Black Men's Intimate Partner Violence Victimization, Help-Seeking, and Barriers to Help-Seeking

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ABSTRACT

Guided by hegemonic masculinity and intersectionality theories, this descriptive, exploratory thesis examined Black men's intimate partner violence (IPV) victimization experiences, subsequent help-seeking decisions, and barriers to help-seeking. Even though IPV is generally associated with women, it has been documented that men also experience sexual, physical, and/or psychological abuse. The experiences of Black men as victims has been overlooked within the IPV literature, and less is known about their help-seeking decision making, as well as the barriers they face if and when they do seek help. Whether Black men are more or less likely to seek informal (e.g., friends), formal (e.g., shelter, psychologist), or legal (e.g., police) support is unknown. Given masculine expectations within relationships and a history of police, legal system, and medical maltreatment, Black men may face unique help-seeking barriers. To begin exploring Black men's experiences, two research questions guided this study: (1) What are Black men's experiences of IPV-related help-seeking? (2) What barriers do Black men face when seeking IPV-related help and support? Fifty-four Black men participated in an online survey on their IPV experiences via the crowdsourcing platform Prolific. Overall, the men who participated in this study experienced relatively low levels of minor and severe physical and sexual violence victimization, as well as lower levels of coercive controlling violence in comparison to nationally representative data, suggesting this sample is comprised of men who experience situational couple versus coercive controlling violence. All but one participant utilized at least one help-seeking strategy. Informal strategies were most common utilized, whereas legal strategies were least

commonly utilized. The degree to which participants perceived each strategy as helpful was quite variable, such that staying with friends or family was the most helpful strategy yet 47.8% found it unhelpful. The most common help-seeking barriers (e.g., wanting to solve the problem on their own) overlap with hegemonic masculinity and Black men's experiences. with formal and legal systems, relating less to the internalized and anticipated stigma subscales created for women. Broadly this study helps illustrate the need for researchers to focus on developing measures and interventions tailored to Black men and their experiences.

Key Words: Intimate partner violence, Black men, Help-seeking, Intersectionality, Hegemonic Masculinity, Barriers

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CHAPTER ONE
INTRODUCTION AND GENERAL INFORMATION

The field of intimate partner violence (IPV) research is relatively new, having only been around for roughly fifty years. The rise of second wave feminism in the 1960s is attributed with the shift from viewing IPV as a private issue between a man and his wife to a public health issue that needed to be addressed by the legal system (Carlson & Worden, 2005). It was in the 1970s that IPV received national attention, domestic violence shelters, hotlines, and legal services emerged, and research on IPV followed suit (Carlson & Worden, 2005; Lysova & Dim, 2020; Tsui, 2014). The third wave of feminism provided a critique of the ways in which feminist activists and scholars centered white women's IPV experiences, with little attention to Black women and other women of Color (Crenshaw, 1989; Sokoloff & Dupont; 2005). While tremendous progress has been made in studying women of Color and their IPV victimization experiences, the experiences of men, particularly men of Color remains understudied. Further, this research has mainly focused on the experiences of white men or without attention to the ways in which racialized identities influence men's experiences.

In the same way that research has centered white women, many of the interventions, shelters, and hotlines are specifically tailored for women and their needs (Carlson & Worden, 2005; Lysova & Dim, 2020; Tsui, 2014), limiting male victim's access to IPV-related formal help-seeking support. Positive and supportive IPV-related help-seeking experiences can buffer the detrimental harms caused by IPV (Barret et al., 2019; Beeble et al., 2009; Coker at al., 2002; Costa & Gomes, 2018), so a lack of access or perceived lack of access to supportive services puts male victims at further risk for

harm. In studies that have focused on IPV and men's help-seeking experiences, race is often reported within the demographic variables but there is no discussion of the possible difference in experiences between racial groups when discussing help-seeking behaviors and experiences (Ansara & Hindin, 2010; Bates, 2020; Tsui, 2014). Few studies to date have centered Black men as IPV victims, particularly in examining their help-seeking experiences as well as the potentially unique barriers they face given the intersections of their gender, race, and accompanying relationships with power and oppression.

Though developed to articulate the experiences of Black women, describing their concurrent experiences of racism and sexism, intersectionality theory is well suited to my examination of Black men's IPV victimization experiences. Intersectionality is a theory rooted in the experiences of Black women and was created to describe their concurrent experiences of racism and sexism. Intersectionality describes the way systems of oppression do not occur separately but instead are reconstitutive (Crenshaw, 1989). In other words, intersectionality posits that systems of oppression (e.g., white supremacy, patriarchal systems, and heterosexism) simultaneously build and reinforce one another. When applied as a framework, intersectionality illuminates the mechanisms of hegemonic masculinity used to control and harm men, especially Black men.

Hegemonic masculinity is the masculine ideal that society tells men to aspire to and the standards against which men are compared (Connell & Messerschmidt, 2005). Historically, intersectionality has been used to describe the experiences of those who are not men. Due to patriarchal systems and other power structures men routinely have power that women and non-men do not have. Men of Color are often unable to reach hegemonic

masculine ideals due to white supremacy embedded within these ideals (Connell & Messerschmidt, 2005; Romero, 2017). Black men specifically have been stereotyped to be aggressive, hypersexual, routinely labeled as criminals (Collins, 2009; Roth, 2004), and have a history of police, legal system, and medical maltreatment (Griffith et al., 2011; Jaiswal & Halkitis, 2019). These contexts create an environment where Black men may not seek IPV-related help when needed, and if they do, they might experience disbelief by professionals and systems, and encounter police brutality as assumed perpetrators (Fugate et al., 2005; Graham et al., 2020; Jaiswal & Halkitis, 2019).

By applying intersectionality and unpacking how hegemonic masculinity disadvantages and harms Black men, especially when they have experienced IPV, this study will help provide a clearer and more all-encompassing picture of how survivors of abuse are impacted by the interaction of different systems of oppression. While Black men certainly have privilege within their own communities, they do not have the same privilege when experiencing victimization given assumptions about masculinity, gender and IPV perpetration, and racism inherent to legal and formal institutions. They also do not have the ability to access their privilege while trying to seek help after experiencing IPV because this is seen as a transgression of masculine ideals that place men as perpetrators but never victims. To address the knowledge gaps, study will examine both the help-seeking experiences and barriers to help-seeking that Black male IPV survivors may face.

Purpose of the Study and Contributions

The purpose of this study was to address the gap in knowledge regarding Black men's IPV victimization experiences, subsequent help-seeking decisions, and barriers to help-seeking. This study used intersectionality and hegemonic masculinity to describe the experiences and barriers that Black men face when experiencing IPV and seeking help. This study contributes to the literature and the current efforts to expand knowledge to the experiences of racial minorities, sexual minorities, and gender minorities but it will also allow for service providers, shelters, IPV hotlines, medical and legal professionals to get a better understanding of the experiences of Black male IPV survivor and their needs when seeking help. This information is integral to creating interventions that will be helpful not just for Black men but all men who seek help after experiencing IPV. Two main research questions guide this study: (1) What are Black men's experiences of IPV-related help-seeking? (2) What barriers do Black men face when seeking IPV-related help and support? I do not have hypotheses for research questions (RQs) 1 and 2 because they are exploratory and descriptive in nature.

