

ABSTRACT

SUPPORT GROUP FOR MALE VICTIMS OF  
DOMESTIC VIOLENCE:  
A GRANT PROPOSAL

By

Noemi Rosales

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The purpose of this study is to write a grant proposal for a psycho-educational support group program for male survivors of domestic violence (DV). Male victims exposed to DV experience many challenges including limited resources, disbelief from law enforcement and shame. An extensive literature review was conducted on the underserved population of male DV victims from both heterosexual and same-gender relationships. The lack of literature and available resources demonstrated that a societal shift is necessary to see DV as a problem not exclusive to any gender, race or sexual orientation. Anecdotally, support groups have assisted male victims in healing from their experience of DV and building social networks. A grant search identified possible funding sources for a support group for male DV victims. The actual submission and funding of this grant was not a requirement for the successful completion of this project.



SUPPORT GROUP PROGRAM FOR MALE VICTIMS OF  
DOMESTIC VIOLENCE:  
A GRANT PROPOSAL

A THESIS

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Committee Members:

Mimi Kim, Ph.D (Chair)  
Steve Wilson, Ph.D  
Julie O'Donnell, Ph.D

College Designee:

Nancy Meyers-Adams, Ph.D

By Noemi Rosales

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## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS .....	iii
CHAPTER	
1. INTRODUCTION .....	1
Overview of the Issue: Domestic Violence .....	1
Purpose Statement.....	4
Conceptual Definitions .....	4
Social Work Relevance.....	5
Multicultural Relevance.....	6
2. LITERATURE REVIEW .....	8
The Emergence of Domestic Violence as a Social Problem.....	8
Domestic Violence: Debates and Controversies.....	9
Domestic Violence and Gender Symmetry .....	9
Domestic Violence and the Conflict Tactics Scale (CTS).....	10
Domestic Violence and Male Victims .....	12
Domestic Violence in Same-Gender Couples.....	15
Domestic Violence and Evidence-Based Practice .....	17
Shelters for Victims of Domestic Violence .....	18
Legal Options for Victims of Domestic Violence .....	20
Legal advocacy and changes in criminal law .....	20
Legal services for domestic violence victims .....	22
Emotional Support for Victims of Domestic Violence.....	23
Individual Counseling for Victims of Domestic Violence .....	23
Support Groups for Victims of Domestic Violence.....	24
3. METHODS .....	26
Target Population.....	26
Host Agency.....	27
Identification of Potential Funding Source.....	28
Criteria for Selection of Actual Grant.....	29
Description of Selected Foundation.....	29
Description of Submission Process.....	30

CHAPTER	Page
Needs Assessment .....	31
4. GRANT PROPOSAL .....	33
Introduction.....	33
Agency Information.....	33
Summary of Agency, History, Mission, Goals and Objectives .....	33
Male Victims of Domestic Violence: Need for Agency Services ....	35
Description of Current Programs, Activities and Accomplishments.	35
Funding Request .....	36
Project Goal and Objectives.....	36
Profile of Geographic Area and Population Served.....	37
Strategies for Implementation.....	38
Project Administration and Qualifications of Key Personnel.....	39
Community Involvement and Volunteer Commitment .....	40
Sustainability.....	41
Results and Evaluation.....	41
Budget.....	43
Timeline .....	43
5. DISCUSSION.....	49
Lessons Learned .....	49
Limitation .....	50
Implications for Social Work .....	51
APPENDICES .....	52
A. PROPOSED LINE ITEM BUDGET AND NARRATIVE BUDGET .....	53
B. EVALUATION TOOL .....	57
REFERENCES .....	60

## CHAPTER 1

### INTRODUCTION

The introduction section consists of four sections. The first section provides an overview of the issue of domestic violence. The second section addresses the purpose of the thesis. The third section provides definitions of key concepts. Lastly, the fourth section discusses the relevance to social work and its multicultural relevance.

#### Overview of the Issue: Domestic Violence

The Centers for Disease Control and Prevention (CDC, 2011); reported that, in the United States, nearly 24 people per minute are victims of violence by their intimate partners. The different forms of violence used by batterers include domestic violence, stalking, and/or sexual assault. If this rate were calculated over the course of a year, it would mean that more than 12 million women and men suffer from domestic violence (DV). DV can not only lead to severe physical injuries, but it can also result in death. In 2010, 241 males and 1095 females were killed by an intimate partner (U.S. Department of Justice, FBI, 2011). DV also contributes to other psychological, reproductive and social problems (Drijber, Reijnders & Ceelen, 2013). Examples of mental health symptoms include Posttraumatic Stress Disorder (PTSD), depression, and substance abuse dependency resulting from the abuse (Drijber, et al., 2013). Victims of DV sometimes face social consequences such as isolation from social networks and homelessness (CDC, 2011).



The hidden side of DV is the issue of men who are abused (Chang & Subramaniam, 2008; Loseke, Gelles & Cavanaugh, 2005; Hamel, 2007). Historically, the feminist movement focused their attention on only female victims. Women appeared overwhelmingly as the victims of DV. According to the feminist perspective, DV occurs out of a patriarchal social system in which men believe they have the authority to control women (Robertson & Murachver, 2007). According to Black et al. (2011), in the United States, more than one-third of women (approximately 42.4 million) have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime. However, more recent statistics have shed light on men as victims as DV. According to the National Intimate Partner and Sexual Violence Survey 2010, approximately 1 in 7 men (13.8%) have faced severe physical violence by an intimate partner (e.g., hit with a fist or with a hard object, struck, slammed against something) at a point in their life compared to the statistic of 1 in 4 women; 24.3% (CDC, 2011).

Another hidden population affected by DV includes lesbian, gay, bisexual transgender and questioning (LGBTQ) individuals (Peterman & Dixon, 2003). According to Oliffe, et al. (2014), individuals from the LBGT community, particularly gay men, are less likely than heterosexual women to seek help, services or report to authorities in fear of homophobic violence and heterosexism. It is very important to understand the unique challenges LGBTQ individuals' experience. For example, one form of abuse gay men experience more often compared to heterosexual couples, is outing or the threat of outing their sexual orientation (Aulivola, 2004).

The perception of DV as a women's issue has contributed to barriers against awareness of and services for male victims. Male victims may feel uncomfortable

admitting that they are victims because of the socialization of gender roles that creates a false belief that men do not suffer abuse (C. Brown, 2008). According to Tsui, Cheung, and Leung (2010), studies explain that men's behaviors for seeking help are greatly influenced by society's perceptions and expectations of gender roles that stress men's physical ability to prevent abuse, as well as financial ability to resolve their own issues. DV against men often goes unrecognized since men are less likely than women to report such incidents for fear of embarrassment, fear of ridicule, and the lack of available support services (Barber, 2008). For these reasons, the majority of services target female survivors and their children. For male victims, resources are still very limited (Cheung, Leung, & Tsui, 2009).

Other studies suggest that DV is, in fact, gender neutral (J. Allen-Collinson, 2009; C. Allen, Swan, & Raghavan, 2009; M. Allen, 2011). According to Robertson and Murachver (2007), the finding that women can and do perpetrate DV has promoted further discussion around the similarity of male and female violence. There are many arguments that have been made in the debate of gender symmetry (Kimmel, 2002). There are numerous justifications for the difference in research results, including different sampling procedures and differing methodologies (Robertson & Murachver, 2007). Two types of researchers in the study of DV, violence against women (VAW) scholars and family violence (FV) researchers, have been debating the topic of gender symmetry (Hamby 2014; Johnson, 2006). According to Johnson (2006), studies that show the prevalence of male violence used agency data (courts, police agencies, hospitals, and shelters); however, the studies that showed gender symmetry used representative samples. It is important to understand that, even if gender symmetry exists or does not,

awareness of male victim and their unique needs is important not only to help the majority of victims but minority groups, as well (Barber, 2008).

#### Purpose Statement

The purpose of this project was to write a grant proposal to develop a psycho-educational support group program for male survivors of DV who enter Rainbow House Emergency Shelter (confidential location), Villa Paloma Transitional Shelter (confidential location) or who use the community services available at the Resource Center. The program will collaborate with Rainbow Service staff who offer counseling, case management, legal advocacy, and a 24-hour hotline for victims of DV to offer male survivors adequate support services. The program will include an educational component to inform male survivors of healthy coping skills, parenting classes, medical health education and other resources needed to educate survivors on the impact DV has on their lives. Lastly, the program will aim to increase the support network among the members in order to attain emotional and psychological support and stability.

#### Relevant Definitions

*Domestic violence* describes physical, sexual, stalking or psychological/emotional harm (including coercive tactics) by a current or former intimate partner or spouse (includes heterosexual and same sex partners; (CDC, 2011). Domestic violence is sometimes referred to as intimate partner violence.

*Gender symmetry* is the argument that women are as prone as men to engage in physical violence against their partners (Post, Mezey, Maxwell, & Rhodes, 2011). Gender symmetry is the counter argument to the position that women are the only or the overwhelming majority of victims of DV (Allen, 2011).

