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"I Didn't Really Have Anybody to Turn To": Barriers to Social Support and the Experiences of Male Perpetrators of Intimate Partner Violence

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Abstract

Social support is crucial for adapting to stress and trauma, processing adverse emotions, developing better mental health, and garnering relationship success. Yet, social support may not always be accessible to those who need it the most. Through participant observation and in-depth interviews, this study examined how men who have perpetrated intimate partner violence (IPV) perceived the availability and adequacy of social ties, as well as how they discursively constructed social support during times of childhood adversity. Results indicated a prevalence of trauma in attachment relationships, a lack of perceived social support, and persistent messages that discouraged help seeking and engendered masculine norms (e.g., self-reliance, aggression, rejection of femininity, restrictive emotionality) and communication styles. The current study illustrates how the effects of adverse childhood experiences may be exacerbated by the absence of positive social ties and adherence to masculine gender norms governing communication. Thus, the protective benefit (or the "buffering effect") of social support appears to be inaccessible

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for this specific population. Findings suggest so-called "batterer intervention program" groups could provide measures to increase perpetrators' sense of social support during the intervention process and work to deconstruct additional masculine gender beliefs (i.e., in addition to power and control) to alleviate some of social and psychological effects of early childhood adversity.

Keywords
domestic violence, family issues and mediators, child abuse, attachment, child abuse, intervention/treatment, domestic violence

Social support is crucial for adapting to stress and trauma, processing adverse emotions, developing better mental health, and garnering relationship success (see MacGeorge et al., 2011). Researchers have explored the "buffering" effect of social support (see Cohen & Wills, 1985) and how it can mitigate the negative psychological outcomes of childhood trauma in samples of children (e.g., Kliewer et al., 1998), adolescents (e.g., Ledwell & King, 2015), and adults (e.g., Evans et al., 2013). Furthermore, there is much evidence linking childhood trauma to adult violence perpetration (e.g., Delsol & Margolin, 2004; Dugal et al., 2018; Godbout et al., 2017; Rosenbaum & Leisring, 2003; Smith-Marek et al., 2015). Despite the potential benefits of social support as a buffer between childhood adversity and adult violence perpetration, little is known about how adult male perpetrators of intimate partner violence (IPV) experience social support in their lives.

A close investigation of men's early experiences with adversity and social support has important implications for so-called batterer intervention program (BIP) practitioners and the communities they serve. While many proponents of BIP curricula in the United States (e.g., EMERGE, 2000; Pence & Paymar, 2011) acknowledge the prevalence of childhood abuse victimization among IPV perpetrators, there is much debate about whether (and how) to address it. In the current study, so as to identify theoretical and practical implications, we explore the accounts of men who have been court-mandated to attend BIP groups and examine their perceptions of the adequacy and availability of social ties, as well as social support discourses surrounding their experiences of childhood adversity.

Literature Review

Social Support

MacGeorge et al. (2011) define supportive communication as "verbal and nonverbal behavior produced with the intention of providing assistance to

others perceived as needing that aid" (p. 317). Over decades of social support research, challenges to studying such a multidimensional construct are widely acknowledged (Vangelisti, 2009). Nonetheless, Cutrona (1996) generalizes that "all definitions of social support are based on the assumption that people must rely on one another to meet certain basic needs" (p. 3). Two constructs critical to addressing these needs are *social embeddedness* and *perceived social support*.

Social embeddedness.

Social embeddedness is the degree of one's interconnectivity within a social network (MacGeorge et al., 2011). A greater number of interconnected social relationships holds the potential to offer a greater number of social support resources (Cutrona, 1996). However, there has been a consistently low correlation between social network measures and individuals' perceptions of support (Wills & Shinar, 2000). This means that *feeling supported*, or having a strong sense of perceived available support, is not guaranteed simply by being connected to many people (Vangelisti, 2009).

Perceived social support.

Perceived social support is the belief that there are people in one's social network available to provide effective and meaningful support when needed (Burleson & Goldsmith, 1998); there are two dominant dimensions involved in its measurement: (a) availability and (b) adequacy of supportive ties. Some research has shown that the perception of social support conveys an important "buffering" effect (e.g., Cohen & Wills, 1985) against stress and negative health outcomes. There is also evidence to suggest that perception of ongoing support is related to a generally higher level of overall health and wellness (Uchino, 2004).