CHAPTER TWO
LITERATURE REVIEW

Due to the lack of research on Black men specifically this literature review will consist of what we know about both men's and women's experiences with IPV, help-seeking overall, and barriers to help-seeking. Because Black men's IPV victimization has been understudied, I draw from other bodies of literature, including Black men's sexual assault experiences, masculinities, and other related areas of inquiry that utilize intersectionality theory. The discussion of IPV, help-seeking, and barriers to help-seeking will help set the foundation for discussing the implications that hegemonic masculinity and intersectionality as theoretical frameworks can have when studying Black men's specific experiences. Before beginning this review, I introduce the two theoretical frameworks guiding this thesis.

Intersectionality & Hegemonic Masculinity

Intersectionality is a framework that has a long history rooted in Black feminist thought and Black liberation. The term intersectionality itself was coined by Kimberlé Crenshaw (1989) to describe the specific experience of both racism and sexism that Black women face at the same time. Mary Romero (2017) explains that "intersectionality provides analytical tools for framing social justice issues in such a way as to expose how social exclusion or privilege occurs differently in various social platforms, and it does this by focusing on the interaction of multiple systems of oppression" (pg. 1). Due to the way intersectionality helps us understand the different intersecting identities that people hold and the way these identities interact with systems of power and oppression, it is a

great tool for understanding the actual lived experiences of marginalized peoples (Romero, 2017).

While the roots of intersectionality have been within Black Feminist Thought, it is a fluid concept that can be applied to those with aspects of both privilege and disadvantage (Romero, 2017). When using intersectionality as a guiding framework it is important to focus on systems of power and oppression, and the influence these systems have on the lives of marginalized peoples, rather than focusing solely on the identities in and of themselves. Liu (2018) highlights the common issue of "focusing on identities and categories of difference, but overlooking processes of differentiation and systems of domination" (p. 82) and continues on to explain the problematic, "tendency to use intersectionality to showcase multiple identities like gender, race and class without any commitment to the social justice aims of intersectionality's Black feminist roots" (p. 82). This highlights the importance of not only focusing on identities but on the systems of power and oppression that intersect and interlace. Race, gender, sexual orientation, ability, and all other identities and experiences do not exist in a vacuum but instead they are all experienced together, and within systems. At times some identities and experiences are more salient than others and can influence the experiences that we have. Crenshaw (1989) has stated multiple times that intersectionality is not additive, but it is reconstitutive, systems of power and oppression are constantly building each other up and reinforcing each other. This leads to identity as something that we 'do' and perform and the perception of our performances influencing our relationship with power and oppression (Villesèche, 2018; West & Zimmerman, 1987).

Hegemonic masculinity is a concept coined by Connell (1987) and later refined by Connell and Messerschmidt (2005) to describe and explain the dominance of men over women and all others. Hegemonic masculinity is best described as not just the set roles and expectations that we have for men but the way of doing and performing masculine ideals. (Connell & Messerschmidt, 2005; Schippers, 2007). One of the fundamental features of hegemonic masculinity is that there are multiple different kinds and manifestations of masculinity along a hierarchy, meaning that certain ways of doing and performing masculine ideals are ranked higher than others (Connell & Messerschmidt, 2005). Most men do not reach the standard of hegemonic masculinity but masculine ideals influence their attitudes and behaviors as well as how others of all genders perceive men. (Connell & Messerschmidt, 2005). Because of their race, Black men are relegated to the bottom of the hierarchy and unable to meet standards of hegemonic masculinity no matter how they do and perform their gender identity

The concept of hegemonic masculinity acknowledges the agency of different marginalized groups and how they are instrumental in the construction of their own masculine ideals (Connell & Messerschmidt, 2005). An example of the way marginalized men may differentially construct their gender is what has been called ‘protest masculinity’ which is a pattern of masculinity, “which embodies the claim to power typical of regional hegemonic masculinities in Western countries, but which lacks the economic resources and institutional authority that underpins the regional and global patterns” (Connell & Messerschmidt, 2005, pg. 848). In other words, men from marginalized groups create and uphold their own forms of masculinity due to the inability

to access the same power and privilege that white men possess. These alternate forms of masculinity allow for them to hold some levels of power and privilege within their own communities (Connell & Messerschmidt, 2005; Romero, 2017). Due to the ever-evolving nature of gender and its relationship with other power structures, intersectionality and hegemonic masculinity help better understand the contexts in which Black men do not reach the societal ideals of masculinity and how it actively harms them when seeking help after experiencing IPV.

Historically, Black men have been unable to reach hegemonic masculinity due to white supremacy. As Romero (2017) stated, "Men of color may use male privilege in interpersonal interaction within their families and communities; however, the privilege is unlikely to extend to spaces dominated by heterosexual middle-class white males" (p. 99). The power and privilege that a person may possess are often contextual, different identities become more or less salient in different environments (Romero, 2017). The privilege that Black men have is only present within certain contexts and can/does change and shift. Within the context of IPV shelters, IPV hotlines, and other common help-seeking services, men are often turned away, ridiculed, or seen solely as perpetrators (Ansara and Hindin 2010; Arnocky and Vaillancourt 2014).When examining these systems and the implications they have for IPV survivors, especially male survivors, it is important to understand how these systems work together to create an environment where it is not socially acceptable for men in general but especially Black men to be victims of IPV and to receive support and to acknowledge how other men (due to White supremacy and patriarchal systems) create and maintain this environment.

Men's IPV Victimization

According to the National Intimate Partner and Sexual Violence Survey (NISVS), 31% of men experienced physical violence, 15% experienced severe physical violence, 8% of men experienced contact sexual violence, and 2% experienced stalking (10.4% women) during their lifetime (Smith et al., 2018). As these studies document, men do in fact experience IPV victimization. In fact, in a study of 655,409 Canadian men, Lysova and Dim (2020) found that 13.8% experienced moderate physical violence (e.g., being beaten) and 9.7% experienced severe physical violence and psychological harm (e.g., experiencing more severe injuries), countering stereotypes and assumptions that if men do experience IPV, it is not severe or injurious. Desmarais et al. (2012) conducted a literature review on the prevalence rates of male and female victimization, finding that men's experiences remain understudied. Their review included 249 articles published between 2000 and 2010; 158 of those articles focused solely on women's victimization, 85 focused on both the victimization of women and men, and only 6 focused on men's victimization (Desmarais et al., 2012). Although men are less likely to experience IPV than women, their experiences are understudied, suggesting the need for further research on men's victimization and subsequent help-seeking to improve their service provisions.

It is important to note that many of the studies on men's victimization experiences either did not include race-specific information or contained samples that were mostly white, without any theorizing or discussion as to Black men's experiences and how they are likely quite diverse due to race and other salient identities in relation to power (Ansara & Hindin, 2010; Brooks at al., 2017; Lysova & Dim, 2020; Walker et al.,

2019).The literature on Black men's specific experiences of IPV is even further scarce. However, Stults et al. (2020) conducted a qualitative research project, focused on queer men's IPV experiences (n = 16/26 were Black). Participants reported experiencing psychological, physical (e.g., hitting, receiving injuries), and sexual violence (Stults et al., 2020). Participants also reported experiences of racialized violence from their non-Black partners (Stults et al., 2020).