*Physical abuse* is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to: scratching; pushing; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; use of a weapon; and use of restraints or one's body, size, or strength against another person (CDC, 2011).

*Psychological abuse* involves trauma to the victim caused by acts, threats of acts, or coercive tactics which include, but are not limited to, degrading the victim, controlling what the victim can and cannot do, withholding information from the victim, purposefully doing something to make the victim feel diminished or ashamed, isolating the victim from loved ones, and denying the victim access to money or other basic resources (CDC, 2011).

*Violence* is an act carried out with the intention, or perceived intention, of causing physical injury or pain to another person (Cook, 2009).

#### Social Work Relevance

The National Association of Social Workers (NASW) Code of Ethics consists of six main principles that social workers abide by: Service, Social Justice, Dignity and Worth of a Person, Importance of Human Relations, Integrity and Competence (2008). Social and health care professionals are in a fundamental position to detect and take action to address DV (Husso et al., 2012). Since social work is a helping profession, social workers are in different types of settings to assist individuals in need. According to Husso et al. (2012), research suggests that most help-seeking victims of DV get help for injuries related to the violence and symptoms resulting from violence. Therefore, health care and social workers are usually the first professionals to meet victims of DV.

It is very important for social workers and any other professionals to be sensitive, and utilize appropriate interventions when assisting these traumatized individuals in order to prevent the victim from experiencing further trauma. The relevance of DV in the social work field indicates that providers need to attend ongoing DV training to better assist this population in a sensitive respectful manner. Social workers also take on the role of educating DV victims because, in many cases, they deny that they are in an abusive relationship or blame themselves from the abuse (Roberts, 2002). They are often unaware of available resources. It takes knowledge and education to know how to challenge these common victim perceptions.

#### Multicultural Relevance

According to Power, Bahnisch, and McCarthy (2011), violence knows no geographical, socioeconomic, age, ability, cultural, or religious boundaries. Based on the needs assessment, it revealed that the majority of the male victims residing or receiving services at Rainbow Services are from underrepresented communities of color. A spreadsheet indicating racial and ethnic backgrounds of clients at Rainbow services provided by J. Dion, revealed a great diversity of cultural backgrounds; but the majority of male victims were Hispanic, from Mexico or Central America (personal communication October 16, 2014).

According to the NASW (2008), social workers must have some knowledge about their clients' cultures and be able to show competence in the delivery of services that are sympathetic to clients' cultures and to the diversity among people and cultural groups. Social workers should acquire education to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation,

gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability (NASW, 2008). For social workers in the field of DV, taking the culture of their clients into consideration can allow professionals to make the connections between the victim's culture and behavior. For example, if a male victim is from a culture where male dominance is very important and he is seeking services for DV, there may be incongruence between cultural expectations and help-seeking action. This can be detrimental to a male victim's sense of identity as he may feel shame and guilt for being a male victim of DV or for seeking assistance.

## CHAPTER 2

### LITERATURE REVIEW

#### The Emergence of Domestic Violence as a Social Problem

Public awareness of violence between intimate partners emerged in the mid-1970s. At that time, practical knowledge of DV including its psychological, social, and legal dimensions was very limited (Kelly & Johnson, 2008). The battered women's movement was initially made up of women victims and their supporters and was later joined by academic feminists who wanted to fight for women's rights (Hamel, 2007). The term "battered women" arose from the feminist movement as a term for female victims of DV, and the term "batterer" represented the male perpetrators (Dutton, 2007; Hamel, 2007). The feminist movement was based on the primary concern over disparity between men and women (Hall, 2012). Feminist views on DV were centered on the idea of gender inequality including that within marriage and dating relationships (Hall, 2012). According to Loseke, et al. (2005), violence was seen as developing from disparities within marriages, reinforcing male supremacy and female subordination within the home.

The feminist movement created societal changes that supported their cause in increasing awareness about and providing assistance to victims of DV and their children (Hall, 2012). Movement leaders engaged in systems change strategies to advocate for organizations such as shelters, police departments and other institutions to develop advocacy programs and services to DV victims (Roberts, 2002). Policy change led to increased funding for emergency and transitional shelters to help vulnerable children and

women in need of protection from their batterer. Feminists working to challenge DV have been recognized for their success in raising awareness, changing policies and gaining substantial resources (Loseke, et al., 2005).

In order to increase awareness regarding the abusive nature of DV, advocates and researchers did not refer to violent acts as “discipline” or “marital conflict” which overlooked the dynamics of gender oppression, but instead called the abuse “violence” (Loseke, et al., 2005, p. x). In efforts to raise awareness and legitimacy around the issue of violence against women, women advocates adopted the term “domestic violence” to highlight the risk women faced within their own family and household. Over time, the term became equivalent to battering (Kelly & Johnson, 2008).

### Domestic Violence: Debates and Controversies

#### Domestic Violence and Gender Symmetry

Feminists pointed to gender inequality as the root cause of DV. However, in the early 1970s, Murray Straus, a pioneer DV researcher, surprised the social science world by presenting research findings that DV was not only more common than formerly suspected, but that women were as prone as men to engage in physical violence against their partners (Post, et al., 2011). Since that time, a significant controversy has focused on whether it is predominantly men who are violent in intimate relationships or whether there is gender symmetry in committing violence (Kelly & Johnson, 2008). Research shows that there are currently more than 100 studies or reports that suggest that rates of DV are equal, challenging feminist assumptions about DV (Kimmel, 2002). This research has challenged the position of feminist advocates some of whom have accepted



some of the implications of “gender symmetry” or at least have taken the problem of male victims of DV seriously (Enander, 2011).

Scholars who adopt an emphasis on family violence tend to claim that DV is symmetrical, with women and men equally likely to be the perpetrator of violence against an intimate partner (Enander, 2011). Conversely, VAW scholars claim that DV is asymmetrical, with women significantly less likely than men to perpetrate violence against an intimate partner (Dobash & Dobash, 2004). Even though the topic of gender symmetry remains very controversial, some feminist advocates do acknowledge that there are male victims (Enander, 2011). However, their argument focuses on the severity of the abuse, claiming that the abuse men experience is minimal when compared to women’s experience. According to Allen (2011), findings show that men are less likely to suffer from severe injuries compared to women who are more likely to sustain more serious injury requiring more medical care and sick leave.

#### Domestic Violence and the Conflict Tactics Scale (CTS)

The Conflict Tactics Scales (CTS) is used to measure DV in family conflict research (Enander, 2011). Significant controversy has arisen from the results arising from use of the CTS that suggested gender symmetry in the use of violence in intimate relationships (Loseke, et al., 2005). The issue of gender symmetry has remained controversial due to questions about the reliability and the validity of CTS. Some of the research criticizing the CTS argues that the CTS only considers acts of violence but gives no consideration on how these acts arise (Vega & O’Leary, 2007). For example, the initiation of the violence, the comparative size and strength of the individuals involved, and the description of the relationship all shape the experience of violence but do not

impact the scores on the CTS (Kimmel, 2002). One of the controversies with the CTS is how the scale defines violence and the way the questions are formatted and asked. For example, the response of a woman who admits that she “tried to hit” her partner and a man who reports “beating up” his partner are equally documented as an act of violence against their intimate partner (Dobash & Dobash, 2004). According to Straton (1994), CTS excludes occurrences of violence that happen after separation and divorce, yet such acts of violence constitute 75.9% of spouse-on-spouse attacks. Finally, the CTS exclude the categories of sexual assault although women are raped by their husbands as a form of control (M. Allen, 2011).

Recently, Hamby (2014) contributed to the debate over measurement by arguing that some self report measures produce gender symmetry; however, other self report surveys, arrests, reports to law enforcement, homicide data, help seeking data, or witness reports do not suggest gender symmetry. The measurement of DV is more complex than previously anticipated indicating that further research is needed to create a valid assessment that can generate a more reliable report (Follingstad & Rogers, 2013). Scales that produce gender symmetry reports have the following features: they are behavioral checklists, they do not collect incident data, and they reiterate non-damaging physical aggression over sexual violence (Hamby, 2014). Due to the complexity of the scales utilized to measure DV, potential threats to the validity include the possible bias of self-report, motivation behind wanting to report the partner, and design issues affecting reporting (Follingstad & Rogers, 2013). The wording in the instrument tools allows multiple interpretations of items leading to problems with establishing the best content (Follingstad & Rogers, 2013). Hamby (2014) reported that all measures have some

degree of error, and previous analysis of DV have identified an under reported false positive problem.

### Domestic Violence and Male Victims

The concept of male victims has been a taboo subject because society has always seen men as the dominant figure in a household, but research is showing that men are victims of DV as well (Barber, 2008). When men are victims, there is a false assumption that they are less physically in danger and are better off financially. Therefore, it is perceived that they are in less need of assistance than women (Hamel, 2005). Research confirms that DV is not exclusive to a gender nor to any particular location: DV is prevalent across many countries. Nevertheless, research on male victims of DV is very limited (Cho & Wilke, 2010).

