description - renamed by HR as "female violence and justifying this". Includes strategic,	Abuse experience	Personal explanation - Re-named by HR as "explaining the abuse"
It's deemed unmanly': men's experiences of intimate partner violence (IPV). Morgan & Wells (2016)	Supertheme 1: I was abused	Subtheme 1A: I suffered multiple forms of abuse - fits in with abuse type. Also references the impact of	Subtheme 1B: I was physically hurt - emphasis on extreme physical abuse, although this was not	Supertheme 2: Feeling controlled - "control was an aspected which pervaded all the respondents' interpretations of their abuse. For many of them, this was the prism through which they interpreted the perpetrator's behaviour" (author,
Men's experiences of female-perpetrative IPV: a qualitative exploration. Hogan (2016)	Supertheme 1: nature of the abuse - "being abused, verbally and physically" - parts of this	subtheme 1A: Hunter and the hunted - "it was like living on the edge of a	Supertheme 2: impact of abuse - what she left behind	supertheme 3: barriers to leaving the relationship

Appendix C – Extraction Grid with Initial Translations Marked using Colour Coding – Example of Phase 4 (‘Determining how the studies are related’)

Study	Category / Concept	Category / Concept	Category / Concept	Category / Concept	Category / Concept	Category / Concept
A Marked Man: Female-Perpetrated Intimate Partner Abuse. Allen-Collinson (2009) - second look done	Defining abuse: Complexities and Routinization - explaining the abuse (HR)	The pattern of violence: coping strategies	The effects and stigma of intimate abuse	"Real Men Don't Hit Back" - reasons for non-retaliation		
Men's experiences of violence and abuse from a female intimate partner: power, masculinity and institutional systems. Josolyne (2011) - second look done	Supertheme 1: "Constructing his Experience: Abuse as 'Challenging Behaviour'"	Subtheme 1A: "Abuse as 'problematic behaviour'"	Subtheme 1B: "Abuse as 'impactful behaviour' (or not)" GENDER NORMS	Subtheme 1C: "abuse as 'explainable' behaviour"	Supertheme 2: "constructing his response: abuse as a 'call to action'" - responding as male stereotypes would expect	Subtheme 2A: "his to challenging bef"
The lived experiences of a male survivor of Intimate Partner Violence: A Qualitative Case Study. Nayback-Beebe & Yoder (2012) - second look done	Living in the relationship - confrontation from within - trying to make sense of the abuse, self-blame	Living in the relationship - confrontation from without - the perpetrator and witnesses diminishing the abuse, blaming the victim	Leaving the relationship - realization and relinquishment - this theme uses the same quote by the pp as in the confrontation from within theme			
When The Woman Gets Violent: the construction of domestic abuse experience from heterosexual men's perspective. Entilli & Cipolletta (2016).	Self-description - renamed by HR as "the male role - taking responsibility, caring for partner and family, non-retaliation"	Partner's description - renamed by HR as "female violence and justifying this". Includes strategic,	Abuse experience	Personal explanation - Re-named by HR as "explaining the abuse"	Society and help-seeking	
It's deemed unmanly': men's experiences of intimate partner violence (IPV). Morgan & Wells (2016) - second look done	Supertheme 1: I was abused	multiple forms of abuse - fits in with abuse type. Also references the impact of the abuse and the ways participants would try to cope (page 410)	physically hurt - emphasis on extreme physical abuse, although this was not apart from subtheme 1a but seemed very salient for participants.	which pervaded all the respondents' interpretations of their abuse. For many of them, this was the prism through which they interpreted the perpetrator's behaviour" (author, page 411). "just control freakery... there is no question that she thought she could completely control me... she was completely power hungry" (PP, page 411).	Subtheme 2A: Controlled through children	Subtheme 2B: Fee
Men's experiences of female-perpetrated IPV: a qualitative exploration. Hogan	Supertheme 1: nature of the abuse - "being abused, verbally and physically" - parts of this theme also support using the	subtheme 1A: Hunter and the hunted - "it was like living on the edge of a	Supertheme 2: impact of		Supertheme 4: coping strategies for	Supertheme 5: lea

Appendix D – Extraction Grid with All Concepts Relating to the Theme ‘Searching for Understanding’ – Example of Phase 5

(‘Translating the studies into one another’)

	Explaining / justifying abuse	
A Marked Man: Female-Perpetrated Intimate Partner Abuse. Allen-Collinson (2009)	Defining abuse: Complexities and Routinization - explaining the abuse (HR)	
Men's experiences of violence and abuse from a female intimate partner: power, masculinity and institutional systems. Josolyne (2011)	Subtheme 1C: "abuse as 'explainable' behaviour"	
The lived experiences of a male survivor of Intimate Partner Violence: A Qualitative Case Study. Nayback-Beebe & Yoder (2012)	Living in the relationship - confrontation from within - trying to make sense of the abuse, self-blame	Leaving the relationship - realization and relinquishment - this theme uses the same quote by the pp as in the confrontation from within theme
When The Woman Gets Violent: the construction of domestic abuse experience from heterosexual men's perspective. Entilli & Cipolletta (2016).	Personal explanation - Re-named by HR as "explaining the abuse"	
It's deemed unmanly': men's experiences of intimate partner violence (IPV). Morgan & Wells (2016)	Supertheme 2: Feeling controlled	Subtheme 3A: she deceived me about her previous abuse -
Men's experiences of female-perpetrative IPV: a qualitative exploration. Hogan (2016)		
Exploring help seeking experiences of male victims of female perpetrators of IPV. Machado et al. (2016)		
"How many silences are there?" Men's experience of victimisation in Intimate		