Men's IPV-Related Help-seeking

Help-seeking experiences have been known to positively impact the mental health outcomes of survivors (Barret et al., 2019; Beeble et al., 2009; Coker at al., 2002; Costa & Gomes, 2018). Positive forms of social support have been shown too buffer the impact of abuse on depression levels and moderate the impact of psychological abuse on the quality of life of survivors (Barret et al., 2019; Beeble et al., 2009; Coker at al., 2002; Costa & Gomes, 2018). Within the literature three different types of help-seeking have been identified: informal, formal, and legal. Informal help-seeking consists of seeking assistance or disclosing to family, friends, neighbors, etc. (Ansara & Hindin, 2010; Barret et al., 2019; Goodman et al., 2003). Formal help-seeking consists of seeking assistance from nonlegal public agencies like medical professionals and religious institutions (Ansara & Hindin, 2010; Barret et al., 2019; Goodman et al., 2003). Finally, legal help-seeking consists of seeking assistance from the legal system, including law enforcement, attorneys, and other court professionals (Ansara & Hindin, 2010; Barret et al., 2019; Goodman et al., 2003). These different forms of help seeking are often referred to as public help-seeking strategies (Goodman et al., 2003; Haselschwerdt, Mitchell, Raffaelli,

& Hardesty, 2015). Women typically seek help through informal channels before formal and legal channels (Ansara & Hindin, 2010). More severe victimization is associated with a greater likelihood of help-seeking, in general, (Ansara & Hindin, 2010; Barret et al., 2019), but even more so through formal and legal channels (Ansara & Hindin, 2010; Haselschwerdt et al., 2015; Leone & Johnson, 2005).

The literature suggests that while both men and women do not always seek help when experiencing victimization, men are less likely to seek help overall (Barret et al., 2019). Men are less likely to disclose their abuse to anyone or use formal channels of help-seeking when experiencing lower levels of violence (Ansara & Hindin, 2010). Tsui (2014) conducted a mixed method survey to get a better understanding of men's experiences seeking help where they found that many of the respondents reported seeking help, they named the use of shelters and medical/hospital services as unhelpful (Tsui, 2014). They also found that the vast majority preferred the use of informal help-seeking networks (Tsui, 2014). In a different study, Lysova and Dim (2020) found that formal and informal services were most commonly used by men who had experienced severe forms of IPV. Men were still less likely to pursue formal help-seeking regardless of severity (Lysova & Dim, 2020). The majority of men who did not experience severe forms of IPV did not seek help at all (Lysova & Dim, 2020). This leads many researchers to believe that there is a high number of men who have experienced IPV that have not sought help from either formal or informal services, which leaves them suffering in silence (Lysova & Dim, 2020; Tsui, 2014). It is also important to note that within these studies the majority of respondents were white men.

Men's Barriers to Help-seeking

Several different barriers may keep survivors of IPV from seeking help from public help-seeking channels. The major barriers that women highlighted were external barriers such as access to money, insurance, and time (Fugate et al., 2005). Without access to these resources, women were unable to effectively position themselves in a way where they could seek help without avoiding negative outcomes (Ansara & Hindin, 2010; Barret et al., 2019; Beeble et al., 2009; Coker at al., 2002; Costa & Gomes, 2018; Fugate et al., 2005). Women were also worried about protecting their partners from persecution and preserving their relationships (Fugate et al., 2005). The main reason women did not seek help was that they felt isolated and like they didn't have anyone they felt they could trust enough to disclose their experiences of abuse (Fugate et al., 2005). Informal channels are usually the first-place survivors seek help (Ansara & Hindin, 2010; Barret et al., 2019; Fugate et al., 2005). This may be because women felt help-seeking through formal channels may have social consequences and damage to their public identities (McCleary-Sills, 2016; O'Doherty et al., 2016). Therefore, when informal networks were not in place, women may not seek help at all (Ansara & Hindin, 2010; Barret et al., 2019; Fugate et al., 2005). Women who had experienced IPV were afraid of bringing stigma and shame not only onto themselves but the rest of their family (McCleary-Sills., 2016).

The literature on barriers to help-seeking for men is less robust. Ansara and Hindin (2010) wanted to find out the differences between men and women when it comes to their experiences of IPV and help-seeking experiences. They found that men who experience IPV often face more stigmatization, such as being emasculated and not taken

seriously, than women who have experienced IPV, which prevents their help-seeking (Ansara & Hindin, 2010; Arnocky & Vaillancourt, 2014). Men were more likely to minimize the abuse that they experienced and were less likely to seek help even when they felt they had been victimized (Ansara & Hindin, 2010; Arnocky & Vaillancourt, 2014). Men and women both face different barriers to help-seeking, but it seems that the barriers that men face are more effective at keeping them from seeking help even when experiencing significant levels of IPV (Ansara & Hindin; Arnocky & Vaillancourt, 2014). Although underreporting is an issue when it comes to IPV in general, it is likely particularly pronounced for men is believed that due to stigma (and other barriers) male victims of IPV are less likely to seek help or report the violence that they have experienced (Ansara & Hindin, 2010; Arnocky & Vaillancourt, 2014).While slowly there is more information coming out that acknowledges the experiences of male IPV survivors, most of the research either focuses on white men or does not include information about the possible differing experiences between Black and white participants.

There is very little literature on Black men's specific experiences with help-seeking, warranting a brief discussion of what is known about Black women's IPV-related help-seeking. Cheng and Lo (2014) found that African American and Hispanic women were significantly less likely to seek help for their mental health after experiencing IPV. Distrust of the police is another possible barrier that is specific to Black men. Graham et al. (2020) conducted a study to determine national thoughts concerning worrying about interactions with the police. What they found was that 32.4%

of Black people worry a lot about police brutality and 80.1% worried a little or a lot about being the victim of a hate crime. The Black community as whole worries about the possibility of police violence and this influences the way that they interact with the legal system. It has been documented that one of the reasons that Black women do not call the police when they are experiencing IPV is the worry that their partner will experience police brutality (Fugate et al., 2005). Black men may also have this same fear when experiencing IPV themselves. It has also been documented that many Black people do not trust medical professionals and avoid going to the doctor when they are feeling sick or in need of medical care due to the history of medical experimentation and neglect (Jaiswal & Halkitis, 2019). Much of the literature on medical mistrust focuses on the Tuskegee Syphilis experiment, where Black men were subjected to syphilis experiments even after the invention of penicillin, which took place between 1932 and 1972 (Jaiswal & Halkitis, 2019). The focus on the Tuskegee Syphilis experiment as the main reason that the Black community mistrusts medical professionals erases the history of experimentation and mistreatment that has taken place before and after the Tuskegee experiment. These are just a few of the possible barriers that Black men specifically may face when trying to seek help after experiencing IPV.

CHAPTER THREE
MATERIALS AND METHODS

Procedure and Participants

Data was collected via *Prolific*, a global online crowdsourcing platform where participants can complete surveys and has been shown to have diverse and representative samples (Palan & Schitter, 2018). *Prolific* is a platform that has been created specifically to collect high quality data from its participants (Palan & Schitter, 2018). Besides being reasonably priced for researchers and free for participants to sign up, they have measures in place to minimize the instances of bots (Palan & Schitter, 2018).

A total of 136 Black men were screened for participation in the survey, of those initial 136 participants 88 were eligible and 34 were excluded from analyses due to inconsistency on eligibility/attention check items (e.g., saying partner is female and then later saying they are male) or completing the survey too quickly (2 *SD* from the mean). It took participants an average of 23.5 minutes (range 18-56.5 minutes) to complete the survey.