In a research study conducted at the University of Utah, more than 570 university students completed surveys that measured past DV victimization and mental health symptoms. Among those 570 students, 332 (58%) females, and 241 (42%) males reported experiencing DV (Próspero, 2007). The findings suggested that there were no gender differences in reporting mental health symptoms among participants who reported high DV victimization. This study showed that DV affected both men and women, and services should be available to serve both genders. Another study of 673 university students with diverse racial/ethnic backgrounds (13% Asian American female, 12% Asian American male, 13% African American female, 3% African American male, 19% Latino American female, 9% Latino American male, 17% European American female, and 14% European American male) found that male respondents reported greater mutual violence in sexual, physical, and verbal DV as well as coercive behavior in categories of

economic, threatening, and isolating violence when compared to females (Próspero & Kim, 2009).

Since DV is relevant in other states and countries and there is limited research done on male victims in the United States, outside studies are taken into consideration to understand the impact of DV on male victims of abuse. A study conducted in Netherlands with a total of 380 male victims shared that the most common form of physical abuse was hitting, attacking, stabbing with an object, kicking, biting and grasping the throat, whereas the most common forms of psychological abuse were intimidation, disregarding the victim, blackmailing and economic harm (Drijber, et al., 2013). According to the Netherlands study, the motives behind not reporting or talking to authorities were fear of not being taken seriously (49%), shame (31%), or the belief the police cannot do anything (35%).

Hines, Brown, and Dunning (2007) reported that, in 2000, the first helpline for male victims of DV was created, and from that helpline, a pilot study was formed based upon 193 callers. Hogan, Hegarty, Ward, and Dodd (2012) suggested that, from the study of 193 callers, men's experiences resemble those of women. However, they found that the majority of the men's responses were centered on having been re-victimized by a system that primarily helps female victims. System responses to male victims included being treated with suspicion, disbelief, and even being accused of being a perpetrator when seeking help. A study by Migliaccio (2001) analyzed the stories of 12 men who had been physically abused by their female partners, revealing that men suffer challenges due to their masculine identity that perpetuated their victimization and led to feelings of embarrassment.

Another study exploring male victims of DV in Asia found that there were currently thousands of agencies and governmental organizations providing a wide range of services and programs for female victims and their children, yet no services were found exclusively for male victims of DV (Cheung, et al., 2009). According to Echeburúa, Sarasua, and Zubizarreta (2014), local shelters do not reach out to male victims because they fear that if they serve men, the services for women would be diluted. It is crucial to understand that victims, regardless of gender or sexual orientation, need services targeted to that specific population because every gender or sexual orientation suffer from unique challenges that service providers need to properly address (Aulivola, 2004). According to Hamel (2005), when men are victims, there is a false assumption that they are less physically in danger and are better off financially; therefore, they are in less need of assistance than women (2005). This assumption minimizes the impact of abuse on men and contributes to the sentiment that services for male victims are unnecessary.

Furthermore, in an international review of 32 DV websites, researchers found only a handful of services for men including five in Canada, eight in the United Kingdom, and 19 in the United States (Cheung, et al., 2009). As reported by Hamel (2007), out of nearly 1,800 shelters in the United States, only the Antelope Valley Oasis Shelter in Southern California and, possibly one or two others, accept male residents. According to Hamel (2005), often times men who leave their batterer lack the financial resources to leave the abusive relationship. Therefore, male victims and their children would benefit from financial, legal, housing and emotional support in order for the male victim to leave with the children.

## Domestic Violence in Same Gender Couples

Research on DV among gay, bisexual, and other men who have sex with men (MSM) has demonstrated that DV occurs in male-male partnerships at rates similar to or higher than opposite-sex partnerships (Stephenson & Finneran, 2013). The New York City Gay and Lesbian Anti-Violence Project found that 36% of same-gender DV victims experienced physical abuse varying from minimal to severe (Brown. M & Groscup, 2009). According to Peterman and Dixon (2003), DV is the third largest problem facing gay men today, “second only to substance abuse and AIDS” (p. 40). Every group that suffers DV has their reasons for not reporting to authorities, but, when it comes to same sex partner abuse, they are faced with disbelief by police officers, as well as limited resources in the community (Brown.M & Groscup, 2009). There are also few emergency and transitional shelters that will take either male or female same sex abuse victims which is another barrier for males because resources for male victims are already limited (Merrill & Wolfe, 2000).

Another barrier is that some states do not adequately address DV in LGBTQ couples, resulting in LGBTQ victims having less protections and rights than heterosexual couples who are legally recognized. According to Pattavina, Hirschel, Buzawa, Faggiani and Bentley (2007), battered LGBTQ individuals are 30 times more likely to experience a dual arrest where both abuser and victim are arrested compared to heterosexual couples where the victim is a female and the male gets arrested.

According to Merrill and Wolfe (2000), despite the increase of research over the past two decades on gay and lesbian issues, same-gender battering has not been adequately investigated, particularly in male couples. According to Stephenson and

Finneran (2013), studies of DV among gay and bisexual men are subject to numerous methodological limitations. For example, these studies have relied on research done on heterosexual populations to determine why victims stay in abusive relationships or what type of abuse is more common. In 2007 and 2011, the charitable organization, Stonewall, conducted large surveys involving 13, 000 men and women to determine the prevalence of DV among LGBTQ community. The study found that gay and bisexual men had a higher rate of abuse than the general male population (Dean, 2013). The Lesbian and Gay Foundation's manager, Lucy Rolfe, says that individuals in the LGBTQ community also suffer unique conditions in relationships of abuse compared to the general population because some abusers will threaten to disclose their partner's sexual orientation to those they have not yet told (Aulivola, 2004; Dean, 2013).

According to Téllez and Walters (2011), gay men who take a role of a more masculine identity can use power over more effeminate men. In a study done in San Francisco in 2000, 393 gay and bisexual men reported experiencing physical abuse (87%), emotional abuse (85%), financial abuse (90%), and sexual abuse (73%) (Merrill & Wolfe, 2000). According to Dean (2013), almost one in ten men (9%) have been obligated to perform unwanted sex by a male partner. A main reason for gay and bisexual men's willingness to engage in unprotected sexual behavior is the fear of a partner's violent behavior (Heintz & Melendez, 2006). Given the frequent occurrence of HIV among gay and bisexual men, it is important to identify HIV-related factors that have an influence on victims decision-making to stay in an abusive relationship (Merrill & Wolfe, 2000). For victims who are HIV-positive, the choice of leaving is difficult because they fear

becoming sick and dying alone or dating someone else and possibly being rejected due to their HIV status (Merrill & Wolfe, 2000).

LGBTQ victims often do not seek help from police officers or mainstream institutions because they perceive law enforcement as hostile or indifferent to sexual minorities. They report that police officers either do not enforce the restraining orders or they fail to take the abuser into custody (Seelau, Seelau & Poorman, 2003). The ability to leave an abuser may depend upon the support and protection of law enforcement (Aulivola, 2004).

### Domestic Violence and Evidence-Based Practice

There is very limited research on evidence-based practices when referring to male victims specifically. Although few studies examine practice interventions for male victims of DV, the following section reviews the literature on evidence-based practices primarily for women. Specific reference to men who are victims of DV will be noted.

The literature on DV interventions focusing on victims emphasizes two areas. First, collaboration among various systems that support victims is important (Macy, Rizo, Johns, & Ermentrout, 2013). Roberts (2002) states that the most effective way to provide victims of DV with effective services is to build and enhance cooperation among all helping professionals including lawyers, advocates, social workers, nurses, psychologists, psychiatrists, primary care physicians, emergency medical personnel, police, probation officers, prosecutors, parole officers, and judges. All these professionals are in charge of protecting and advocating for victims of DV, and it only reasonable to build a collaborative approach to reduce the barriers victims are faced when seeking help.



Second, empowerment-based strategies have been emphasized from the emergence of the feminist network of shelters and advocates (Wozniak & Allen, 2012). According to Dutton (1992), Western cultures help women victims of violence by focusing on empowerment-based strategies aimed to support cognitive-behavioral changes, which become crucial when women are leaving a violent relationship. As reported by Wozniak and Allen (2012), empowerment models are adequate and necessary in social work intervention with disempowered victims and survivors of domestic violence. Empowerment allows women to shift the social relations by which they have lived as a “victim” or “survivor” of violence to a sense of self, rooted in recovery, strength and fulfillment (Wozniak & Allen, 2012).

According to Macy, et al. (2013), the types of services typically offered by DV agencies include legal advocacy, support group, individual counseling, and shelter. DV interventions focused on victims are divided into three sections. The first is the DV shelter, which is among the first interventions built by early feminists challenging DV (Roberts, 2002). The second is legal services that assist victims with criminal and civil remedies to DV. The third and last category of services includes emotional and psycho-educational support provided by individual counseling or support groups.