Appendix E – Extraction Grid Identifying One Theme - Example of Phase 6 (‘Synthesising translations’)

Study	Abuse as explainable behaviour	
		Explaining / justifying abuse - normalisation and searching for understanding.
A Marked Man: Female-Perpetrated Intimate Partner Abuse. Allen-Collinson (2009)	Defining abuse: Complexities and Routinization - explaining and normalising the abuse (HR)	The pattern of violence: coping strategies - This theme includes self-blame to understand the abuse. Initially related to coping.
Men's experiences of violence and abuse from a female intimate partner: power, masculinity and institutional systems. Josolyne (2011)	Subtheme 1C: "abuse as 'explainable' behaviour"	Subtheme 3A: "positioning the 'abused man' and 'abused woman'" this theme initially labelled as 'protecting the female'
The lived experiences of a male survivor of Intimate Partner Violence: A Qualitative Case Study. Nayback-Beebe & Yoder (2012)	Living in the relationship - confrontation from within - trying to make sense of the abuse, self-blame	Leaving the relationship - realization and relinquishment
When The Woman Gets Violent: the construction of domestic abuse experience from heterosexual men's perspective. Entilli & Cipolletta (2016).	Personal explanation - Re-named by HR as "explaining the abuse"	
	Supertheme 2: Feeling controlled - "control was an aspect which pervaded all the	Subtheme 3A: she deceived

Appendices for Chapter 2

Appendix A – Completed COREQ Checklist

COREQ (Consolidated criteria for REporting Qualitative research) Checklist

A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
<i>Personal characteristics</i>			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	86
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	86
Occupation	3	What was their occupation at the time of the study?	86
Gender	4	Was the researcher male or female?	155
Experience and training	5	What experience or training did the researcher have?	86
<i>Relationship with participants</i>			
Relationship established	6	Was a relationship established prior to study commencement?	86
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	86
Interviewer characteristics	8	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	86 / 155
Domain 2: Study design			
<i>Theoretical framework</i>			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	82
<i>Participant selection</i>			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	83 - 84
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	83 - 84
Sample size	12	How many participants were in the study?	85
Non-participation	13	How many people refused to participate or dropped out? Reasons?	84
<i>Setting</i>			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	86
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	86
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	85
<i>Data collection</i>			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	87
Repeat interviews	18	Were repeat interviews carried out? If yes, how many?	86
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	87
Field notes	20	Were field notes made during and/or after the interview or focus group?	87
Duration	21	What was the duration of the interviews or focus group?	86
Data saturation	22	Was data saturation discussed?	92
Transcripts returned	23	Were transcripts returned to participants for comment and/or	n/a

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
<i>Data analysis</i>			
Number of data coders	24	How many data coders coded the data?	90
Description of the coding tree	25	Did authors provide a description of the coding tree?	173-180
Derivation of themes	26	Were themes identified in advance or derived from the data?	91
Software	27	What software, if applicable, was used to manage the data?	n/a
Participant checking	28	Did participants provide feedback on the findings?	n/a
<i>Reporting</i>			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	96-118
Data and findings consistent	30	Was there consistency between the data presented and the findings?	96-118
Clarity of major themes	31	Were major themes clearly presented in the findings?	95-118
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	96-118

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

Appendix B – Reflective Statement

Throughout the research process, from recruitment through to analysis, I documented my thoughts, feelings and reflections. This felt important to ensure I considered the way in which my own attitudes, beliefs and assumptions as a researcher may be impacting upon the research process. I will not outline all of these, but some of the key reflections are discussed below.

Role of Researcher

As a Trainee Clinical Psychologist completing this research project in partial fulfilment for a Doctorate of Clinical Psychology, I was aware of the expectations placed on me both from the university and from myself. I was concerned that the pressure I felt to complete a ‘good’ research project may influence the way I related to participants. At times, I noticed a sense of impatience and stress when trying to recruit participants and gather rich data in the semi-structured interviews as I was conscious of the requirements of the research project from the university and wanting to do well. Clinically, I am also passionate about providing person-centred interventions for young people who have experienced parental IPA. This passion further fuelled my desire to complete a ‘good’ research project. I feel being aware of and noticing these feelings as they arose allowed me to minimise the impact these feelings had on the research.