The analytic sample is composed of 54 Black men between 18-52 years old (M = 32 years; SD = 8.75); 3 identify as Hispanic/Latino. Nearly all participants identified as heterosexual or straight (n = 51, 94.4%), with 2 men identifying as bisexual (3.7%), and 1 identifying as gay (1.9%). Most reported some post-secondary education with 21 having obtained a Bachelor's degree (38.9%) followed by 13 with a Master's degree (24.1%), 8 with some college (14.8%), 2 with an Associate's degree (3.7%), and 1 with a Doctoral degree (1.9). The remainder of the sample reported either a high school diploma (n = 7,

13%) or a GED (*n* = 2; 3.7%). Nearly 80% of the men were still in the relationship with the focal partner; 24 (44.4%) were married, 7 (13.0%) were cohabiting but not married and 12 (22.0%) were dating but not cohabiting. Among those who were no longer with the focal partner, 10 (18.5%) were no longer dating and had never cohabitated and 1 (1.9%) were separated but still legally married. The length of relationships ranged from less than a year to 15+ year, with 20 (37%) ranging from 1-4 years and 15 (27.8%) ranging from 5-8 years. Forty percent of the men (*n* = 22) had children in common with the focal partner.

Measures

Demographics and Background Information

The first portion of the survey covered basic demographic information not already collected in the eligibility criteria questions. This information included relationship status, sexual orientation, race and ethnicity (participants and former or current partner, hereafter referred to as partner), highest level of education attained, annual personal income (participant and partner), and whether or not they have children with their partner. Participants responses to relationship status influenced the syntax of future questions. Responding "yes" to being in a relationship (e.g., married, cohabiting, dating) lead to "current partner" syntax and "no" (e.g., divorced, separated, no longer dating) lead to "former partner" syntax.

Intimate Partner Violence Victimization

Physical violence was measured using twelve items from the Revised Conflict Tactic Scales (CTS2) (Straus, Hamby, Boney-Mccoy, & Sugarman, 1996). Participants

were asked to indicate how often they experienced discrete acts of violence on a 7-point Likert scale ranging from 1 *Once in the past five years* to 6 *20 times in the past five years*. They also had the option to mark 0 *this never happened before* or 7 *Not in the last five years but it did happen before*. This measure was divided into minor (e.g., "threw something at me that could hurt" and "Grabbed me hard enough to hurt or leave a bruise.") and severe (e.g., "Used a knife or gun on me" and "Beat me up.") physical violence. Summed frequency scores were created for each subscale by adding the five minor physical violence items together and then the eight severe physical violence items together, with higher scores indicating more frequent experiences of physical violence victimization. A count score was created for minor and severe items separately by recoding *this never happened before* and *not in the last five years but it did happen before* as 0 and 1 through 6 was recoded as 1 to indicate at least one experience for each item. Both subscales were reliable (minor $\alpha = .87$, severe $\alpha = .86$).

Sexual violence was measured using three items from the Revised Conflict Tactic Scales (CTS2) (Straus, Hamby, Boney-Mccoy, & Sugarman, 1996). Participants were asked to indicate how often they experienced discrete acts of sexual violence or coercion on a 7-point Likert scale ranging from 1 *Once in the past five years* to 6 *20 times in the past five years*. They also had the option to mark 0 *this never happened before* or 7 *Not in the last five years but it did happen before*. Sample items included, "I had sex or engaged in sexual acts with my partner because I was afraid of what they would do if I didn't" and "My partner used threats to make me have sex (vaginal, oral, or anal sex)." Summed frequency scores were created by adding all three items together with higher scores

indicate more frequent experiences of sexual violence. A count score was created by recoding *this never happened before* and *not in the last five years but it did happen before* as 0, and 1 through 6 was recoded as 1 to indicate at least one experience for each item. These items were shown to be reliable with an $\alpha = .81$.

Coercive control and verbal/emotional abuse were measured using the Psychological Maltreatment of Women Inventory (PMWI) (Tolman, 1999). Participants were asked how often their partners utilized potentially coercive or abusive tactics on a 5-point Likert scale ranging from 1 *Never* to *5 Always.* In keeping with Hardesty et al. (2015), the seven items from the dominance/isolation subscale were used to create the construct of coercive control, with sample items including, "Monitored my time and made me account for my whereabouts" and "Restricted my use of the telephone." The seven items from the verbal/emotional subscale were used to assess the construct of verbal/emotional abuse, with sample items including, "Called me names" and "Told me my feelings were irrational or crazy." Summed frequency scores were created for each subscale by separately adding seven of the dominance/isolation subscale items together, with higher scores indicating more coercive control; the seven verbal/emotional abuse subscale items together, with higher scores indicating more verbal/emotional abuse. A count score was created by recoding *never* as 0, and 2 through 5 was recoded as 1 to indicate at least one experience for each item. Both subscales were reliable (dominance/isolation $\alpha = .85$, verbal/emotional abuse $\alpha = .86$).

Help-Seeking and Perceived Helpfulness of Help-Seeking

Participants were asked to indicate which IPV-related help-seeking strategies they used and their degree of helpfulness with the informal, formal, and legal subscales of the Intimate Partner Violence Strategies Index (IPVSI; Goodman, Dutton, Weinfurt, & Cook, 2003), as well as a total score for all help-seeking strategies. These subscales ranged from 1 *Not at all* to 5 *Extremely helpful* on a 5-point Likert scale. Goodman et al. categorized responses of 3 (*somewhat*), 4 (*Very*), and 5 (*Extremely)* as being perceived as helpful, so instead of utilizing the full 5-point Likert scale, I combined response items into two categories: not helpful (1 and 2) and helpful (3-5) consistent with Goodman et al, (2003). The informal subscale included 14 items, such as "Stayed with friends or family" and "Made sure there were other people around." The formal subscale included 10 items, such as "Tried to get help from employer or coworker" and "Called a mental health counselor for myself." And the legal subscale included 4 items, such as "Sought help from legal aid" and "Called police," including an author created item to account for seeking private legal services. All three subscales were reliable (informal $\alpha = .82$, formal $\alpha = .90$, and legal $\alpha = .88$).

Barriers to Help-Seeking

In order to capture the different barriers to help-seeking that participants may have faced, they were given questions about barriers to access, internalized stigma, and anticipated stigma.

Participants were also asked 36 questions from the Barriers to Access to Care Evaluation scale (BACE; Clement, Brohan, Jeffery, Henderson, Hatch, & Thornicroft,

2012), which was modified to reflect IPV-related barriers versus general health care utilization barriers, along with, 7 author-created questions (Haselschwerdt et al, 2021, under construction) that tapped into women's IPV-related barriers to help-seeking. Sample items included "Thinking I did not have a problem" and "Having no one to help me get professional help." Haselschwerdt et al. (2021) created items included, "Reinforce stereotypes about my community" and "Prevent you from receiving government benefits (e.g., food stamps, housing voucher)." Participants were asked to indicate whether these barriers ever stopped, delayed, or discouraged seeking help on a 4-point Likert scale, 0 *Never* and 3 *Always.* Summed frequency scores were created by adding all thirty-six items together. Higher scores indicate more perceived barriers to help-seeking. These items were shown to be reliable with an $\alpha = .96$.

Black Men-Specific Barriers

Fifteen additional, author-created items were added to tap into barriers that are more specific to Black men's experiences after consulting with Darwin Garcia, an expert in Black men's IPV experiences (Garcia, personal communication, 2021), including "Worrying about police potentially hurting me" and "Fear or concern that if I talked about what happened to me, I could get retaliated against." Participants were asked to indicate how much they have experienced certain barriers on a 4-point Likert scale, 1 *Never* and 3 *Always.* Summed frequency scores were created by adding all fifteen author created items together. Higher scores indicate more perceived barriers to help-seeking. These items were shown to be reliable with an $\alpha = .95$.