#### Shelters for Victims of Domestic Violence

As early as 1885, advocacy agencies including some shelter programs were created to assist battered women (Clevenger & Roe-Sepowitz, 2009). According to Roberts (2002), in the late 1980s and 1990s, there was a significant expansion of emergency shelters, and, by the year 2000, there were over 2,000 shelters nationwide. Shelters are essential for women who are seeking to escape violence because they

provide victims and their families with a safe and secure environment, offer immediate protection and give the chance to begin a new safe life away from the perpetrator (Clevenger & Roe-Sepowitz, 2009).

Studies of shelter services show a number of benefits to victims of DV. According to Clevenger and Roe-Sepowitz (2009), in a study with a total of 265 female and 18 male victims, the findings suggest that the victims who sought shelter tended to be those with children at the time of the incident or were victims who did not have a protective order. Berk, Newton, and Berk (1986) found that a victim staying at a shelter could reduce the frequency and intensity of experiencing further violence. According to Constantino, Kim and Crane (2005), although emergency shelter stays are short, an efficient social support intervention presented to victims while they stayed in shelter was proven to be effective in reducing psychological distress symptoms.

According to Clevenger and Roe-Sepowitz (2009), today's shelters provide a wide range of services for victims of domestic violence including counseling services, legal and medical advocacy, parenting classes, assistance with securing employment, housing, education, and more immediate needs such as food and clothing. The most recent emerging development in shelters are programs that offer job training, transitional and long-term housing opportunities for victims leaving emergency shelters in large and small cities (Roberts, 2002). These programs are important because they offer victims economic sustainability. Emergency shelters are short-term interventions that can provide immediate safety, but job training and transitional housing can allow a victim to become independent (Clevenger, & Roe-Sepowitz, 2009).

## Legal Options for Victims of Domestic Violence

Legal advocacy and changes in criminal law. The legal system is one of many interventions needed to address DV (Valente, 1995). Changes were needed due to the once common practice that police officers refused to arrest the batterers, prosecutors declined to press charges, and judges were hesitant to issue civil protection orders or to enforce meaningful sentences on batterers (Epstein, 1999). According to Buzawa (2012), police officers sometimes failed to understand victim behavior and victims' unwillingness to leave despite repeat calls: They tended to blame victims for not leaving the abusive relationship. According to Sherman (1992), historically, police in the United States made arrests only rarely in cases of misdemeanor domestic violence. Although police officers could make an arrest during a domestic dispute, many disputes still went unreported due to the police failure to report or make arrests. Some reasons for police failure to enforce the law in domestic disputes were due to the erroneous perception that DV was not serious or that it was simply a case of a domestic argument, not at the level of a crime (Buzawa, 2012). In some cases, police actually supported the practice of spouse beating (Sherman, 1992). In other cases, police preferred alternative options other than arrest or may have had difficulty identifying the primary aggressor which led them to arrest both partners or none (Buzawa, 2012).

Advocates for battered women demanded a stronger criminal response to protect victims from their batterers (Coker, 2001). According to Epstein (1999), legal advocacy contributed to an increase in the public awareness of intimate abuse and the perception that DV is unacceptable. Legal advocacy was also closely tied to political efforts, leading to all states enacting criminal laws and most enacting civil laws to protect victims from

family violence (Epstein, 1999). The dramatic change in policy has been accompanied by millions of dollars spent on the implementation of these laws (Coker, 2001).

Many DV-related criminal justice initiatives focus on punishing the batterer in the hopes of preventing future abusive behavior (Waul & Institute, 2000). To protect victims from abusive partners, states have responded to DV with the adoption of protection orders to protect women from batterers. A protection order is a court order restricting one party from contacting or harming another party. There are two types, the temporary protective order and permanent protective order, which requires a judge's approval (Waul & Institute, 2000). Policy makers have also worked to make it relatively easy for victims to obtain such orders (Kuennen, 2007).

Another form of police intervention includes the enforcement of protective orders and proper officer training to ensure that they expand their opportunity to obtain substantiated evidence including documentation and photographs of the abuse, location, and extent of injuries; defensive injuries; weapons; documentary evidence; and evidence of stalking when coming in contact with DV calls (Buzawa, 2012). The change in laws has also led to a series of DV-related activities at many levels of government. In response to successful advocacy and lobbying efforts, several new laws developed in the early 1980s that essentially changed how the criminal justice system viewed victims and perpetrators of DV (Barner & Carney, 2011). The most popular legislation adopted nationwide to target DV were mandatory arrest laws, which require a police officer to arrest a suspect if there is sufficient evidence to believe that an assault or battery has occurred, regardless of the victim's consent or objection (Gamache, 2012).

Mandatory prosecution, or a no drop policy, changes the decision making from the victim to the prosecutor or court authority to decide whether they pursue prosecution for the perpetrator or not (Han, 2003). According to Barner and Carney (2011), victims who chose to drop charges against their batterers were more likely to suffer victimization of abuse compared to those who dealt with mandatory prosecution. One of the negative consequences that has arisen from the mandatory arrest policy is dual arrest, which is when police officers arrest both parties, the victim and the perpetrator (Buzawa, 2012).

Legal services for domestic violence victims. The passage of DV-related laws has also led to the development of individualized legal services targeting victims of DV. According to Margulies (1995), lawyers assist survivors with a variety of services including obtaining orders of protection against violence; representation during divorce, custody, public assistance, immigration, housing, and criminal defense matters; and support for DV organizations in the areas of governance, financing and community development.

Despite these changes in criminal and civil law and the availability of legal services for DV victims, there are still many limitations in legal protections. According to Valente (1995), one of the difficulties that attorneys face when representing DV cases is the victim not feeling comfortable admitting and reporting the violence in the home. Some of the other ways that victims do not cooperate with the legal system is by failure to sign the formal complaint, failure to appear at the district attorney's office to formally document the charges, and failure to appear at the scheduled court hearing (DePrince, Belknap, Labus, Buckingham & Gover, 2012). As Epstein (1999) noted, a law is only as

good as the system that delivers on its promises. The police, the courts and related institutions also need to keep up with legislative progress.

### Emotional Support for Victims of Domestic Violence

#### Individual Counseling for Victims of Domestic Violence

According to Echeburúa, Sarasua, and Zubizarreta (2014), clinical intervention utilized to assist battered women in their recovery are focused on safety planning, choice making, and evaluating the level of post-traumatic reactions after leaving the abusive relationship. DV counselors, often housed within shelters and DV advocacy programs, can assist in these areas of support. According to Hamel (2005), counselors working with victims of DV need to conduct a comprehensive psychosocial assessment to gather critical three important areas of information; the time-span of abuse, the level of lethality and the extent of outside support and resources.

The DV counselor can increase the victim's ability to protect him or herself by providing the victim with the necessary resources and assisting them by constructing a workable Safety Plan (Hamel, 2005). Safety is a key goal for victims of violence. By creating a Safety Plan, victims are able to identify their support system and people who would be able to help them in case of an emergency. Safety planning aims to protect the victim from further abuse and provides them with basic information about resources in the community such as the local police direct number and general emergency numbers (Hamel, 2005).

According to Bennett, Riger, and Schewe (2004), counseling services provide victims with an opportunity to address the impact of violence on their lives. The degree of trauma that some victims of DV experience makes it difficult for them to heal on their

own. According to Tutty, Bidgood and Rothery (1993), findings suggest that psycho-educational, supportive counseling for battered women can be an effective approach for improving self-esteem, anxiety, depression, and hostility as well as assertiveness, social support, and self-efficacy.

Counseling services vary from agency to agency (Bennett, Riger & Schewe, 2004). Some examples of issues addressed in DV counseling include problem solving, body awareness, education about women's issues, gender socialization, self-esteem building, concrete plan development, trauma therapy and grief-resolution-oriented counseling. The type of counseling provided to a victim varies because not every victim experiences the abuse in the same way. Standardizing an intervention for all victims would be a disservice to victims who have a wide variety of experiences and needs.

#### Support Groups for Victims of Domestic Violence

Research shows that the most common form of intervention used for victims of DV are support groups (Tutty, Bidgood & Rothery, 1993; Dutton, 1998). Support groups for victims are very important because they validate the DV experience, decrease the associated stressors, improve health outcomes, and contribute to the adaptation process of starting a new healthy path (Constantino, Kim & Crane, 2005).

According to Lee, Pomeroy, and Bohman (2007), several studies indicate that social support is essential to reducing unfavorable psychological outcomes in victims of DV. As reported by Waldrop and Resick (2004), social support is an effective means for individuals to benefit from peer support and to gain skills in coping with general stressors and negative life events. According to Echeburúa, et al. (2014), groups are available for victims to provide encouragement, understanding and emotional support. Social support

helps women who may otherwise minimize, justify violence or blame themselves for their own victimization (Waldrop & Resick, 2004). Being with others who share the experience of abuse helps them normalize their own experience of abuse and lessen the stigma associated with victimization.

As reported by Campbell and Soeken (1999), abused women tend to socially isolate and withdraw themselves from friends and family. Groups provide victims with the support and understanding they need to overcome the abuse. DV victims report that support groups allowed them an opportunity to share their stories without feeling judged. According to Lee, et al. (2007), abused women who had higher levels of social support were less likely to engage in suicidal behavior than those who perceived less support.