Similarly, I was aware of how the participants and their families may relate to me. As a 25-year-old female, I often consider myself young in comparison to some of the individuals I work with clinically. I questioned whether the guardians of the young people I interviewed would question my age and therefore my abilities, and if this would have an impact on whether they consented for their child to take part in the research. In contrast, as the young

people I was interviewing were much younger than me, I felt they were likely perceiving me differently to their parents or guardians, perhaps putting me in a similar category to their teachers or other adults in their lives. Furthermore, as the participants were recruited through Service X, and the research interview was held there, many participants assumed I worked within the organisation, often talking to me about elements of the support group they had taken part in, assuming I also ran these groups. I felt as though this had a positive impact on our relationship and the information young people were willing to share with me; those who had been supported by Service X all reported a really positive experience of this, and were used to talking about personal topics in this setting, which I feel helped them to feel more comfortable in sharing things with me. However, I was aware of how their view of me as more of an authority figure, similar to a teacher, may also make them feel less comfortable sharing things with me.

Recruitment

I initially aimed to recruit 8 – 16 young people with an equal spread of males and females. Recruitment began well, with three individuals expressing a desire to take part in the research within a month of sending invitation letters. However, following this, the funding ended for the intervention programme I was recruiting through, which halted referrals and meant that I was no longer able to invite any more young people to partake in the research project. At this point, a decision was made to invite young people who had already completed the intervention programme to ensure that the project could still go ahead, particularly as two young people had already completed the research interview. To increase recruitment, two further charity services were contacted who have working relationships with Service X. Unfortunately, one service did not feel that they had the resources to help with recruitment for the project. A second service was interested in hearing more about the project. However, at

this point social distancing measures were put into place due to COVID-19. As such, the service felt they would no longer be able to support with recruitment. Following this, as the university deadline for the research project was approaching, no further attempts to recruit were made.

Throughout the research project, I recognised feeling frustrated as I was passionate about completing a research project that was going to provide meaningful results to support this group of young people. This passion also helped to motivate me to continue to pursue new avenues of recruitment, although these unfortunately proved unsuccessful.

Appendix C - Email Confirming Ethical Approval from the Science, Technology, Engineering and Mathematics Ethical Review Committee

Dear Dr Kloess

**Re: "How do young people who have experienced parental domestic violence make sense of romantic relationships"
Application for Ethical Review ERN_18-1647**

Thank you for your application for ethical review for the above project, which was reviewed by the Science, Technology, Engineering and Mathematics Ethical Review Committee.

On behalf of the Committee, I confirm that this study now has full ethical approval.

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please also ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at <https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx>) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (<https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx>) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards

Susan Cottam

Research Ethics Officer

Research Support Group

C Block Dome

Aston Webb Building

University of Birmingham

Edgbaston B15 2TT

Tel: 0121 414 8825

Email: [REDACTED]

Appendix D – Consent to be Contacted for Research Purposes Form

CONSENT TO CONTACT FOR RESEARCH PURPOSES

TITLE: How do young people who have experienced parental domestic abuse make sense of romantic relationships?

SPONSOR: The University of Birmingham

INVESTIGATORS: Hollie Richardson

You are being invited to give consent for Hollie Richardson to contact you and your child to invite your child to participate in a research study.

Are you and your child willing to learn more about the study? (Circle one)

YES NO

If yes, you will be contacted at a later date. Please include your contact information below.

Telephone: _____

E-mail: _____

You authorize for your name and telephone number to be passed to the research team for the purpose of being contacted to learn more about the research study. Access to this information will be limited to Hollie Richardson and her research team.

You have been made aware of the reasons why the contact information is needed and what this information may be used for.

This consent is effective immediately. Your consent to be contacted can be revoked by you at any time.

Giving your consent to being contacted by the researcher does not mean you are consenting for your child to take part in the study. This will be discussed further with you and your child by the researcher if you consent to being contacted for research purposes.

Parent / Guardian's Signature: _____

Date: _____

Appendix E – Information Sheets for Young People and Parents/Guardians

Participant Information Sheet for Children and Young People

Part One: What is the research project?

You have been invited to take part in a research project exploring young people's attitudes and beliefs towards romantic relationships with other people. You will be asked to take part in an interview which could last up to 60 minutes, where you will get the chance to talk about how you feel about relationships with others.



You should only take part if you want to; if you choose not to take part it will not have a negative impact on you at all so please don't worry.

Before you decide whether to take part in the research project, it is important that you understand what will be involved. If you think you might want to take part, please read Part Two of this leaflet on the next page. This explains a bit more about the project. You might like to talk about this with your family or friends, or you might like to contact the researcher for a bit more information before you make a decision. Your parent has another sheet explaining the project.

If you think you do not want to take part in the research project and don't want to read Part Two, just let your parents or carers know and you don't need to do anything else.

Part Two: More about the research project

What is the study about?

The study is looking at how young people who have experienced violence between their parents feel about romantic relationships.

Romantic relationships are the relationships we have with boyfriends or girlfriends, rather than the relationships we have with our friends or family.

What will happen to me in the study?

If you choose to take part, you'll be invited to attend a 60 minute interview with the researcher to talk about your feelings and thoughts about romantic relationships. It's okay if you haven't been involved in a romantic relationship before, we still want to know about your thoughts.