Internalized and Anticipated Stigma

Participants were asked to indicate their levels of internalized and anticipated stigma with the internalized and anticipated stigma subscales of the Intimate Partner Violence Stigma Scale (IPVSS; Crowe, Overstreet, & Murray 2019). Participants were asked to indicate their level of agreement on a 6-point Likert scale ranging from 1 *Strongly disagree* to 6 *Strongly agree*. I combined response items into two categories: disagree (1-3) and agree (4-6). The internalized stigma subscale included 6 items, such as "People blamed me for staying in the relationship despite the abuse I experienced" and "I felt that the abuse was my fault." The anticipated stigma subscale included 5 items, such as "If I told people about the abuse, I worried that they would think I, "asked for it" and "I believed that if I shared details about my relationship with others I would be blamed for the abuse." Summed frequency scores were created by separately adding all 6 internalized stigma items together and all 5 anticipated stigma items together. Higher scores indicate higher levels of internalized stigma and anticipated stigma. Both subscales were shown to be reliable (internalized stigma α =.63, anticipated stigma α = .71).

CHAPTER FOUR
RESULTS AND DISCUSSION

Results

The main purpose of this study was to examine the help-seeking experiences of Black male survivors of IPV. Two main research questions guided this study: (1) What are Black men's experiences of IPV-related help-seeking? (2) What barriers do Black men face when seeking IPV-related help and support? Descriptive statistics, including measures of central tendency, frequencies, and dispersion and variance, have been reported for all IPV measures, help-seeking experiences and reported supportiveness, and barriers to help-seeking. Tables (see appendices) were created to summarize the means, standard deviation, and range of experiences for the sample for all key variables. Table 1 highlights the means, modes, and ranges of the key variables, table 2 demonstrates use and perceived degree of helpfulness of seeking help, and table 3 focuses on the barriers to help-seeking. Due to the exploratory nature of the study descriptive statistics illuminate the gap in knowledge about Black men's experiences with IPV, IPV-related help-seeking, and the barriers to IPV-related help-seeking that they face. Before answering RQs 1 and 2, I provide the necessary information related to this sample of Black men's IPV experiences.

Violence and Abuse Victimization Experiences

At least one discrete act of minor physical violence was reported by the majority of participants (n = 34, 63%), though just under half reported severe physical violence victimization (n = 24, 44.4%) and one-third reported minor sexual violence (n = 17,

31.5%). On average, the participants reported relatively low frequency of both minor (*M* = 4.52, *SD* = 5.69) and severe violence (*M* = 3.02, *SD* = 5.20) physical and sexual violence (*M* = 1.13, *SD* = 2.18), which is consistent with data from nationally representative surveys and similar non-clinical or agency samples.

Coercive control, or the extent to which physical and sexual violence is rooted in ongoing patterns of coercion, has been more recently emphasized in the adult IPV literatures but not within research focused on Black men's IPV experiences. Considerable debate remains how to best conceptualize and measure coercive control (Hamberger et al., 2017). I followed Hardesty et al.'s (2015) recommended approach established with women who identified 19 as the cutoff between high and low levels of coercive control using the PMWI dominance/isolation subscale, a validated measure for assessing the presence or absence of ongoing patterns of coercion in relationships. In this study, the coercive control scores ranged from the lowest possible score of 7 to 32, with the maximum being a 35. Participants showed low levels of coercive control experiences, with only 10 (18.7%) participants scoring 19 or higher. Highly coercive controlling violence is less commonly observed in community-based, non-clinical or agency samples such as ours, and thus, our findings align well with larger literature on coercive control in the general public (Johnson et al., 2014).

Violence and Abuse-Related Help-Seeking

Out of the participants who completed the questions specific to help-seeking, 46 (97.8%) used at least one type of informal (*M* = 2.29, *SD* = 2.57), formal (*M* = 4.73, *SD* = 5.45), or legal (*M* = 1.23, *SD* = 2.40) help-seeking strategy. The most common types of

help-seeking these men reported were informal and formal help-seeking. The most commonly utilized informal strategies were staying with family or friends (46.0%), talking to family or friends (44.0%), and making sure there were always other people around (34.7%). The most commonly utilized formal strategies included trying to get help from employers/coworkers (40.4%), which could fall within informal or formal help-seeking, attending couples counseling (40.4%), trying to get their partner counseling or batterer intervention (38.5%), and trying to get help from clergy (34.6%). The use of legal resources were the most underutilized help-seeking strategies, with filing for an order of protection (13.7%), filing or trying to file criminal charges (15.7%), and seeking legal aid (15.7%) as the least utilized strategy.

When examining the extent to which the participants deemed help-seeking strategies as helpful or not, it was apparent that legal strategies were not only the least utilized but seemingly also the most unhelpful overall. Participants were mixed on whether individual strategies were helpful within informal and formal strategies though. For example, though 12 participants found staying with family or friends helpful (52.2%), 11 found it unhelpful (47.8%). More participants found talking to family and friends as helpful (n = 14, 63.6%), but the majority who made sure there were always other people didn't perceive this strategy as particularly helpful (n = 12, 70.6%). The most helpful formal strategy was trying to get help from employers/coworkers (n = 10, 47.6%) followed by trying to get help from clergy (n = 10, 55.6%), yet, nearly half of participants didn't perceive these strategies as helpful. Legal strategies were rarely utilized and not perceived as helpful overall, especially when looking specifically at the

item for calling the police with 9 (81.8%) finding this unhelpful. It is noteworthy though that very few participants did perceive filing for an order of protection helpful (*n* = 4, 57.1%) and filing or trying to file criminal charges helpful (*n* =2, 25.0%) as helpful.

Barriers to Help-Seeking

Out of the participants who responded to the barriers to access to care (*n* = 49, *M* = 14.21, *SD* = 4.79) and Black men's specific barrier (*n* = 46, *M* = 23.09, *SD* = 11.85) items, all experienced at least one barrier. The most common barriers to help-seeking included wanting to solve the problem on their own (*n* = 37; 75.5%), thinking the problem would get better itself (*n* = 31; 63.3%), feelings of embarrassment and shame (*n* = 29; 59.2%), dislike of talking about their feelings, emotions, thoughts, or experiences (*n* = 28; 57.1%), and preferring to get help from their friends or families (*n* = 26; 53.1%) were barriers at least sometimes. On the other hand, being too unwell to ask for help (*n* = 14; 28.6%), having problems with childcare while they sought help (*n* = 13; 26.6%), having no one to help them get professional help (*n* = 12; 24.6%), having had previous bad experiences with service providers for abuse (*n* = 11; 22.4%), and fear of being put in the hospital against their will (*n* = 9; 18.4%) were rarely barriers to seeking help, which is consistent with the relatively low levels of violence reported by the men in this study.

Specific to measures developed for racially minoritized communities and Black men in particular, fear of bringing shame or disapproval to their community (*n* = 20; 42.5%), worrying that if they called the police they would be treated like a perpetrator (*n* = 18; 40.0%), reinforcing stereotypes about their community (*n* = 18; 39.1%), worrying that the police could potentially harm them (*n* = 17; 37.9), and worrying that if they

called the police they would not believe them (n = 16; 36.4%) were barriers at least some of the times for the men in this study. Contrastingly, the participants reported that help-seeking could lead to eviction (n = 11; 23.9%), police potentially killing family members (n = 10; 22.3%), harming their children's (n = 8; 17.3%), their own (n = 7; 15.1%), or their partners' immigration process or status (n = 7; 15.6%) were almost never barriers to seeking help. I did not ask about immigration status, and thus, it might be that this sample is comprised of United States citizens who do not have immigration-specific concerns, in general.