Support groups employ a variety of approaches. A study that compared individual Cognitive Behavioral Therapy (CBT) and group CBT found that the participants who received a combination of both had better outcomes due to the support, motivation and learned coping skills provided through both approaches (Macy, et al. 2013). Wozniak and Allen (2012) emphasize the integration of art and music in support groups. They argue that the inclusion of creative modalities help survivors establish support among each other to work towards self-reclamation and healing. In this approach, using art as a form of healing allows victims to use their creative side to heal. Victims may find it difficult to verbalize their feelings, but through the art activities victims have access to other means of self-expression. Group activities using art are centered on reclaiming women's capacity to imagine possibilities, visualize life alternatives, articulate a vision of happiness or perfection and then develop a plan for attainment (Wozniak & Allen, 2012).



## CHAPTER 3

### METHODS

The methods section consists of seven sections. The first section addresses the target population for grant project. The second section describes the host agency. The third section discusses identification of potential funding source. The fourth section describes criteria for selection of actual grant. The fifth section provides a description of selected foundation. The sixth section provides a description of submission process. Lastly the seventh section provides a description of needs assessment

#### Target Population

The target population for the proposed intervention is male victims who have been exposed to DV of all ages regardless of sexual orientation. It will be open to those who reside at Rainbow House (emergency shelter), Villa Paloma (transitional shelter), and who use the services at the community outreach center housed at Rainbow Services. Rainbow Services will also do outreach to other DV-related services and community centers in order to provide access to male victims of DV who may not know that inclusive services are available.

In an interview with C. Banuelos, family counselor and group facilitator, accumulated evidence from services for male DV victims and co-gender support groups at Rainbow Services reveals the need for support groups for only male victims (personal communication, September 26, 2014). Banuelos explained how male victims often experience hostility within support group by some female victims who are skeptical that

males suffer from domestic abuse. Banuelos further reported a situation where a female participant decided to terminate group because the agency was providing support groups and services for male victims. Anecdotal evidence and the literature show that it is crucial to provide services not only for women victims of DV but male victims, as well. The lack of alternative DV resources for male victims of DV indicates the need to provide services. A support group for male victims would address the needs for men as well as the discomforts that co-gender groups raise for women. In particular, this would reduce problems reported in current co-gender groups in which participants of both genders report feeling threatened or intimidated to speak or express their feelings due to the other gender being part of the group.

#### Host Agency

Rainbow Services was established in June 1983 in the city of San Pedro, California to protect victims of DV. The mission of Rainbow Services is to seek to end the cycle of family violence. Prior to 1983, The Youth Men's Christian Association (YMCA) in the Harbor Area oversaw services. Rainbow Services is a private nonprofit social services agency that provides a 30-day emergency shelter (Rainbow House), transitional shelter (Villa Paloma), and an outreach center (Resource Center) that provides individual counseling, support group counseling, legal advocacy, 24 hour hotline, and medical and trauma assistance for victims of DV. Rainbow Services is one of few agencies in California that serves male victims and victims from the LGBTQ community. Rainbow Services is also recognized as one of the few DV agencies that accommodate victims and their children who have pets (personal communication, January, 8, 2015).

The psycho-educational support group for male victims will be incorporated within the comprehensive DV services that Rainbow Services provides. The men's support groups were aid in ending the cycle of violence by supporting male victims in the process of achieving safety and healing.

#### Identification of Potential Funding Sources

Various Internet searches and information provided by the Rainbow Services grant writer were used to locate potential funders at the city, state and federal levels. General Internet searches and searches of the Foundation Center database were utilized to find funding sources. Foundation Center key words included funding for victims of DV, funding for underserved victims of DV, funding for male victims of DV, funding for gay and bisexual male victims of DV and funding for LGBTQ victims of DV. Grant information was also gathered from funder-related websites such as the Catalog for Federal Domestic Assistance ([www.cfda.gov](http://www.cfda.gov)), the California Wellness Foundation ([www.callwellness.org](http://www.callwellness.org)), the National Center on Domestic Violence and Sexual Abuse ([www.cfda.gov](http://www.cfda.gov)), and the United States Department of Justice ([www.ovw.usdoj.gov](http://www.ovw.usdoj.gov)).

In searching through the Foundation Center database, various links were attained for DV programs. Blue Shield of California Foundation was among the list. The Blue Shield Against Violence program contains information regarding available grants for DV programs targeting underserved Californians ([www.blueshieldscfoundation.org](http://www.blueshieldscfoundation.org)). The Crail-Johnson Foundation offers grants for DV prevention and treatment. The Allstate Foundation provides funding for teen DV ([www.allstatefoudation.org](http://www.allstatefoudation.org)). The J. B. & Emily Van Nuys Charities provides funding for crime/ violence prevention in DV among economically disadvantaged individuals (<https://www.calfund.org/jbevnc>). Lastly, the

Verizon Foundation offers grants for victims of crime and provides empowerment resources for DV prevention.

#### Criteria for Selection of Actual Grant

Several criteria were utilized to review and select the funding source that would serve as the funding source for the grant. Criteria for grant funding included funders that are oriented toward general DV intervention or prevention, the availability of a grant for the funding of an innovative approach to targeting DV, and a shared goal of providing services to victims of DV. After reviewing of possible funding sources, The Crail-Johnson Foundation was selected as the best funding source for this grant project.

#### Description of Selected Foundation

The Crail-Johnson Foundation was selected as the final grant target because it fit the goal of the host agency specifically through the funder's Child Abuse and Domestic Violence Prevention and Treatment program. The Crail-Johnson Foundation mission is to promote the well being of children in need through the effective application of human and financial resources. The Crail-Johnson Foundation supports programs that address the well being of children, youth and community by employing a long-term approach (Crail-Johnson Foundation, n.d). The Educational, Health and Human Services programs are committed to providing children, youth and their families with essential tools to build quality of life (Crail-Johnson Foundation, n.d).

The Crail-Johnson's Foundation supports evidence-based approaches and innovative programs intended to create systemic change and provide support for original, current, or developing programs (Crail-Johnson Foundation, n.d). The funder understands that parents and families are to be addressed first in order to target the child's well being.

Program areas include the reduction of family violence to avoid child exposure to violence. Psycho-educational support groups for males are a new way of looking at DV. The Crail-Johnson Foundation's commitment to innovation makes it a particularly good fit to support this new approach.

Based on the information provided by The Crail-Johnson website, from 2010 to the present time, the foundation has funded many agency programs that fall into three categories, Education, Human Services and Health. The main grant category fitting the male victim support group is Human Services that has supported such programs as DV shelters, counseling services, and program targeting youth have been some of the programs. The total estimated amount of grants awarded between 2010 and 2014 was \$3,641,508 dollars.

#### Description of Submission Process

Grant applicants to The Crail-Johnson Foundation Health and Human Services program are to be submitted between December 15 and January 31. The first step is to complete and submit a grant request form including a request form and a detailed organizational budget. Once the form is submitted, the foundation will respond back within one to three months from the submission date.

After this initial screening process, the Crail-Johnson Foundation will request the selected organizations to submit full grant application proposals, only providing grant guidelines to selected organizations. The foundation holds an annual meeting in June for final funding decisions.

The Grant Application is divided into 4 sections. The first section, Organization General Information, asks for basic information including the name of organization, tax

ID number, address, organization fiscal year calendar, agency's IRS tax-exempt status and the mission of the agency. The second section requests information about the type of request the agency is making such as General Operating or Program/Project, amount being requested, total project budget, organizations primary focus and request focus (Health, Education, Human Services and Other) and the top five employees that will be paid by this grant amount. The third section requests a narrative of a maximum of five pages asking for agency's information such as agency's history, description of programs, funding requests, strategies for implementation, community involvement, results and evaluations, impact of the program and evaluation tool. Lastly, they request attachments that include Roster of Board of Directors, financial information such as current annual operating budget, detailed project budget, agency's funding sources, most recent audited financial statement and, lastly, most recent IRS 990 tax return.

#### Needs Assessment

To gather information about the needs of the target population and the host agency, a needs assessment interview was conducted with J. Dion, grant writer, and C. Banuelos, group facilitator and family counselor for Rainbow Services. C. Banuelos stated the host agency currently does not have an all male support group and that Rainbow Services is one of the few agencies to provide support for male victims (personal communication, September 26, 2014).

This is supported by research showing the lack of DV resources available for men, locally, nationally and globally. According to Cheung, et al. (2009), a research study done throughout the United States, Canada and the United Kingdom found six shelter resources exclusively for men, four in the United States, and one each in Canada and the

United Kingdom. According to the information provided by J. Dion, in 2012, seven men received some form of services at Rainbow Services including four Hispanics, one African American, one Asian/Pacific Islander and one White Non-Hispanic. Currently from January 2014 to the present time, Rainbow Services has provided services for 19 men, including 14 Hispanics, three African Americans and one White Non- Hispanic (personal communication, October 16, 2014). There are currently enough men being served at Rainbow Services that an all-male support group would be feasible to introduce and conduct.