We'll ask your parents or carers to wait for you while you are taking part in the interview, in case you decide you want to leave the interview at any point. If you do want to stop taking part in the study, that is absolutely fine, just let the researcher know if you decide this during the interview.

Are there any possible benefits of taking part in the study?

While there aren't any direct benefits to you, you will be taking part in a study which hopes to help other young people who have had similar experiences to yourself in the future, by helping to understand how best to help young people like yourself.

Are there any possible disadvantages in taking part in the study?

We won't ask you about your experiences of violence, but some of the things that come up in the interview might be upsetting for you. If this is the case, we can stop the interview if you wish to, and your parent / carer will be waiting to collect you. We will suggest other people you might be able to talk to about your experience if you would like to.

What if I want to take part but my parent / carer doesn't want me to?

Unfortunately, for you to take part your parent / carer has to agree to this. So, if your parent doesn't want you to take part in this study unfortunately you won't be able to.

Why is the study being done?

The study is being completed to help us better understand how young people feel about relationships after they have witnessed violence between their parents. We hope that if we are able to understand this better, we might be able to help young people affected by violence between their parents in the future, and help to keep them safe from further harm.

Some research shows that young people who have experienced violence between their parents have some different attitudes and beliefs about romantic relationships, so we hope to look into this to understand it more.

Where will the study take place?

The study will involve an interview which will take place at the offices of [REMOVED].

Will I need to take time off school? Will it affect my social life?

We will arrange the interview to suit you and your parent / carer. This can be held outside of school time, so you don't have to miss anything.

You will only be asked to attend one interview which will last approximately 60 minutes, so it should not impact on your school or social life.

Who can I talk to if something is on my mind?

If you want to talk to someone about something that is effecting you, whether it is in relation to this study or not, but you're not ready to talk to your parents, you can contact ChildLine on **0800 1111** for free. If you don't want to talk to them on the phone, you can email or have an online chat with someone from ChildLine. There's loads of information on their website too - **www.childline.org.uk**.

Who will lead the study?

The study and the interview will be led by the researcher, Hollie Richardson.
Hollie will also have two supervisors:

[REMOVED]

Dr Juliane Kloess, University of Birmingham.

Who can I contact for more information?

If you want to know more about the research project, you can contact the
researcher:

Hollie Richardson, University of Birmingham: contact details tbc.

Participant Information Sheet for Parents and Guardians

Study Title: How do young people who have experienced parental domestic abuse make sense of romantic relationships?

Your child has been invited to take part in a research project exploring young people's attitudes and beliefs towards romantic relationships, particularly in relation to equality and respect. Your child should only take part if they want to; choosing not to take part will not disadvantage them in any way.

Before you and your child decide whether your child takes part in the research project, it is important that you understand what will be involved. Please take time to read the following information carefully and discuss it with others if you wish. Please ask us if there is anything that is not clear or if you would like more information.

Background to the Research

Birmingham City Council's Domestic Abuse Prevention Strategy Priorities: 2017-20 include working with children and young people to raise awareness of healthy relationships based on equality and respect in order to prevent domestic abuse for the next generation. Because of this, the research project aims to explore how children and young people affected by parental domestic violence make sense of romantic relationships. The project has a particular interest in young people's views towards equality, respect and what makes a 'healthy' relationship. We hope that this will help to identify areas to target in future interventions with young people to help reduce the risk of domestic violence in the future.

Young people who have experienced domestic violence between parents will be invited to take part in the research project. Your child **does not** have to have personal experience of a romantic relationship in order to take part.

If your child chooses not to take part in the research project they will remain in the same place on the waiting list for the Healing Together Programme. Choosing not to take part in the research project will not disadvantage your child in any way. Taking part in the research will not impact upon any service or care your child was due to receive.

What would taking part involve?

If your child chooses to take part, they will be invited to attend an interview with the researcher, Hollie Richardson. This will take place at the base of [REMOVED] and will last for approximately 60 minutes.

The interview will discuss your child's attitudes and beliefs towards romantic relationships, equality and respect. The topics discussed in this interview have been discussed with other

young people who have similar experiences to your child, to ensure that what is included in the interview is understandable for young people.

We would ask that a parent or guardian remain at the premises of [REMOVED] throughout the interview. This is because your child can choose to leave the interview at any point, and does not have to attend the whole 60 minutes if they do not wish to do so.

The research project will be written up into a research paper. It is likely that quotes from the interview with your child will be included in this paper. However, no reference to your child's personal or identifying information will be made alongside these or throughout the paper.

What are the possible benefits of taking part?

While no direct benefits can be guaranteed, it is hoped that the research will deliver some wider benefits to young people who have similar experiences to your child by guiding interventions for this population in the future. Your child may therefore benefit from the knowledge that they are contributing to this.

What are the possible disadvantages of taking part?

As far as possible, your child's contribution will be kept confidential. If a risk to your child or others is disclosed during the interview, it is possible that the researcher may have to break confidentiality and inform wider services, such as the police, the Local Authority Safeguarding Team or your child's GP. As far as possible, we will aim to discuss this with yourself and your child beforehand.