Support and the Effects of Violence

In the realm of abuse victimization and perpetration, Kliewer et al. (1998, p. 202) found that exposure to community violence resulted in the greatest psychological harm to children who perceived the least social support (i.e., "companionship, instrumental aid, intimacy, affection, admiration, and reliable alliance"). Other studies found that perceived social support moderates the effects of abuse victimization on women's use of emotion-focused coping strategies (Canady & Babcock, 2009) and symptoms of post-traumatic stress disorder (PTSD; a psychophysiological condition that often occurs in response to a traumatic, or highly stressful, experience; Babcock et al., 2008), which Swopes et al. (2013) have shown to be predictive of aggressive behavior.

While research exploring the buffering effect of social support in samples of trauma survivors focuses predominantly on women, there have been several studies that include male participants in their samples (e.g., Craig et al., 2017; Evans et al., 2013; Kliewer et al., 1998). For example, Kliewer et al. (1998) interviewed 112 pairs of children and their caregivers who lived in moderate to high levels of community violence. Through regression analysis, Kliewer et al. found that children with higher levels of social support experienced lower levels of intrusive thoughts about violence. Furthermore, Craig et al. (2017) examined adverse childhood experiences (ACEs) and social bonds as factors related to criminal rearrest in a youth sample (*M* age = 17) and found that having a strong positive bond (i.e., with nonfamily adults, community members, friends, and parents/caregivers) was protective against rearrest when participants reported five or fewer ACE categories.

The breadth of social support research on female and male survivors of trauma and adversity acknowledges the fact that survivors of trauma and adversity are both female *and* male, but there appear to be fewer studies examining the buffering effect of social support with samples of adult males (cf. Evans et al., 2013) and, to our knowledge, no studies explicitly examining social support in samples of adult male perpetrators of IPV. This is troubling since those that grow up to be perpetrators of IPV in adulthood are mostly male, and childhood trauma and adult violence perpetration are related (e.g., Smith-Marek et al., 2015).

Attachment Issues in the ACEs-IPV Link

Childhood abuse and household dysfunction (i.e., ACEs) are strongly associated with negative cognitive, social, emotional, and physiological outcomes, such as substance abuse, depression, and obesity (e.g., Edwards et al., 2004; Felitti et al., 1998). The categories measured by the ACE questionnaire include: (a) psychological, (b) physical, or (c) sexual abuse; (d) emotional and (e) physical neglect (i.e., five categories of abuse); (f) parental separation or divorce; (g) witnessing violence against mother or stepmother; (h) living with household members who were substance abusers, (i) mentally ill or suicidal, or ever (j) incarcerated (i.e., five categories of household dysfunction) (Felitti et al., 1998).

Several meta-analyses (Delsol & Margolin, 2004; Gil-González et al., 2008; Godbout et al., 2017; Smith-Marek et al., 2015) characterize the association between ACEs and IPV as significant, though small and indirect. Though Godbout et al. (2017) reviewed 66 studies examining the link between childhood maltreatment and IPV, and found a "relatively small association observed between [childhood maltreatment] and IPV in men"

(p. 106), numerous studies demonstrate that ACEs are more prevalent among male IPV perpetrators than among nonabusive men (e.g., Dutton et al., 1994; Rosenbaum & Leisring, 2003; Whitfield et al., 2003).

Subsequent research (e.g., Dutton et al., 1996; Godbout et al., 2009) has drawn attention to attachment as a key intervening variable in the ACE-IPV perpetration link. Additionally, others (e.g., Babcock et al., 2000) have shown male perpetrators of IPV to be more likely to have insecure attachment than nonviolent men. Attachment, as first defined by Bowlby (1969, p. 194), is a "lasting psychological connectedness" characterized by a sense of security. In contrast, insecure attachment, which occurs when the bond between a caregiver and child is not successfully developed, can lead to negative outcomes such as chronic anxiety and anger (e.g., Dutton et al., 1994). For example, Dutton et al. (1994) found men in BIP reported greater frequency of preoccupied and fearful attachment styles than did a demographically matched control group. Fearful attachment, the avoidance of relationships for self-protection, was also significantly and positively associated with measures of abusiveness (i.e., anger, trauma symptoms, jealousy).