Participants reported lower levels of both internalized (M = 14.21, SD = 4.79) and anticipated (M = 12.77, SD = 4.99) stigma when compared to findings from the measure authors' studies with victimized women. A common stigma related barrier for women is perceiving the abuse as their fault, yet this was not endorsed by this sample of Black men, with 86% (n = 42) stating that they agreed that the abuse was not their fault. They also did not relate to or endorse items such as feeling as though they deserved the abuse (n = 43, 87.8%) or that other people said the abuse was their fault (n = 42, 87.5). The most common stigma-related barriers to help-seeking within this sample was people in my community encourage me to talk about my experiences (n = 31, 63.3%).

Discussion

Black men's IPV victimization experiences are largely unknown, as much of the literature has focused on Black men as perpetrators. This thesis sought to address this gap with an exploratory, descriptive study of Black men's IPV victimization experiences, subsequent help-seeking decisions, and barriers to help-seeking using a sample of Black

men recruited from *Prolific*. Overall, the men who participated in this study experienced relatively low levels of violence victimization, with just under half of participants reporting experiencing at least one act of severe physical violence victimization, and less than a quarter reaching the established threshold for violence rooted in coercive control, suggesting this sample is comprised of men who experience situational couple versus coercive controlling violence (formally referred to as intimate terrorism; Hardesty et al., 2015; Johnson, 2008). Though men may be less likely to engage in help-seeking, all but one participant utilized at least one help-seeking strategy. Consistent with the adult women literature, informal strategies were most common, whereas legal strategies were least commonly utilized (Ansara & Hindin, 2010; Haselschwerdt et al., 2015). The degree to which participants perceived each strategy as helpful was quite variable. Their reported barriers to help-seeking were similarly variable though common themes were identified that overlap with hegemonic masculinity and Black men's experiences with formal and legal systems, relating less to the internalized and anticipated stigma subscales created for women. I situate these synthesized findings in the larger literature and guiding theoretical frameworks in the sections that follow.

Hegemonic Masculinities' Influence on Help-Seeking

Hegemonic masculinity is described as not just the set roles and expectations that we have for men but also the way of doing and performing masculine ideals (Connell & Messerschmidt, 2005; Schippers, 2007). When examining the barriers to help seeking, some of the main barriers reported by participants were wanting to solve the problem on their own, thinking the problem would get better itself, feelings of embarrassment and

shame, dislike of talking about their feelings, emotions, thoughts, or experiences, and preferring to get help from their friends or families versus formal and legal sources. These barriers reflect the masculine ideals that men are often beholden to –men are strong, unemotional, independent, but also always perpetrators and never victims. These hegemonic ideals or expectations create an environment where men might feel shame, embarrassment, and isolated when they experience violence within their relationships that can keep them from seeking help from informal, formal, and legal services. Hegemonic masculinity also influences how confidants, like friends and family, but also informal and legal service providers, respond to IPV disclosures or attempts to seek help. This was evident in the findings such that talking to friends/family and staying with friends/family were mixed in terms of helpfulness. Coupled with feelings of embarrassment and shame and disliking sharing their feelings, emotions, thoughts, and experiences further reinforces hegemonic masculinity. When men do share their experiences of IPV victimization, they might be at risk of social punishment or disbelief as this disclosure violated hegemonic masculinity, too. However, the fact that some participants reported informal help-seeking was perceived as helpful demonstrates the potential for more support and help from community members and professionals for Black men who have experience IPV victimization.

Some of the formal help-seeking strategies that were underutilized and unhelpful were staying in shelters and talking to someone at an IPV program, shelter, or hotline. The underutilization of shelters and other IPV services suggest that the men in this study did not view them as legitimate help-seeking institutions that they could access. Shelters

and other IPV services have been created with women's experiences in mind. This lines up with previous research in regards to men's utilization of shelters (Carlson & Worden, 2005; Lysova & Dim, 2020; Tsui, 2014). Many domestic violence shelters have strict rules on the allowance of men, and they usually have an age cut off for the allowance of male children. In many shelters boys as young as 12 years old are not allowed to enter the shelter with their mothers, which puts their mothers into a position where she has to choose between her own safety and perhaps the safety of her other children and her son. Creating interventions that allowed space for men within domestic violence shelters, even if it means creating separate spaces for men and boys would minimize these instances of turning men and boys away from shelters and other IPV-related services.

One point of interest in understanding the barriers faced by the participants were the anticipated and internalized stigma responses, as these items seemed less relevant to the Black men's experiences and perceptions. Compared to the other measures that have been used across the gender spectrum or only with women, these scales had the lowest reliability ($\alpha = .63$, $\alpha = .71$). In contrast, other stigma-related items, such as fear of bringing shame or disapproval to their community and reinforcing stereotypes about their community were among the most commonly endorsed barriers. This suggests that the stigma that Black men are dealing with when they experience IPV victimization is not accurately captured in the well validated and reliable stigma scales used, as they were created for women. Moving forward, future research should focus on qualitative and mixed methods studies first to assess Black men's barriers to help-seeking, and to

confirm that the more commonly endorsed items generalize to other samples of Black male victims.

Black Men's Experiences with Formal and Legal Systems

Hegemonic masculinity created powerful barriers and less helpful service seeking experiences, but Black men also experience additional barriers not only due to hegemonic masculinity but also systemic racism. I hypothesized that due to the history of police, legal system, and medical neglect that Black people have routinely experienced, Black men who have experienced IPV victimization may not seek help from formal and legal services. This hypothesis was supported by the sample's underutilization of both formal and legal help-seeking strategies. Not only were the legal help-seeking strategies underutilized but they were also the least helpful strategies. Specifically, calling the police was perceived as the most unhelpful help-seeking strategy. This finding aligns with Black women's hesitation in calling the police when experiencing IPV victimization out of fear for their partners' safety (Fugate et al., 2005). While the scope of our study does not allow us to know what the explicit reasons for Black men's unwillingness to call the police and what caused participants to rank calling the police as unhelpful it aligns with the general distrust of police due to a long history of police brutality.

Another potential barrier, related to interactions with systems of oppression, that Black men may have when help-seeking is rooted in heterosexism and perceptions of Black sexuality. As Patricia Hill Collins (2009) describes in *Black Feminist Thought*:

> Black people experience a highly visible sexualized racism, one where the visibility of Black bodies themselves reinscribes the hypervisibility of Black men and women's alleged sexual deviancy. Because U.S. understandings of race rely on biological categories that, while renegotiated, cannot be changed—skin color

> is permanent—Black hypersexuality is conceptualized as being intergenerational and resistant to change (p. 130).

Here Collins (2009) discusses the inherent hypersexuality that is often attributed to Black people. Black women often being seen as sexually deviant and Black men often being seen as rapists (or in the case of this study, IPV perpetrators). The perceived hypersexuality and perceived criminality of Black people can create an environment where any dysfunction within relationships is attributed to the whole community, thus, the barrier of fear of bringing shame or disapproval to their community is interconnected with how Black men are seen at a societal level. An example of this being the Moynihan report discussed by Roth (2004), in this book she described how, "Black activists, female and male, were cognizant of the ways in which their relationships did not reflect traditional gender roles, and they saw the Moynihan report as an outside, state-sponsored threat aimed at once again labeling them as inferior" (p. 138). This showcases one of the reasons that many Black people are silent or very particular about the portrayal of their relationships. This creates a barrier where perhaps asking for help when experiencing IPV for Black men and Women feels like it reflects the whole community.