While the interview does not aim to explore your child's experiences of domestic violence, we are aware it may raise sensitive or difficult topics for your child. If your child does become distressed at any point, they are able to leave the interview if they wish. We will also aim to direct your child to relevant services which may be helpful for them.

Your child can choose how much or little they participate in and contribute to the interview.

What if something goes wrong?

While we do not anticipate anything going wrong during the research project, if your child chooses to end their participation at any point they can do so at their own free will.

What will happen if my child doesn't want to carry on with the study?

As stated above, your child is able to end their participation in the study at any stage.

Any data collected from your child which has not been transcribed, for example audio recorded data gathered during the interview, will be withdrawn and deleted from the study if they choose to withdraw.

Any data collected from your child which has already been transcribed may be kept as the analysis of data will have already begun at this stage. However, this will be confidential and only the researcher will know which interview relates to your child.

The interview will not be transcribed for two weeks following the date of the interview. If your child chooses to withdraw from the study during this time the interview recording and all data will be removed from the study.

How will my child's information be kept confidential?

The interview will be recorded on an encrypted Dictaphone. We will ask your child to try to refrain from mentioning identifying information, such as their name, while recording.

The recording will then be written up into a Word document. This document will not contain any identifying or personal information relating to you or your child. The audio data from the interview will then be securely erased.

All documents will be saved on a secure server at the University of Birmingham.

What will happen to the results of the study?

The results will be written up into a research paper. Direct quotes may be included in this, but your child's name or identifying information will not be included

Upon completion of the research, a summary document of the findings will be provided to everyone who has participated in the study.

Who is organising and funding the study?

The study forms part of a Clinical Psychology Doctorate Degree at the University of Birmingham. The sponsor of the study will be the University of Birmingham.

The study is being organised by the lead researcher, Hollie Richardson. [REMOVED], and Dr Juliane Kloess, University of Birmingham, are also supporting the researcher as her supervisors.

What should I expect during the consent process?

After speaking with the researcher about the research project and reading this information sheet, we ask that you take time to consider all of the information. You may wish to discuss this with others, or contact the researcher for further information.

If you decide you are happy for your child to take part in the research project, we ask that you sign and date the attached consent form, and send this back to us in the pre-paid envelope provided.

If you do not give your consent for your child to take part in the study but your child would like to take part, the researcher will respect your decision as parent / carer and your child will not be included within the study.

What if new information becomes available during the research process?

While we do not anticipate new information becoming available during the research process, if this were to happen we will provide both verbal and written information to you and your child in the first instance. You and your child can then make an informed decision as to whether you wish for your child to continue participating in the study.

What will happen to my data?

The University of Birmingham is the sponsor for this study based in the United Kingdom. We will be using information from your child in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. The University of Birmingham will keep identifiable information about you for 10 years after the study has finished.

You can find out more about how we use your information by contacting the researcher, Hollie Richardson.

We will keep your name and contact details confidential and will not pass this information to anyone at the University of Birmingham other than the researcher. The researcher will have access to this information to arrange interviews with you and your child. [REMOVED] and the researcher will use this information as needed, to contact you about the research study, and make sure that relevant information about the study is recorded for your care, and to oversee the quality of the study.

Certain individuals from the University of Birmingham and regulatory organisations may look at your research records to check the accuracy of the research study. The University of Birmingham will only receive information without any identifying information. The people who analyse the information will not be able to identify you and will not be able to find out your name or contact details.

Contact information:

If you have any further questions or concerns about the research, please contact:

Hollie Richardson, University of Birmingham

Contact number for participants to be confirmed.

Appendix F – Assent and Consent Forms for Young People and Parents/Guardians

**THE UNIVERSITY
OF BIRMINGHAM**
School of Psychology
Edgbaston
Birmingham
B15 2TT

ASSENT FORM

Title of Project: How do young people who have experienced parental domestic violence make sense of romantic relationships?

Name of Researcher: Hollie Richardson, University of Birmingham

Please
initial
box

1. I confirm that I have read the information sheet provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time up to two weeks post-interview without giving any reason, without my medical care or legal rights being affected.
3. I understand that the information held and maintained by [REMOVED] about me may be used to help contact me.
4. I agree to take part in the above study.
5. I agree for the interview to be recorded on an encrypted Dictaphone.
6. I am fully aware that the data will remain confidential and that I have the right to cease participation at any point.

7. I am fully aware that data collected will be stored securely, safely and in accordance with General Data Protection Regulation 2018.

8. I am fully aware that I am not obliged to answer any question, but will do so at my own free will.

Name

Date

Signature

Name of Person
taking consent

Date

Signature

CONSENT FORM

THE UNIVERSITY
OF BIRMINGHAM

School of Psychology

Edgbaston
Birmingham
B15 2TT

Title of Project: How do young people who have experienced parental domestic violence make sense of romantic relationships?