Godbout et al. (2009) used structural equation modeling to examine, among cohabitating couples, the link between child abuse (i.e., direct psychological and physical abuse, as well as witnessing abuse), adult IPV perpetration, and marital distress through attachment. They found child abuse to be both directly and indirectly related to IPV perpetration. Though insecure attachment (i.e., anxious and avoidant) did not fully explain the variance in IPV, it was determined to be a "significant mediating variable in the relationship between child abuse and IPV" (p. 378). Indeed, "an assaultive male's violent outburst may be a form of protest behavior directed at his attachment figure" (Dutton et al., 1994, p. 1368). Similarly, Babcock et al. (2000) assert that aggression toward a partner can be a functional strategy to manage attachment insecurity (i.e., prevent intimacy or abandonment).

Despite the evidence that insecure attachment is related to abusive and aggressive behaviors, recent longitudinal research with a youth sample (ages 3–9 years; Juan et al., 2020) found a child's secure attachment to at least one parent did not moderate the relationship between exposure to violence (i.e., partner violence between parents) and the child's subsequent aggression. This suggests the parent–child attachment failed to buffer the effects of exposure. However, Juan et al. did find evidence that the effects of exposure to violence before age 3 on the child's aggressive behaviors at age 9 were fully mediated by the child's attachment to both parents at age 9. The authors of the study argue that exposure to violence has a negative effect on the child's ability to form a strong parent–child attachment, which explains the child's increased aggression at age 9. This suggests that children who are exposed to

violence are in need of additional protective factors, such as available and adequate social ties beyond the parent–child attachment, to buffer its effects.

Purpose of the Study

Given the preponderance of childhood trauma experienced by IPV perpetrators, as well as the established deleterious cognitive, emotional, and social effects of such adversity, social support acquisition is critical. Specifically, perceived social support (i.e., availability and adequacy of social ties) may be useful in repairing some of the psychological and social outcomes related to childhood adversity and insecure attachments and may help prevent the transmission of intergenerational violence (Canady & Babcock, 2009; Kliewer et al., 1998). Particularly worthy of inspection is whether IPV perpetrators, during childhood, had access to support resources and were able to assert their needs for support.

In the current study, we examine the availability and adequacy of social ties, as well as how IPV perpetrators discursively constructed social support as experienced during childhood. In other words, we aim to understand how men's perceptions of social support were influenced by discourse (i.e., talk) surrounding adverse experiences and help seeking. We expect the discourse to arise from multiple external sources (e.g., attachment figures, friends), as well as the men's own internal processing and self-talk during childhood. Thus, the following research questions were addressed in the current study:

RQ1: How do men who have perpetrated intimate partner violence perceive availability and adequacy of social ties during childhood?

RQ2: How do men who have perpetrated intimate partner violence discursively construct social support as experienced during childhood?

Method

Data were collected through the use of the two complementary methods: participant observation and in-depth interviews. We addressed the research questions in this study by employing interpretive qualitative methods, allowing us to become immersed in a group of men who have perpetrated IPV. The nature of the field setting, in addition to in-depth interviews, allowed for direct observation and interaction with men's shared meanings and perceived differences regarding social support and related themes (Lindlof & Taylor, 2017). To gain access to a sample of male IPV perpetrators, the first author used her network connections to contact an employee in the Department of

Corrections, who was also employed part-time as a facilitator at Family Safety Enterprises (FSE; a pseudonym), a local BIP. FSE's program offers IPV victim support and resources, as well as BIP groups (designed to be completed in 27 weeks). After explaining the study's design and purpose to FSE's program director, we were granted permission to conduct the study on site. All methods and procedures for this study were approved by the university's Institutional Review Board. To protect confidentiality, all research participants were assigned pseudonyms.