This also positions them in a way that disallows them to be seen as victims, because victimhood is reserved for women, specifically white women (Depraetere et al., 2020). All of these different barriers work together to create a system that does not allow for Black men to be seen as capable of being victims of IPV and unable to receive support from formal or informal networks. More research needs to be done in order to truly understand their experiences and the ways in which systems of power and

oppression come together to prevent them from receiving support within their own communities and within other support networks.

The underutilization and unhelpfulness of formal and legal services for Black men is concerning because these institutions aim to provide helpful and supportive services for those who have experienced intimate partner violence victimization. The inability of formal and legal institutions to adequately reach and assist Black men contributes to and is influenced by systemic racism. By focusing on and creating interventions that cater towards Black men and their specific needs would benefit all men. Though women report more IPV, particularly IPV that is more severe, frequent, and injurious in nature – and more often rooted in coercive control – the findings from this study support the small body of literature specific to men, documenting Black men's victimization as real and worthy of more in-depth examination. Without a solid base of scholarship, formal and legal services such as domestic violence shelters, hotlines, and legal services are unable to best meet the needs of men, particularly, Black male victims of IPV, if they even recognize them as victims. Moving forward, formal and legal services need to reach out to community centers that are already working with Black populations and collaborate to create interventions that allow them to reach out and support Black male IPV survivors.

Limitations

One of the main limitations of this study was the use of measures (excluding the CTS2) that have been created for and utilized in studies surrounding women's experiences. The measures used have been widely validated and used measures; however, they may not accurately capture the experiences of male IPV survivors. As discussed

earlier, the internalized and anticipated stigma scales form the IPVSS did not seem to represent the participants experiences with stigma. Generally, the participant rated themselves low when it came to both internalized and anticipated stigma. The author created items specific to racially minoritized communities and Black men's experiences with formal and legal systems that were related to stigma were endorsed more frequently by participants, suggesting that our understanding of barriers and stigma is limited. Future science would benefit from mixed method and qualitative studies in order that ultimately lead to measurement creation for Black men more specifically. An additional limitation was the inability to examine the difference between barriers to help-seeking between heterosexual Black men and queer Black men. On the one hand, the homogeneity of the sample in terms of sexual orientation (i.e., almost entirely heterosexual) allows for potential generalizability to other men in different abusive partnerships, yet the lack of sexual minority men precludes generalizability to queer Black men.

Moving forward, future studies with the incorporation of Black men of varying sexualities could expand our understandings of Black men's experiences and the variability of those experiences. Qualitative and mixed methods studies are also important because they would allow for more in-depth understandings of Black men's IPV and help-seeking experiences.

CHAPTER FIVE
CONCLUSIONS

Conclusion

The present study builds upon the IPV, help-seeking, and barriers to help-seeking literature in several different ways. First, to our knowledge, this is one of the few studies, that has specifically focused on the unique experiences of Black male IPV survivors. Participants primarily used informal help-seeking strategies and found them to be the most helpful. Second, many of the barriers to help-seeking that participants experience, align with hegemonic masculinity and the restrictions that prevent men from seeking resources that may help them, yet also speaks to the ways in which hegemonic masculinity may yield less helpful responses when they do seek help. And lastly, we highlighted the underutilization and unhelpfulness of legal services. The findings demonstrate the need for more research into the specific experiences of Black men and other men of color in order to get a more well-rounded understanding of the impact of IPV victimization, the ways in which they conceptualize their experiences, their help-seeking decision making process, and how well informal, formal, and legal systems are equipped in supporting Black men in their efforts to achieve safety, justice, and wellness.

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APPENDICES

Table 1. *Means, Modes, and Ranges of Key Variables*

Outcome Variable	Mean (SD)	Mode	Actual Range
Physical violence (n = 54)			
Summed frequency (minor)	4.52 (5.69)	0	0 – 22
Count (minor)	1.89 (1.95)	0	0 – 5
Summed frequency (severe)	3.02 (5.20)	0	0 – 21
Count (severe)	1.42 (2.16)	0	0 – 7
Sexual coercion (*n* = 54)			
Summed frequency	1.13 (2.18)	0	0 – 8
Count	.65 (1.08)	0	0 – 3
Coercive control (*n* = 54)			
Summed frequency	13.15 (5.18)	8	7 – 32
Count	3.65 (2.09)	4	0 – 7
Verbal/emotional abuse (*n* = 54)			
Summed frequency	13.11 (4.55)	11	7 – 26
Count	4.26 (2.09)	4	0 – 7
Help-seeking strategies			
Count **(*n* = 46)**	16.33 (15.32)	5	0 – 66
Informal Count **(*n* = 49)**	2.29 (2.57)	0	0 – 8
Formal Count **(*n* = 52)**	4.73 (5.45)	0	0 – 20
Legal Count **(*n* = 51)**	1.23 (2.40)	0	0 – 9
Barriers to help-seeking			
Barriers to access to care **(*n* = 49)**	14.21 (4.79)	11	6 – 23
Black men specific **(*n* = 42)**	23.09 (11.85)	15	15 – 62
Internalized stigma **(*n* = 48)**	14.21 (4.79)	11	6 – 23
Anticipated stigma (***n* = 49)**	12.77 (4.99)	11	5 – 23

Table 2. *Use and Perceived Degree of Helpfulness of Seeking Help*

Protective Strategies	Used *n* (%)	Degree of Helpfulness *n* (%)	
		Not helpful	*Helpful*
Use of Informal Help (*n* = 50)			
Stayed with family or friends	23 (46.0)	11 (47.8)	12 (52.2)
Talked to family/friends about what to do to protect yourself/children	22 (44.0)	8 (36.4)	14 (63.6)
Made sure there were always other people (adults) around	17 (34.7)	12 (70.6)	5 (29.4)
(*n* = 49)			
Sent kids to stay with family or friends	12 (24.0)	3 (25.0)	9 (75.0)
Use of Formal Help (*n* = 52)			
Tried to get help from employer/coworker	21 (40.4)	11 (52.4)	10 (47.6)
Attended couples counseling	21 (40.4)	12 (57.1)	9 (42.9)
Tried to get my partner counseling or batterer intervention	20 (38.5)	11 (55.0)	9 (45.0)
for violence			
Called mental health counselor for yourself	19 (36.5)	9 (47.4)	10 (52.6)
Tried to get help from clergy	18 (34.6)	8 (44.4)	10 (55.6)
Talked to a doctor or nurse	18 (34.6)	11 (61.1)	7 (38.9)
Tried to get help for myself for alcohol/substance abuse	14 (26.9)	11 (78.6)	3 (21.4)
Stayed in a shelter	14 (26.9)	7 (50.0)	7 (50.7)
Talked to someone at a DV program, shelter or hotline	12 (23.1)	6 (50.0)	6 (50.0)
Tried to get my partner help for alcohol/substance abuse	12 (23.1)	6 (50.0)	6 (50.0)
Use of Legal Resources *(n* = 51)			
Sought help from private attorney (author created)	13 (25.5)	8 (61.5)	5 (38.5)
Called the police	11 (21.6)	9 (81.8)	2 (18.2)
Filed/tried to file criminal charges	8 (15.7)	6 (75.0)	2 (25.0)
Sought help from legal aid	8 (15.7)	5 (62.5)	3 (37.5)
Filed for an order of protection	7 (13.7)	3 (42.9)	4 (57.1)