Name of Researcher: Hollie Richardson, University of Birmingham

Please
initial
box

1. I confirm that I have read the information sheet provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my child's participation is voluntary and that they are free to withdraw at any time up to two weeks post-interview without giving any reason, without their medical care or legal rights being affected.
3. I understand that the information held and maintained by [REMOVED] about my child may be used to help contact me.
4. I agree for my child to take part in the above study.
5. I agree for the interview with my child to be recorded using an encrypted Dictaphone.
6. I am fully aware that the data will remain confidential and that my child has the right to cease participation at any point.

7. I am fully aware that data collected will be stored securely, safely and in accordance with General Data Protection Regulation 2018.

8. I am fully aware that my child is not obliged to answer any question, but will do so at their own free will.

Name of Young Person

Relation to Young Person

Name of Parent / Carer

Date

Signature

Name of Person
taking consent

Date

Signature

Appendix G – Semi-Structured Interview Schedule and Prompt Examples

1. Can you tell me what you know about romantic relationships
 - a. Can you tell me what you think a ‘romantic relationship’ is?
2. Have you ever been in a romantic relationship? *If they don’t understand what is meant by ‘romantic relationship’, rephrase: Have you ever had a boyfriend / girlfriend?*
 - *If yes, can you tell me about this? What was it like?*
 - *If no – can you think of a romantic relationship within your family?*
 - *If no – can you think of a romantic relationship you’ve seen on TV?*
3. What does being in a relationship mean to you?
 - a. If need a prompt – “can you tell me about that relationship in your family / on TV?”
4. What do you think makes a healthy relationship?
 - a. Can you think of examples in that relationship you’ve mentioned that seemed particularly healthy or good?
 - b. Can you think of any examples you’ve seen in your life on unhealthy things in a relationship?
5. What do you think is important when you have a boyfriend / girlfriend?
 - How would you like your boyfriend / girlfriend to act towards you?
 - What would be most important to you in a relationship with a boyfriend / girlfriend?
 - *Can you think of examples from the relationship you have mentioned?*
 - *What parts of this relationship would you want or not want in your own relationship?*
6. Should people in a relationship always be happy with each other?
7. How should people in a relationship show their emotions towards each other?
 - a. Can you think of examples of when you’ve seen this done well?
 - b. Can you think of any ways in which this could be shown in a negative way?
8. How would you know if two people in a relationship are sad with each other?
 - What should you do if you are sad with your boyfriend / girlfriend?
9. How do you think your boyfriend / girlfriend should make you feel?
10. What do you think ‘respect’ means?
 - Can you think of how people might show that they respect someone? Any examples of this in the relationship you’ve been thinking of?

- Can you think of how people might show that they don't respect someone? Can you think of any examples in the relationship you've been thinking about?
 - Can you tell me about a situation in which you've learned about this?
11. What do you think 'equality' means?
- Can you think of how equality might be shown in a relationship?
 - Can you think of an occasion where you saw someone treat their partner with / without equality?
 - Can you tell me about a situation in which you've learned about this?
12. Do you think the two people in the relationship should be able to act in the same way as one another?
- What similarities would they have?
 - What kind of things should they do differently?
13. How do you think decisions should be made in relationships?
- Should one person make the decisions, or should both people make the decision together?
14. If you found yourself in a relationship where you didn't think there was equality and respect, what do you think you would do?
- Can you tell me about a situation in which you've learned about this?