Participant Observation

For approximately 10 months (i.e., April 2014 to February 2015), the first author completed 257.5 hours of participant observation by attending and observing weekly meetings at FSE. As a participant observer, she engaged in activities and discussions, built rapport with 101 male perpetrators of IPV, and received 32 hours of BIP facilitator training. FSE staff members acted as co-investigators, in accordance with our IRB protocol, and collected informed consent from participants when they attended the BIP program orientation. When new group members joined the weekly meetings, the first author would introduce herself as the researcher before the group session began. Only one group member refused to consent and remained in the group; his words and actions were excluded from data collection.

As a full participant, the first author engaged with group activities and discussion as a member of the group, rather than a group facilitator, during the period of active data collection. Her focused engagement helped her to establish trust and credibility with the BIP participants. This engagement included chatting with participants before and after group meetings and participating in authentic discussions and activities, which were characterized by sharing intimate personal histories of trauma and cruelty. We believe the first author's willingness to express vulnerability openly and share personal histories with the group invited a norm of reciprocity, such that reactivity to the presence of a researcher was minimized.

Observation participants.

During each group meeting, there were approximately five to 20 men present. To measure basic demographic information of the BIP group participants, a brief demographic questionnaire was administered by the first author at various times throughout the 10-month period. However, it must be noted that not all observation participants completed the questionnaire, nor all questionnaire items. The average age of participants was 35.18 years (range = 21–59 years). Most of the men attending the meetings were Caucasian (80%), while

other ethnicities were present as well (i.e., 10% African American, 4% Native American, 2% Hispanic, 2% Asian American, and 2% mixed ethnicity). Nearly half of the men (i.e., 44%) in the BIP were currently in a romantic relationship (50% with the abuse victim) and 27% were married (75% to the abuse victim). Approximately 20% of the men were single and 4% were either divorced or separated. All relationship categories are mutually exclusive, so that men in romantic relationships are men who are not married but who are dating or cohabitating with their romantic partners. Typical annual income ranged from $20,000 to $65,000. Eighteen percent of the men reported they were unemployed, and 11% indicated that they relied on government assistance.

Participant observation data collection.

The first author took copious notes through jottings, field notes, and voice notes (Tracy, 2013). In general, notes included observations during group meetings that pertained to ACEs, emotions surrounding adverse experiences, and perceptions and experiences related to social support (e.g., social ties and support messages). Therefore, the first author recorded notes about participants' behaviors, messages, interactions with each other, interactions with facilitators, and interactions with the researcher. Minimal verbatim dialogue was captured, to avoid being perceived as inattentive during meetings. Instead, jottings were recorded only when the group facilitator was speaking, and full attention to listening was given when group members engaged. As a result, fuller field notes were recorded immediately after each meeting based on the researcher's best recollections, filling two 80-page notebooks. Additionally, during the 1-hour drive home after each meeting, the first author would record voice notes using a digital recorder, in which she would recount her interactions and observations with as much detail as possible. These and some preliminary analytical notes amounted to 12 total hours of voice recordings, which were then transcribed into 61 single-spaced, typed pages of field notes.

In-depth Interviews

Over the course of six months, during the participant observation phase of the study, the first author invited all BIP group members to complete semistructured, in-depth interviews. Most declined to participate in interviews due to work schedules and a general lack of free time or flexibility.

Interview participants.

Fifteen men, who participated in the same weekly BIP group, opted to be interviewed. The average number of total weekly groups the interviewees

attended was 20 weeks (range = 4–27 weeks). Thirteen of the 15 men who were interviewed successfully completed the program, while two men dropped out. Of the 15 men who agreed to be interviewed, the average age was 33.87 years (range = 23–57 years). Similar to the ethnic composition of the BIP group, most of the interviewees were Caucasian (n = 10 or 67%). However, there were also 2 (13%) Hispanic, 2 (13%) Native American, and 1 (7%) African American. All of the interviewees self-identified as heterosexual and, at the time of the interviews, five men (33%) reported that they were living with intimate partners, four (27%) were separated from their spouses, three (20%) were single, two (13%) were married, and one (6%) was divorced.

Interview data collection.

Interview questions were designed to elicit types and prevalence of ACEs, perceived social support, as well as general demographic information. For example, interview participants were asked, "When is the first time you can remember being treated cruelly?" The language of "cruelty" was a part of the FSE program, so participants equated being treated cruelly with a wide range of trauma and abuse. Participants were also asked, "How did you feel at the time?"; "Who was someone in your life who helped you during that time?"; and "What did they do or say that was helpful?"