CHAPTER 4  
GRANT PROPOSAL

Introduction

Rainbow Services seeks \$35,000 in funding from the Crail-Johnsons Foundation to create a 12-week support group specifically for male victims of domestic violence (DV) including men in heterosexual and same-gender relationships. The support group will provide a unique safe and appropriate support group setting for men who have experienced DV. Support group outcomes include enhanced social support, improved emotional and mental health and expanded access to other DV-related services for male victims of DV. Support groups (four per year) will be offered in both English (two per year) and Spanish (two per year).

Agency Information

Summary of Agency, History, Mission, Goal and Objectives

Rainbow Services is a private non-profit agency located in the city of San Pedro, California. It was founded in 1983 to provide families affected by DV with a variety of services. Rainbow Services officially started as an emergency shelter in a 3-bedroom house provided by a generous local donor (personal communication, February 10, 2015). In 1999, they opened their current Resource Center to provide access to services for shelter and non-shelter residents. In 2000, Rainbow Services opened a transitional housing complex with 10 single-family apartments. The emergency shelter was renamed as Rainbow House, and the transitional housing complex was named Villa Paloma. In



2004, the emergency shelter was renovated to increase its capacity to 35 beds (7 single-family bedrooms) and to accommodate pets. In 2008, Rainbow Services added legal services to the many services that the center provides.

Currently, DV services include a 24-hour hotline, individual and group counseling, case management, legal advocacy, medical and trauma assistance, 30 day emergency shelter (Rainbow House), transitional Shelter (Villa Paloma) and an outreach center (Resource Center).

Every year, Rainbow Services provides safe shelter for up to 200 families in their emergency and transitional housing. Families are able to stay at Rainbow House for up to 60 days, and at Villa Paloma they are able to stay up to 12 months. After families end their stay at Villa Paloma, case managers assist those families in finding affordable housing to promote sustainability.

Rainbow Services seeks to end the cycle of family violence. Their mission is to be the South Bay's leading provider of DV-related services and to assist anyone escaping the cycle of DV. The overall goal of Rainbow Services is to assist victims and their children escape DV and create healthy, safe and violence free lives. To achieve this goal, Rainbow Service's objectives are as follows: decrease the reoccurrence of DV in victims and their children, increase victim's choices for safety, and increase the social support network of victims of DV. The goal and objectives are intended to prevent victims from being re-victimized when seeking services and to avoid victims from becoming homeless or unable to meet basic needs.

## Male Victims of Domestic Violence: Need for Agency Services

Rainbow Services has increasingly witnessed the rise in requests from male victims of DV. These male victims have been abused in both heterosexual and same-gender relationships. They have sought both English speaking and Spanish speaking services. The field of DV has also seen the terms DV and abuse go past the parameters of female victims and married couples; DV is now understood to include male victims, people who are cohabitating, and people in same-gender relationships (Barber, 2008). The most recent study by the Centers for Disease Control and Prevention (CDC, 2011) found that more than 1 in 4 men in the United States has experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime. Yet much of the literature and resources relating to DV focuses on women as the victims of abuse and does not address DV against men (Cheung, et al., 2009).

## Description of Current Programs, Activities and Accomplishments

Rainbow Services provides a variety of services to DV victims to end the cycle of family and intimate partner violence. These services include a 24-hour crisis assistance and referral hotline, individual counseling, support groups, parenting support, case management, safety planning, health and wellness services, children activities and legal assistance.

Rainbow Services has been supporting individual male victims since 2007; however, they decided to integrate male victims into support groups in 2011. During the Fiscal Year (FY) 2011, eight men were provided services at the Resource Center. During the FY 2012, seven men received services at the Resource Center. During the FY 2013, a total of eight men received services at the Resource Center; and of those eight men, two

were provided services at Rainbow House (emergency shelter). During the FY 2014, a total of 19 men received services; 16 received help at the Resource Center, two received help at Rainbow House (emergency shelter) and one received help at Villa Paloma (transitional housing). As is demonstrated by the number of men who received services, Rainbow Services is dedicated to assisting victims regardless of gender, race or sexual orientation.

Due to the stigma associated with male victims of DV and experiences of discomfort by both women and men in co-gender support groups, Rainbow Center decided to prioritize support groups specifically for male victims. Rainbow Center stakeholders also expressed that a support group exclusively for men would reduce the shame a male victim experiences when asking for help and receiving services, thereby increasing appropriateness of support services and accessibility to more welcoming and appropriate male-specific support groups.

### Funding Request

#### Project Goal and Objectives

Currently, Rainbow Services has support groups in Spanish and English open to both women and men. The majority of support group participants are women. The support groups are available to any victims of DV who are receiving services in any of their three locations, Rainbow House (emergency shelter), Villa Paloma (transitional shelter) and the Resource Center (community center open to shelter and non-shelter DV victims).

The goal for this proposed project is to increase Rainbow Services capacity to provide sensitive and supportive services to male victims of domestic violence by

providing a 12-week support group specifically for male victims of DV from both heterosexual and same-gender relationships. These support groups will be offered in both English (2 support groups per year) and Spanish (2 support groups per year).

The objectives for this proposed project include:

Objective 1: Create 12-week support group curriculum appropriate for male victims of domestic violence (Outcomes: 1 English speaking and 1 Spanish speaking support group curriculum)

Objective 2: Provide 12-week support groups for male victims of violence (Outcomes: 4 12-week support groups [2 English, 2 Spanish]; serve 30 male victims)

Objective 3: Improve emotional and mental health state of male victims attending support group (Outcomes: 1 survey appropriate for support group for male victims of domestic violence; 20 completed surveys; 80% report improved emotional and mental health status)

Objective 4: Improve access of other Rainbow Center services including individual counseling, legal advocacy, emergency shelter and transitional shelter to male victims of DV (Outcomes: 10 male victim referrals to support services)

Objective 5: Create community advisory committee of former and current support group members for self-advocacy and to inform future male victim services (Outcomes: 1 advisory committee of 5 people; 5 meetings)

#### Profile of Geographic Area and Population Served

Rainbow Services serves the South Bay and Harbor areas of Los Angeles County, California. All three components of Rainbow Services including Rainbow House (emergency shelter), Villa Paloma (transitional shelter) and Resource Center (community

center open to shelter and non-shelter DV victims) are located in San Pedro. Rainbow Service's 24-hour hotline Spanish calls default to the Los Angeles District Attorney's DV hotline thereby expanding the scope of services across Southern California. Rainbow offers services to all victims of DV regardless of their gender, sexual orientation, citizenship status or any other identifier. However the majority of the populations served are low income to no income victims of DV. Consistent with the national data, most participants are women, and many have young children. The shelter population is about two-thirds children and is open to all children under the age of 18 who are accompanying their parent for services. Over half of the participants are monolingual Spanish speakers.

#### Strategies for Implementation

The support groups will be held at Rainbow Services in the Resource Center located in San Pedro, California. The criterion for the target population includes any male victims of DV regardless of sexual orientation. Participants will be recruited among those already accessing services from any of the shelter or outside service components of the Rainbow Center. Due to the uniqueness of the male specific support group, Rainbow Center will also do outreach to regional DV shelters and advocacy groups, law enforcement agencies, LGBTQ centers and other community agencies throughout the southern Los Angeles county.

Support groups will be held on Tuesdays, Wednesday, Thursday and Fridays from 6:00 pm to 7:30 pm. Spanish speaking groups will be held on Tuesdays and Thursdays, and English speaking groups will be held on Wednesday and Fridays. These days will be subject to change to meet participant needs. Taking into consideration the special circumstances of DV victim's experience, the group will have open membership. The

group will consist of 5 to 10 participants per group. This group will provide services to approximately 5 to 20 participants a week in a 12-week duration. It is anticipated that 30 victims will participate in the all male victim support group in one funding cycle. Group members are eligible to continue participating in at least one additional cycle of the support group if they desire and if continued participation appears appropriate to the overall goals of the group.

The support group is intended to provide male victims of DV with peer support, psycho-education and appropriate tools to overcome the trauma caused by the abuse. Psycho-educational components will include topics such as Cycle of Abuse, Type of Abuse, Safety Planning, Warning Signs of a Batterer, Building Healthy Relationships, Self Esteem and Healthy Coping Skills. Special topics specific to the needs of male victims including those in heterosexual and same-gender relationships will be identified and integrated into the curriculum.

An advisory committee will be recruited from the male victim support groups and will be made up of five consistent group participants who will be able to identify the member's needs to better assist this population. The committee will be created after the first support group cycle in order to create a committee of male victims who understand the support group program and can inform its continued improvement.

#### Project Administration and Qualifications of Key Personnel

The management team for this specific project will consist of: (1) Clinical Service Coordinator who will have a supervision role, (2) Bilingual Group Facilitator (English and Spanish) MSW, and (3) a Program Evaluator who will be in charge of evaluating the group. This program will be added to the services Rainbow Services

already provides. The Group Facilitator will be hired specifically for this proposed project. The Clinical Service Coordinator and Program Evaluator will be current employees of Rainbow Services.