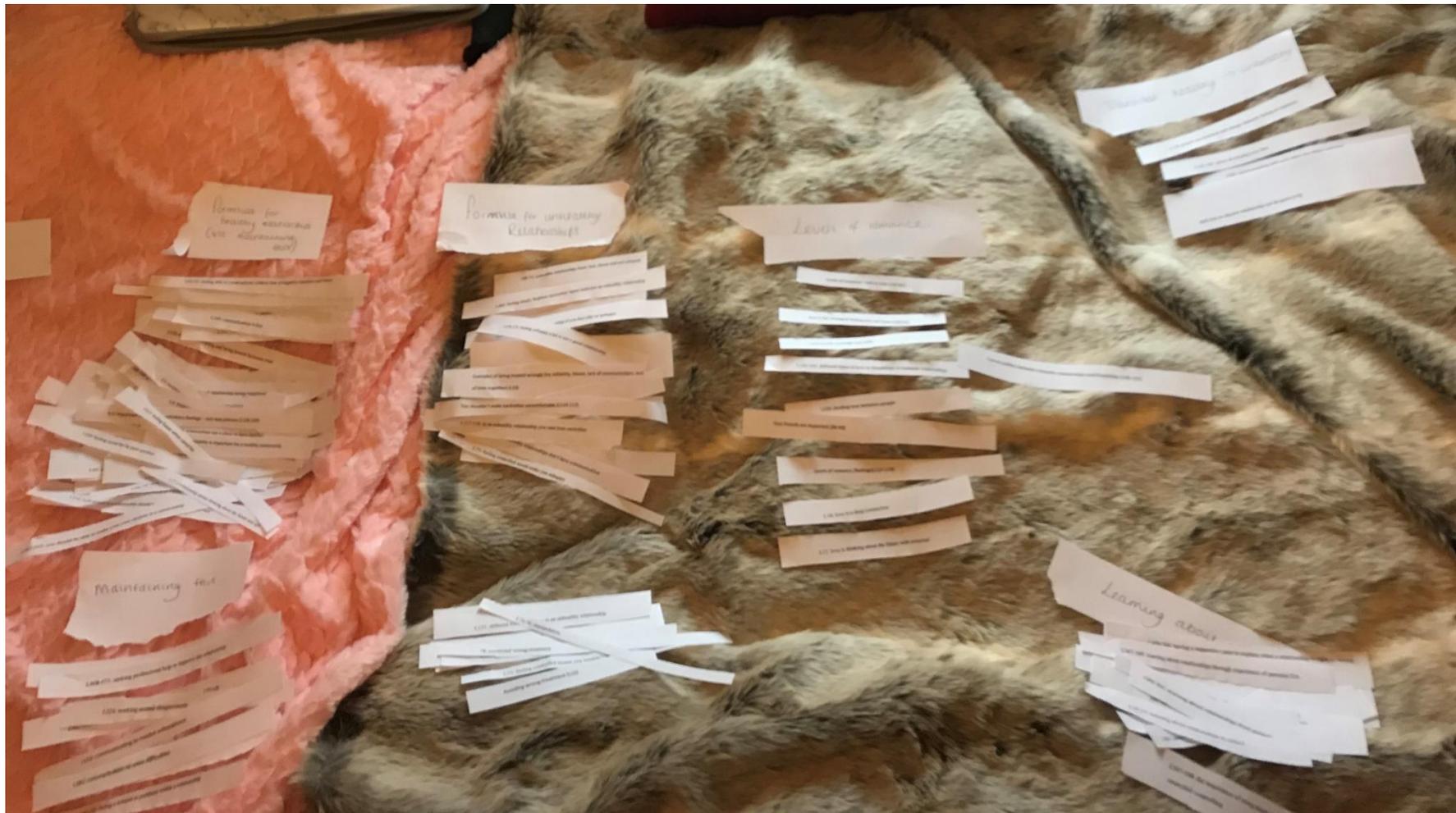
Additions / prompts:

- "could you describe that?"
- "what do you mean by..."
- "do you have further examples of this?"
- "how did you experience it?"
- "how do you remember it?"

Appendix H – An Example of the Initial Coding of Participant 1 (Emma)

Coding Labels:		Notes and ideas:
L3: love is reciprocal	1 I: <u>So</u> to start off, can you tell me what you think a romantic relationship is?	Bi-directional relationship dynamics (L3)
Absence of abuse is important (line 5)	3 P: <i>When two people love each other</i>	A romantic relationship cant have abuse (L5)
Equality in relationships is important (line 7)	4 I: Yeah?	Bi-directional equality (L7)
There is an appropriate age for relationships (line 10)	5 P: And <u>its</u> <i>not abusive</i>	Romantic relationships come with maturity; you have to be a certain age before engaging in a romantic relationship (L10)
Positive expectations of relationships (L13)	6 I: Okay	Positive expectation of relationships (p13); bi-directional relationship dynamics – the experience of a relationship depends on how the other person acts (13-14)
Understanding that relationships aren't always nice (L13-14)	7 P: And <i>they're equal.</i>	Communication is important to avoid wrong treatment; self-blame for wrong-treatment(L17), need to communicate when feeling this way
Avoiding wrong-treatment (L16)	8 I: They're equal. Okay. Have you ever had a romantic relationship?	There is a formula to make a relationship work (L20), this includes caring, needs to be reciprocal
Self-blame for wrong treatment (L16-17)	9 I: okay. So, if we imagine it, what do you think it would be like to be in a romantic relationship?	
Communication is key to making a relationship work (L17)	10 P: No, no <i>I'm far too young for that.</i>	
L19: caring for eachother	11 I: okay. So, if we imagine it, what do you think it would be like to be in a romantic relationship?	
	12 I: okay. So, if we imagine it, what do you think it would be like to be in a romantic relationship?	
	13 P: well... <i>I think that it would be quite nice, yeah, but it really depends like how the other people is as well...</i>	
	14 <i>depends like how the other people is as well...</i>	
	15 I: okay,	
	16 P: <i>'cause I don't wanna be treated wrong yeah, and sometimes I feel like its my fault, yeah, so then, I think communication is key.</i>	
	17 <i>feel like its my fault, yeah, so then, I think communication is key.</i>	
	18 I: yeah,	
	19 P: and, like, <i>yeah we just have to be caring for eachother. And that's how it works.</i>	
	20 <i>that's how it works.</i>	
	21 I: Yeah. And you said that you don't want to be treated wrong	

Appendix I – Sorting the Coding Labels to Build a Working Analytic Framework



Appendix J - Final Analytic Framework

Theme / Subtheme	Description
1. Initiation of Relationships	
1.1 There is an appropriate age for relationships	This is how young people relate romantic relationships to age. For example, some participants suggested romantic relationships only begin as you get older.
2. What is a Romantic Relationship?	
2.1. A relationship is a space to think about the future	The way in which young people describe romantic relationships as having long-term elements, including thinking about marriage and having children.
2.2. Understanding of relationships	This is the way in which young people describe what they understand a romantic relationship to be, as well as what they do not understand or know about romantic relationships.
2.3. Expectations of Relationships	This includes the things young people expect romantic relationships to include, regardless of whether they have direct experience of being in a romantic relationship. Any descriptions young people offer about ending a relationship, including the process and reasons behind ending a relationship.
2.4. Ending a relationship	