Table 3. *Barriers to Help-Seeking (n = 49)*

Barriers to Accessing Care	Never *n* (%)	Sometimes *n* (%)	Often *n* (%)	Always *n* (%)
Wanting to solve the problem on my own	12 (24.5)	11 (22.4)	15 (30.6)	11 (22.4)
Thinking the problem would get better itself	18 (36.7)	18 (36.7)	9 (18.4)	4 (8.2)
Feelings embarrassed or ashamed	20 (40.8)	14 (28.6)	9 (18.4)	6 (12.2.)
Dislike of talking about my feelings, emotions, thoughts, or experiences	21 (42.9)	15 (30.6)	8 (16.3)	5 (10.2)
Preferring to get help from family or friends	23 (46.9)	15 (30.6)	9 (18.4)	2 (4.1)
Concern that I might be seen as weak for having experienced abuse	24 (49.0)	14 (28.6)	7 (14.3)	4 (8.2)
Difficulty taking time off work	25 (51.0)	14 (28.6)	10 (20.4)	0
Concern about what my family might think or say	26 (53.1)	11 (22.4)	7 (14.3)	5 (10.2)
Concern that people I know might find out	26 (53.1)	11 (22.4)	8 (16.3)	4 (8.2)
Concern that it might bring shame or disapproval on my family	27 (55.1)	11 (22.4)	9 (18.4)	2 (4.1)
Thinking that professional care probably would not help	27 (55.1)	9 (18.4)	10 (20.4)	3 (6.1)
Thinking I did not have a problem	27 (55.1)	12 (24.5)	8 (16.3)	2 (4.1)
Being unsure where to go to get professional care or help	28 (57.1)	14 (28.6)	5 (10.2)	2 (4.1)
Concerns about the confidentiality of the information I share	29 (59.2)	12 (24.5)	5 (10.2)	3 (6.1)
Lack of trust in professionals who provide professional care for abuse	30 (61.2)	13 (26.5)	5 (10.2)	1 (2.0)
Concern that people might not take me seriously if they found out I was experiencing abuse	30 (61.2)	12 (24.5)	5 (10.2)	2 (4.1)
Concern about what my friends might think or say	31 (63.3)	8 (16.3)	8 (16.3)	2 (4.1)
Being unhappy with the available services	31 (63.3)	12 (24.5)	5 (10.2)	1 (2.0)
Not being able to afford the financial costs involved	31 (63.3)	10 (20.4)	7 (14.3)	1 (2.0)
Preferring to get alternative forms of care (e.g., spiritual care, non-Western healing)	32 (65.3)	8 (16.3)	6 (12.2)	3 (6.1)
Concerns about the services available	32 (65.3)	11 (22.4)	5 (10.2)	1 (2.00
Thinking appointments take too much time or are inconvenient	32 (65.3)	7 (14.3)	6 (12.2)	4 (8.2)
Concern that it might harm my career or chances of promotion	32 (65.3)	11 (22.4)	1 (2.0)	5 (10.2)
Concern that I might be seen as 'crazy'	32 (65.3)	10 (20.4)	5 (10.2)	2 (4.1)

Table 3. Continued

Concern that I might be seen as a bad parent	33 (67.3)	10 (20.4)	2 (4.1)	4 (8.2)
Professionals from my own ethnic or cultural group not being available	34 (69.4)	11 (22.4)	3 (6.1)	1 (2.0)
Problems with transportation or traveling to appointments	34 (69.4)	11 (22.4)	4 (8.2)	0
Not wanting an abuse history to be on my medical or other professional records	34 (69.4)	7 (14.3)	7 (14.3)	1 (2.0)
Concern that it might harm my chances when applying for jobs	35 (71.4)	9 (18.4)	3 (6.1)	2 (4.1)
Concern that my children may be taken into care or that I may lose access or custody	35 (71.4)	16 (12.2)	6 (12.2)	2 (4.1)
Having no one who could come to appointments with me	35 (71.4)	7 (14.3)	6 (12.2)	1 (2.0)
Being too unwell to ask for help	35 (71.4)	10 (20.4)	4 (8.2)	0
Having problems with childcare while I seek help	36 (73.5)	9 (18.4)	2 (4.1)	2 (4.1)
Having no one who could help me get professional help	37 (75.5)	6 (12.2)	4 (8.2)	2 (4.2)
Having had previous bad experiences with service providers for abuse	38 (77.6)	6 (12.2)	5 (10.2)	0
Fear of being put in the hospital against my will	40 (81.6)	3 (6.1)	4 (8.2)	2 (4.1)
Black Men Specific (*n* = 46)				
Bring shame or disapproval to my community **(*n* = 47)**	27 (57.4)	9 (19.1)	4 (8.5)	7 (14.9)
Worrying that if I called the police I would be treated as a perpetrator **(*n* = 45)**	27 (60.0)	8 (17.8)	6 (13.3)	4 (8.9)
Reinforce stereotypes about my community	28 (60.9)	9 (19.6)	6 (13.0)	3 (6.5)
Worrying that if I called the police, they would not believe me **(*n* = 44)**	28 (63.6)	5 (11.4)	7 (15.9)	4 (9.1)
Worrying about police potentially hurting me **(*n* = 45)**	28 (62.2)	7 (15.6)	3 (6.7)	7 (15.6)
Worrying about police potentially hurting my family members **(*n* = 44)**	30 (68.2)	4 (9.1)	6 (13.6)	4 (9.1)
Prevent you from receiving government benefits (e.g., food stamps, housing voucher)	32 (69.6)	5 (10.9)	7 (15.2)	2 (4.3)
Worrying about police potentially killing me **(*n* = 45)**	32 (71.1)	7 (15.6)	3 (6.7)	3 (6.7)
Fear or concern that my previous record or involvement with the police would impact how professionals viewed me **(*n* = 45)**	32 (71.1)	5 (11.1)	6 (13.3)	2 (4.4)
Fear or concern that if I talked about what happened to me, I could get retaliated against **(*n* = 45)**	32 (71.1)	5 (11.1)	3 (6.7)	5 (11.1)

Table 3. Continued

Worrying about police potentially killing my family members **(*n* = 45)**	35 (77.8)	3 (6.7)	4 (8.9)	3 (6.7)
Lead to eviction	35 (76.1)	3 (6.5)	4 (8.7)	4 (8.7)
Harm partners' immigration process or status **(*n* = 45)**	38 (84.4)	3 (6.7)	1 (2.2)	3 (6.7)
Harm my children's immigration process or status	38 (82.6)	2 (4.3)	4 (8.7)	2 (4.3)
Harm my immigration process or status	39 (84.8)	3 (6.5)	2 (4.3)	2 (4.3)
		Agree *n* (%)	Disagree *n* (%)	
Internalized Stigma (*n* = 49)				
I knew the abuse was not my fault.		34 (69.4)	15 (30.6)	
People blamed me for staying in the relationship despite the abuse I experienced.		12 (24.5)	37 (75.5)	
People said the abuse was my fault. **(*n* = 49)**		6 (12.5)	42 (87.5)	
I felt the abuse was my fault.		7 (14.3)	42 (85.7)	
I felt like I deserved it.		6 (12.2)	43 (87.8)	
People viewed me as damaged once I shared my experience with the abuse.		9 (18.4)	40 (81.6)	
Anticipated Stigma (*n* = 49)				
If I told people about the abuse, I worried that they would think I "asked for it."		13 (26.5)	36 (73.5)	
I hid the abuse from others because I was afraid they would tell me what to do.		9 (18.4)	40 (81.6)	
People supported me when I told them about the abuse.		22 (44.9)	27 (55.1)	
People in my community encourage me to talk about my experiences.		18 (36.7)	31 (63.3)	
I believed that if I shared details about my relationship with others I would be blamed for the abuse.		9 (18.4)	40 (81.6)	

VITA

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