A Group Facilitator will be hired to facilitate the male specific support groups. The qualifications of the Group Facilitator includes a Master in Social Work (MSW) with at least two years of experience working with victims of DV. The Group Facilitator will also need to demonstrate knowledge on the unique experiences men and gay/bisexual men experience in DV. This person will be required to complete the 40-hour DV training. Experience facilitating support groups is preferred. The Group Facilitator must be a bilingual speaker (Spanish and English).

A Clinical Service Coordinator with an MSW degree will be utilized to provide the Group Facilitator with supervision for any support or guidance. The qualification of the Clinical Service Coordinator is an MSW and 9 years of experience in DV.

The qualifications of the Program Evaluator include an MSW degree and 20 years of experience in the non-profit social services work. Her experience also includes expertise in needs assessment, program design and implementation, budget development, program monitoring and evaluation. Her evaluation experience emphasizes qualitative evaluation methods (survey design, focus group facilitation, interviews and case studies). The current Program Evaluator is also a member of the American Evaluation Association.

#### Community Involvement and Volunteer Commitment

Rainbow Services is governed by an all-volunteer Board of Directors. They also have a committee that assists with fundraising and planning their annual fund/friends-raising event. Several community groups hold clothing drives and similar events to

benefit Rainbow Services' participants. Each year over the winter holidays, volunteers collect and organize donations of gift items for the families they serve. As part of their legal service program, Rainbow Services recruit and train attorneys and law students to provide legal assistance to participants.

With regard to the male support group project, a special advisory committee will be created from former and current support group members to inform the program, improve self-advocacy for male victims of DV, and create greater awareness in the community regarding the needs of men including gay men as well as other underserved populations experiencing DV. This committee will also promote the services of Rainbow Services including the male victim support group to local centers and raise awareness of and expand outreach to male victims of DV and appropriate service providers.

#### Sustainability

In order to continue to fund this pilot program after the funding cycle, the grant writer from Rainbow Services will allocate local, state and federal funding to the project and incorporate this as part of its ongoing operating budget. They will allocate funding from private donors and sponsors, as well. Private fundraising will also be utilized as a means for raising money for this innovative program. Lastly, a program evaluation tool will be utilized to show potential funders the outcomes this pilot program has had on participants.

#### Results and Evaluation

Rainbow Services utilizes a Continuous Quality Improvement team that plans and manages their data collection by ensuring progress towards programmatic goals and improve their services. With regard to quantitative goals, the Program Evaluator will



compare anticipated outcomes (See Objectives and Outcomes above) to actual program statistics. For this program specifically, the Program Evaluator will utilize a retrospective posttest survey administered by a neutral person to evaluate the satisfaction of the group participants. This posttest is important because it will guide Rainbow Services to improve the program or evaluate if it was effective or not. See Appendix for survey.

In a one-year period, we expect to provide support group services in Spanish and English to 30 male victims of DV. As isolation is one of the control tactics used by batterers, by being part of the support group, we encourage male victims to build their support network with one another. We anticipate that male victims can find commonalities and realize they are not alone and can support one another to help overcome the trauma they experienced. Many times male victims feel ashamed of being the victims because society says they are strong and masculine and they should be able to defend themselves. By providing a safe space for male victims to hear other men's experiences, we anticipate to reduce the shame and guilt to promote their process of recovery to take lead. We also encourage these men to utilize other components of Rainbow Services such as counseling, legal advocacy and shelter to benefit them and their families for additional support and aftercare. Finally, we encourage group participants to create a committee to target their special needs and educate society that being a male victim is not something to be ashamed of and that there is a need for funding resources to help this underserved population. We anticipate that this innovative program can be the planted seed for many more services targeted for male victims to address their special circumstances.

## Budget

Rainbow Services requests \$35,000 from the Crail Johnson Foundation for a 1-year pilot program for the men's support group. The costs include one Clinical Service Coordinator who is responsible to provide 1 hr of supervision a week (.5% FTE @ \$70,000 = \$3,500), one part-time bilingual (Spanish and English) Group Facilitator MSW (50% FTE @ \$45,000 = \$22,500) who is responsible for preparing and facilitating 4 support groups per week and for doing outreach to recruit male victims, and one Program Evaluator (.5% FTE @ \$11,000) who is responsible for data collection and program evaluation of the group. The budget includes shared costs for evaluation software that will be utilized to evaluate this innovative program (\$230 a year).

Cost covered by agency resources include Group Room (\$500/month x 6 month = \$3,000), Office Space/Telephone/Utilities (700/month x 12 month = \$8,400), Copies (\$200 monthly x 6 month = \$1,200), Art Supplies (\$1000 a year). See Appendix for detailed Line Item Budget and Budget Narrative. In summary, a total of \$35,000.00 will be requested from funder, and \$13,920.00 will be provided in-kind by the host agency. See Appendix for Line Item Budget and Budget Narrative.

## Timeline

### Month 1

1. Hire and train MSW Group Facilitator
2. Develop the 12-week male victim support group curriculum
3. Distribute flyers for support group at nearby regional DV agencies, law enforcement agencies, LGBTQ centers and other community agencies in southern Los Angeles County.

4. Review referrals
5. Being to make phone calls to interested participants interested and schedule an Assessment date
6. Conduct Adult Group Assessments
7. Group Facilitator begins meetings with Clinical Service Coordinator for weekly supervision
8. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims

Month 2

1. Distribute flyers for support group at Rainbow House and Villa Paloma shelters and Resource Center
2. Continue ongoing referrals and assessments of interested participants
3. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims
4. Group Facilitator continues weekly supervision meetings

Month 3

1. Continue publicity, ongoing referrals and assessments of interested participants
2. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims
3. Group Facilitator continues weekly supervision meetings
4. Finalize participant list for support groups

Month 4

1. Begin Cycle 1 of male victim support group (Spanish and English)

2. Continue publicity, ongoing referrals and assessments of interested participants
3. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims
4. Group Facilitator continues weekly supervision meetings
5. Provide referrals for participants in need of other services such as individual counseling, legal assistance and case management.
6. Group Facilitator begins meeting with other clinical staff

Month 5

1. Continue Cycle 1 of male victim support group (Spanish and English)
2. Continue publicity, ongoing referrals and assessments of interested participants
3. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims
4. Group Facilitator continues weekly supervision meetings
5. Provide referrals for participants in need of other services such as individual counseling, legal assistance and case management.
6. Group Facilitator continues meeting with other clinical staff

Month 6

1. End Cycle 1 of male victim support group (Spanish and English)
2. Administer posttest to Cycle 1 male victims support group participants
3. Refer Cycle 1 male support group participants to other ongoing, open support groups within Rainbow Services (coed)
4. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims

5. Group Facilitator continues weekly supervision meetings
6. Group Facilitator continues meeting with other clinical staff

Month 7

1. Create a male victim advisory committee with group participants to self-advocate for the members needs and inform future male victim program
2. Committee members go out to agencies and community organizations and distribute flyers for recruitment
3. Continue publicity, ongoing referrals and assessments of interested participants in preparation for Cycle 2 of male victim support group
7. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims
8. Group Facilitator continues weekly supervision meetings

Month 8

1. Committee members go out to agencies and community organizations and distribute flyers for recruitment
2. Continue publicity, ongoing referrals and assessments of interested participants in preparation for Cycle 2 of male victim support group
3. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims
4. Group Facilitator continues weekly supervision meetings
5. Advisory Committee members meet for monthly meeting

Month 9

1. Committee members go out to agencies and community organizations and distribute flyers for recruitment
2. Continue publicity, ongoing referrals and assessments of interested participants in preparation for Cycle 2 of male victim support group
3. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims
4. Group Facilitator continues weekly supervision meetings
5. Advisory Committee members meet for monthly meeting

Month 10

1. Begin Cycle 2 of male victim support group (Spanish and English)
2. Assess if the majority are new participants or previous members.
3. Continue publicity, ongoing referrals and assessments of interested participants in preparation for Cycle 2 of male victim support group
4. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims
5. Group Facilitator continues weekly supervision meetings
6. Group Facilitator continues meeting with other clinical staff
7. Advisory Committee members meet for monthly meeting

Month 11

1. Continue Cycle 2 of male victim support group (Spanish and English)
2. Continue publicity, ongoing referrals and assessments of interested participants in preparation for Cycle 2 of male victim support group

3. Provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims
4. Group Facilitator continues weekly supervision meetings
5. Group Facilitator continues meeting with other clinical staff
6. Advisory Committee members meet for monthly meeting

Month 12

1. End Cycle 2 of male victim support group (Spanish and English)
2. Administer posttest to Cycle 2 male victims support group participants
3. Conduct evaluation for the pilot of the male victim support group
4. Continue publicity, ongoing referrals and assessments of interested participants in preparation for Cycle 2 of male victim support group
5. Refer Cycle 2 participants to and provide ongoing support services including peer counseling, legal advocacy and shelter for male DV victims
6. Group Facilitator continues weekly supervision meetings
7. Group Facilitator continues meeting with other clinical staff
8. Advisory Committee members meet for monthly meeting

The timeline will continue the same cycle if Rainbow Services allocates funding from other sources to continue the male victim support group.