Both authors agreed that saturation had been reached, meaning no new information had emerged, after the final interview (Lindlof & Taylor, 2017). The 15 interviews were digitally recorded, totaling 19.5 hours of recorded data, and the average interview time was one hour and 18 minutes (range = 43–172 minutes). All interviews were transcribed by the first author and a trained research assistant, resulting in 366 single-spaced, typed pages of text.

Data Analysis

The data set included all participant observation jottings, field notes, voice notes, and in-depth interview transcripts. Using a combination of concept-driven, open, and axial coding, the two authors sorted and analyzed the data (Lindlof & Taylor, 2017). First, to identify participant responses related to specific concepts, such as ACEs, the first author used concept-driven coding (Gibbs, 2007). Next, additional patterns that were not predetermined by the literature were discovered through the use of open and axial coding (Manning & Kunkel, 2014). The first and second authors collaborated several times to discuss coding decisions and themes, and each author made multiple passes through the data set to engage in the process of coding separately. Thus, the coding process approach was iterative and provided the opportunity for the authors to agree on the final categories used in the interpretation (Lindlof & Taylor, 2017).

Results

Results indicated that participants reported a high frequency and variety of ACEs (i.e., abuse and household dysfunction). Their detailed narratives are featured in a separate article (Hoskins & Kunkel, 2020), in which the authors argue broader categories of adversity should be considered in IPV research and BIP programming. Individually, each participant experienced at least three categories of ACEs. A full list of percentages for each ACE category gathered from interview data is available in an earlier study (Hoskins & Kunkel, 2020). However, parental loss (e.g., divorce, separation, abandonment, or death of parents; 86.7%), physical (86.7%) and psychological (73.3%) abuse, and emotional neglect (73.3%) were experienced most frequently out of the 10 ACE categories.

Research Question One

To answer the first research question regarding how men who have perpetrated IPV perceive availability and adequacy of social ties during childhood, we examined perceived social support (i.e., availability and adequacy of social ties). The following results show there was a pervasive lack of perceived social support that emerged from the data analysis.

Lack of perceived social support.

As mentioned above, perceived social support is often categorized into two main dimensions: availability and adequacy of social ties. Availability and adequacy of social ties were ascertained by asking men to think about what life was like growing up, as well as who was available to assist them when help was needed. Many men admitted that they had no one to turn to, and most reported that their closest family members were abusive, neglectful, or absent altogether. The general perception among both men observed in the BIP group, and those who completed an interview, was that there was little to no one available to support them (though there were a couple of exceptions, detailed below). The following section provides examples of the three subthemes related to the lack of perceived social support via the availability and adequacy of social ties: (a) trauma in attachment relationships, (b) surrogate support, and (c) social ties with negative influence.

Trauma in attachment relationships. Frequent reports of physical and psychological abuse, emotional and physical neglect, and parental loss suggest participants in the current study may not have developed secure attachments with caregivers. Most men experienced physical and psychological abuse at the hands of their parents (Hoskins & Kunkel, 2020). The following example

is representative of the extreme brutality experienced by many men in the study. During the first author's observation of the BIP group one night, Bello told a story about his earliest memory of experiencing cruelty. In his subsequent interview, Bello was asked to retell the story of what happened when, at six years old, he was unable to find his grandfather's hat:

> ...my dad goes in, he grabs…he makes me come over there…he grabs [the hat] off the top of the microwave…shows it to me and beats the fuck out of me… back hands me with his fist closed…I hit the ground…now I'll remind you the whole family's watching, and they start laughing...And so he tells me to get up. And every time I go to get up...he kicks me...And I fall down, and he says, "Get the fuck up." And he kicks me, and I fall down. And this happens like several times...And I was scared 'cause I didn't know where to go.

Bello's account is both an example of physical and psychological abuse, which are known to be often co-occurring (Edwards et al., 2004).