3. Formula for a Healthy Relationship	
3.1. Being treated well	<p>This includes any bi-directional relationship dynamics that young people feel are important in a healthy relationship. Examples include caring for each other, supporting each other and trust.</p>
3.2 Communication	<p>Descriptions of positive ways of communication within a romantic relationship or ways in which communication can benefit a relationship. This can include arguments /disagreements if these are described in a positive manner.</p>
3.3 Identity and sense of self	<p>The importance of being able to be your true self in a relationship, as well as the way in which a young person views themselves in the context of a romantic relationship.</p> <p>Strong romantic feelings /feelings of affection described by young people in relation to romantic relationships.</p>
3.4. Love	<p>Young people describing the importance of feeling happiness in a romantic relationship. This is included as a separate sub-theme as it was a pertinent topic in the transcripts.</p>

	communication breaking down and / or wrong-treatment or abuse developing.
5. Formula for an Unhealthy Relationship	
5.1. Abuse and wrong-treatment	Any behaviour that the young person describes as abusive and / or wrong, including emotional, physical and verbal abuse as well as things such as infidelity and lying.
5.2. Feeling which indicate an unhealthy relationship	Any emotions which young people suggest would be experienced in an unhealthy relationship and in response to the behaviours described in sub-theme 5.1.
5.3. Poor communication	Descriptions of unhelpful ways of communicating within a romantic relationship which may indicate an unhealthy relationship.
6. Similarities and Differences between Friendships and Romantic Relationships	Any similarities and differences between friendships and romantic relationships described by young people.
7. Learning about Relationships	
7.1. Learning from experiences of parental DA	Descriptions of how experiencing domestic abuse between parents has helped the young person to learn about romantic relationships, as well as the impact this experience may have on their own relationships. This may also include modelling the behaviour of parents.

7.2. Learning from parents /carers	Descriptions of the way in which a parent or carer has explicitly helped to explain healthy and unhealthy romantic relationships to the young person. This might also include practicing healthy relationship dynamics in the relationship with parents.
7.3. Learning at school	Being taught about relationships (romantic and other) in some way at school.
7.4. Learning from the media	This can include learning about relationships through books, films, TV shows and other forms of media.
7.5. Learning from friends	Learning about relationships by understanding friends' experiences of relationships and the relationships between their parents.
7.6. Learning from formal services	Learning from support services including the service which young people were recruited from in this study.
8. Equality	This includes descriptions of how the young person understands the concept of equality, their beliefs about equality and how they have learnt about this concept. This can be within romantic relationships and other relationships.
9. Respect	This includes descriptions of how the young person understands the concept of respect, their beliefs about respect and how they have learnt about this concept.

	This can be within romantic relationships and other relationships.
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Appendix K – Example of Matrix for Sub-Categories ‘Being Treated Well’ and ‘Communication’

A	B	C
Theme	3. Formula for Healthy Relationships	
Sub Theme	3.1. being treated well	3.2. Communication
PP1 (SH)	Caring for eachother (L19), feeling cared for (L159)	Communication is key (L17)
	Considering eachother's feelings is important (L109)	Talking without it leading to an argument (L48)
	Trying to ensure your partner feels comfortable (L111)	communication is one of the most important things in a relationship (L97)
	A romantic partner should be caring, that is most important (L115)	not always arguing
	supporting eachother - doing things for eachother (L123)	communicating to make decisions (L271-272)
	supporting differing interests (L243-244)	
	feeling safe around your partner even if there is an argument (L288-290)	
PP2 (QA)	someone who can look after and protect you (L59)	Being able to talk to eachother makes a healthy relationship (L85; 249)
	being treated in the way that you should be treated - not being abusive, respecting your space, not being controlling (L59, L69-70)	feeling able to communicate about problems without fear of negative reaction or blame from partner (L92-9
	trust, loyalty and honesty are important, these should be reciprocal (L85-86, L126, L150)	arguments / debates can show that you care and be a form of communication but they need to be short (L15
	your partner should be supportive of you (L100)	160-163)
	trusting that your partner will remain faithful (L103-106)	it is important to remain calm during disagreements (L170)
	Trusting your partner with money (L106)	being able to talk to eachother can be a sign of trust (L292)
	being loyal, happy, honest and respectful (L505)	you should make your own decisions but talk to the other person about this as well (L446-449)
		communicating about decision making can increase trust (L450-452)
PP3 (BZ)	buying each other gifts (L50, L202) - it seems as though what is perceived as being treated well /nicely is different for younger people than older.	L482: communicating to make a decision they are both happy with
	Physical affection (L53)	
	L61-63: being treated well extends to treatment of friends and family	
	L66-67: doing kind things for each other. looking after each other	