## CHAPTER 5

### DISCUSSION

This discussion section is composed of three sections. The first section discusses lessons learned in grant writing process for the author. The second section discusses the challenges and limitation encountered by the author. The third and last section includes implications for social work.

#### Lessons Learned

This grant writer's interest in male victims of DV increased through fieldwork and the process of writing this thesis. As an intern at Rainbow Services in San Pedro, this author gained experience working with an underserved population of male survivors of DV. Through this experience, this author was invested in and passionate about researching the hidden side of DV among the underserved population of men who experience DV in both heterosexual and same-gender relationships. Because of its commitment to serving all genders victimized by DV, Rainbow Services was selected as the host agency for this project. It was helpful to have open communication with and support from the host agency for this project.

This grant writer gained knowledge on searching for potential funding sources, identifying potential funders and following application processes. Selecting a funder for the proposed program was something new and interesting for this grant writer. Accessing the funding databases and using the correct keywords was an essential factor in finding the right funding source. Funders vary in the awards granted and the programs they are



willing to fund. For this reason, it is important to have common missions and goals between funder and project to increase the possibility of securing funding.

This author gained knowledge on the unique circumstances male victims of DV experience and the most frequent types of abuse they experience compared to other populations. Male victims experience many difficulties when receiving services due to the disbelief they face when reaching out for services. Even though there are limited resources exclusively for male victims, there are agencies that help any victim regardless of their gender and can assist with individual counseling, supportive services, childcare, emergency and transitional housing.

Additionally, this author learned that time management is essential for the completion of this project. Having a very supportive thesis advisor and meeting them once a week was very important and helpful for feedback and guidance. One of the challenges that this author experienced was deciding between two important topics at the beginning of the project. With guidance and proper support by thesis advisor, and field instructor this author decided to choose the topic of male victims of DV.

#### Limitations

Some of the limitations that the grant writer encountered and arose through the extensive research included limited research on male victims of DV. Another limitation in the research was no exclusive interventions being utilized to assist male victims in their recovery. Currently, there is no reliable scale or test that can address the issue of gender symmetry across the field of DV, which has kept the issue of gender symmetry as the subject of controversy. Lastly, services exclusively for male victims are limited due to the lack of funding for this underserved population. Even though some DV agencies

assist males, their services are not exclusively for males. They lack the appropriate knowledge needed to address the unique challenges of this population.

### Implications for Social Work

DV is a major problem facing the families, society, and future generations in the United States. Although it remains a problem that targets women and heterosexual couples, DV affects any gender, race religion, culture and age (Brown, 2008). According to the National Association of Social Work Code of Ethics (2008), social workers' primary goal is to help individuals in need and address social problems by pursuing social change, especially on behalf of vulnerable groups of people and oppressed individuals. Therefore, it is a social worker's ethical responsibility to assist the needs of underserved populations experiencing DV and to create the social change male victims need to reduce the shame, guilt and disbelief they experience when seeking services for the trauma to which they have been exposed.

As social workers, this project also addresses the needs of an underserved population that has been re-traumatized when seeking services. This project will provide services that promote trust and safety for a vulnerable population, still unrecognized in the field of DV. The support group for male victims of DV will provide the safety men who have experienced violence need to support one another and find commonalities. This project, if funded, will offer a safe place for male victims to feel free to express their feelings and to share stories that will be an important step in their process of healing.

## APPENDICES

APPENDIX A

PROPOSED LINE ITEM BUDGET AND BUDGET NARRATIVE

Line Item Budget

Expenses	Crail-Johnson	Other Sources
<b>Salary</b>		
Clinical Service Coordinator: Supervisor (.5% FTE @ \$70,000)	\$ 3,500.00	
Bilingual Group Facilitator (Spanish)-MSW (50% FTE @ \$45,000)	\$ 22,500.00	
Project Evaluator (.5% FTE @ \$11,000)	\$ 2,500.00	
Benefits (@ 22% of Personnel)	\$ 6,270.00	
<b>Total Personnel</b>	<b>\$ 34, 770.00</b>	
<b>Direct Cost</b>		
		\$ 3,000.00
Group Room/ (1@ \$500/month x 6 month)		\$ 8,400.00
Office Space/Telephone/Utilities (1@ \$700/month x 12 month)		\$ 1, 200.00
Copies (\$200 monthly x 6 month)		\$ 1,000.00
Art Supplies (1 @ \$1000 a year)	\$ 230.00	\$ 320.00
Evaluation Software (1@ \$550 a year)		
<b>Total Direct Cost</b>	<b>\$35,000.00</b>	<b>\$13,920.00</b>
<b>Total Project Cost: \$48,920.00</b>		

Budget Narrative

Expenses	Crail-Johnson	Other Sources
<b>Salary</b>		
<b>Clinical Service Coordinator: Supervisor</b> (.5% FTE @ \$70,000) <i>(Responsible in providing supervision and guidance to the MSW group facilitator)</i>	\$ 3,500.00	
<b>Bilingual Group Facilitator (Spanish)-MSW</b> (50% FTE @ \$45,000) <i>(Facilitate support groups, provide referrals, and do outreach for recruitment)</i>	\$ 22,500 .00	
<b>Project Evaluator</b> (.5% FTE @ \$11,000) <i>(Collect and gather identifying information, evaluate the retrospective post-test, analyze results)</i>	\$ 2,500.00	
<b>Benefits</b> (@ 22% of Personnel) <i>(Payroll taxes and health benefits)</i>	\$ 6,270.00	
<b>Total Personnel</b>	<b>\$ 34, 770.00</b>	
<b>Direct Cost</b>		
<b>Group Room/</b> (1@ \$500/month x 6 month) <i>(Facility for support group activities)</i>		\$ 3,000.00
<b>Office Space/Telephone/Utilities</b> (1@ \$700/month x 12 month) <i>(Facility for documentation, communication phone calls and other office use)</i>		\$ 8,400.00
<b>Copies</b> (\$200 monthly x 6 month) <i>(Worksheets provided to group members to promote reflection)</i>		\$ 1, 200.00

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<b>Art Supplies</b>		\$ 1,000.00
(1 @ \$1000 a year)		
<i>(Program supplies for activities during support group session)</i>		
<b>Evaluation Software</b>	\$ 230.00	\$ 320.00
(1@ \$550 a year)		
<i>(Evaluation software utilized to input and collect data to analyze and evaluate a program)</i>		
<b>Total Direct Cost</b>	<b>\$35,000.00</b>	<b>\$13,920.00</b>

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**Total Project Cost: \$48,920.00**

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APPENDIX B  
EVALUATION TOOL



**Please help us answer these questions to help us understand your opinion about the Rainbow Center Male Victim Support Group. Your opinion is important to us and will help us improve this program. Thank you!**

**Please Check One Choice**

**Q1. Did you feel SUPPORTED by the group facilitator?**

(1) Strongly disagree      (2) Disagree      (3) Agree      (4) Strongly agree

**Q2. Has this Support Group helped you...**

Build your support network

(1) Strongly disagree      (2) Disagree      (3) Agree      (4) Strongly agree

Feel safer

(1) Strongly disagree      (2) Disagree      (3) Agree      (4) Strongly agree

Feel safer to talk to other male victims of experienced abuse

(1) Strongly disagree      (2) Disagree      (3) Agree      (4) Strongly agree

Feel less ashamed or guilty about experiencing abuse

(1) Strongly disagree      (2) Disagree      (3) Agree      (4) Strongly agree

Feel less ashamed or guilty about receiving services

(1) Strongly disagree      (2) Disagree      (3) Agree      (4) Strongly agree

**Q3. Do you feel you have built a SUPPORTIVE RELATIONSHIP with other group members?**

(1) Strongly disagree      (2) Disagree      (3) Agree      (4) Strongly agree

**Q4. Would you recommend this support group to someone else?**

(1) Strongly disagree      (2) Disagree      (3) Agree      (4) Strongly agree

**Q5. From the FOLLOWING SERVICES and APART from support group which of these services did you use?**

24-hour Hotline      (1) Yes(2) No

Emergency Shelter      (1) Yes(2) No

Transitional Shelter (1) Yes(2) No  
Legal Advocacy (1) Yes(2) No  
Individual Counseling(1) Yes(2) No

**Q6. Is this your first DV support group?**

(1) Yes (2) No

**Q7. Did you feel safe to speak in-group?**

(1) Strongly disagree (2) Disagree (3) Agree (4) Strongly agree

**Q8. What did you find most helpful?**

**Q9. What did you NOT like about the group?**

**Q10. What would you like to see CHANGED for the next group?**

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