In addition to physical and psychological abuse, participants also frequently reported emotional and physical neglect (Hoskins & Kunkel, 2020). Sometimes, emotional neglect was an unfortunate consequence of parents who were consumed by work. For example, Emilio's parents took turns working. He explained, "Mama was…working at a restaurant. My dad was doing construction during the day, and she would do nights." As a result, Emilio did not see his mother often. He recalled:

> We wouldn't have a lot of days together. Usually she was sleeping or working. I didn't see her a lot. Only time I would see her is when I'd get in trouble in school and I'd have to come home. She'd have to pick me up. And then she'd be mad at me 'cause I'm getting in trouble at school.

Many participants in the sample reported similar, and often more severe, experiences of neglect.

Finally, participants also reported the loss of a parent or primary caregiver through divorce, separation, abandonment, or death. For some, it was apparent that the absence of a caregiver removed an important source of support. For example, Christopher's parents divorced when he was three years old, and he distinctly remembers the disappointment associated with his father's broken promises. When asked to share his earliest memory of this, Christopher explained, "I'd talk to him all week about what we'd do that weekend…he'd never show up. That's what I trace it back to…that feeling of sitting there waiting on him and realizing he's not going to come." Christopher explained that the repeated broken promises communicated to him that he was not important to his father, that he was "less than" and "unworthy." Many other

participants echoed Christopher's experience that once they lost their caregivers, they lost that support, and their feelings of worthlessness were amplified. Subsequently, they had to seek relationships beyond their primary attachment figures.

Surrogate support. Surrogate support represents participants' perceptions of needing to seek support in lieu of absent or abusive parents. Participants most often perceived support from extended family members (e.g., uncles, grandfathers) or from close community members (e.g., family friends). For example, Outkast relied on his extended family to make up for the fact that, though his parents were present in his life, their divorce had made it difficult to make many meaningful memories. In his words, when he talked about feeling loved and being close, he referred to his extended family. In his own words, Outkast explained:

> I'd just say that in my family—yeah, I talked to my grandma but…all of them…you could've really picked anybody to go with. You could've picked anybody to make the one phone number that I'm gonna call all the time, and they would've still helped you.

Similarly, Lee reported that if he ever needed support from anybody, he would go to his grandma or his uncles. When asked who his grandma was to him, Lee explained:

> She would come rescue us from the house when shit was getting too rough and keep us for a couple days. We'd call her, or she'd just come get us for the weekend 'cause she knew we'd wanna get out of the house. I had a really close relationship with her.

Though the surrogate support reported in men's accounts was varied, it was common to hear that men engaged in activities with their surrogate but lacked opportunities to talk openly about their troubles. For example, Christopher was asked during his interview if he was able to talk to any of his surrogate support providers about how he was feeling at the time, and he replied, "No, I never had that…typical men don't sit around in a car and talk about what they're afraid of or what they're sad about." In addition, many surrogate support ties were not easily accessible. For example, Bello's grandfather, the only person who would stand up to his abusive father, lived six hours away without phone access. Finally, though many men shared examples of surrogate support that were positive, many men developed social ties with strong negative influences.

Social ties with negative influence. There was a prevalence of gang membership, criminal activity, and drug use among the men in this study. Due to

such influences, many of the social ties that the men developed in their youth were negative, though at the time, they provided connection and a sense of identity. For example, Kennedy admitted that after his father died when he was 12 years old, he began hanging around with other kids who were getting into trouble. In his own words, Kennedy recalled:

> I never had a dad after that. Or any kind of male influence. That's why I ended up in the streets 'cause that…that was my male influence. 'Cause I was basically gang-banging without being in a gang…It wasn't a gang, but it was a bunch of little punk-ass kids. Shit, we was our own gang.

Further, at age 12, Kennedy and his friends were vandalizing the neighborhood. At 16, he had his first drug possession charge and, at 17, Kennedy was arrested for robbing a convenience store. Before his father died, Kennedy was doing well in school, playing sports, and generally staying out of trouble. However, his father's death, coupled with his mother's subsequent emotional estrangement, left Kennedy without any positive social ties.

Pete had a similar experience. Since his older brothers were members of a street gang, he started selling marijuana when he was 14. Pete said that he started getting involved in selling weed, "because they had it all the time and it was easy." Though his brothers were often cruel to him, Pete looked up to them and depended on them to provide him protection. However, their support had unwanted consequences. Pete explained, "If anybody messed with me, [my brothers] were ruthless. Pretty much. I didn't get messed with too much after I turned about 12." When asked if their protection had any drawbacks, he explained that it made it nearly impossible to make or keep friends. In Pete's words:

> It seems like everybody's gotta be fake, or they don't want to talk to you because they don't want you to think that they're—is what it seemed like to me. Lot of people get real quiet when I come around.

Thus, his brothers' "help" became more trouble than it was worth, and eventually led to Pete to be very isolated with the exception of a few friends. He explained, "Growing up with them being my brothers…a lot of people didn't wanna talk to me, a lot of people didn't like me."

In general, the majority of men in the current study had a deficit of supportive social ties and typically lost their most important primary caregivers due to abuse, household dysfunction, divorce, separation, abandonment, or death. The overarching pattern was that the men in this study had to seek support from extended family members, friends, and gangs, often finding that their surrogate support came with a host of negative influences. However, to

fully understand men's access to social support during times of childhood adversity, we also explored what support messages were prevalent and how they were interpreted.

Research Question Two

To answer the second research question regarding how men who have perpetrated IPV discursively construct social support as experienced during childhood, we examined the direct and indirect messages about support that participants received in their early relationships. The following section addresses the preponderance of discouraging social support messages that emerged from the data analysis.

Discouraging social support messages.

Within the discouraging social support messages, four subthemes emerged, each reflective of patterns of social support discourse that were commonly received: (a) nobody to turn to, (b) don't ask for help, (c) take care of (adult) business, and (d) emotions are not manly. The discouraging support messages were portrayed as both direct (e.g., explicitly stated) and indirect (e.g., learned via observation; Cutrona, 1996).

Nobody to turn to. Participants repeatedly reported that, even if they wanted to, they had no one they could turn to. For example, participants noted: "I have nobody to open up to" (Bucky), "I didn't really have anybody to turn to" (Jerry), and "I can't talk to anybody else about these things, not even friends" (Lee). Indeed, if you perceive you have no one to turn to, then you have only one remaining point of view which, for participants in the current study, was a persistent message of self-reliance. For example, Christopher recalls being raised by his mother and aunts. Despite this apparent presence of caregivers, Christopher admits that he "spent a lot of time alone." He explained, "Mom worked two jobs, and Dad wasn't around." When asked if he was able to talk to the women in his life, Christopher replied, "Yeah, I mean Mom and Aunt Mary were always there, but I learned at a small age just to bottle everything in and not talk."

Similarly, when Bello was asked if there was anybody in his life who offered help or anyone to talk to, he replied, "No. People were deathly afraid of my dad." Bello admitted that he was not able to talk openly about his father's violence to anyone until he ran away at age 16. However, by that time, Bello received little support from friends beyond the ability to self-disclose, "I would tell all my drug friends, but their story was pretty much the same. You don't need to harp on that with a bunch of people who've already

heard it and been through it." Again, Bello received the message that he had nobody to turn to.

Men were also discouraged from talking openly about adverse experiences, even with those who suffered along with them. For example, when Kennedy's father died, his mother had an emotional breakdown and could no longer take care of him, so Kennedy went to live with his sister. Kennedy said that their father's death, "hit [his sister] hard, so it's not something [they] really talked about." Though he acknowledged that his sister was able to help him in some ways, Kennedy said they did not talk about their father's death. He explained:

> We didn't really talk about it, no. It might come up, but it wasn't like, "OK, man, this is how I feel." I mean, everyone knew how we felt, it was fucking sad...She knew I was sad. I knew she was sad. It's pretty obvious. We ain't gotta say "I'm sad." We know why I'm sad, so that didn't really come up. And I just got really hardened after that.

Kennedy said his sister "tried to take care of [him], but [he] just kinda went into [his] own thing." In this way, Kennedy was left to his own devices. Though men in the study reported having various social ties, and perceived some surrogate support, the message that they were really all alone with nobody to turn to was received loud and clear.

Don't ask for help. In addition to the feeling of being alone, many participants reported that they were never encouraged to ask for help, even when it was needed. Instead, they were actively discouraged from seeking help. In many ways, the discouragement came in the form of a lesson, teaching the young men to learn that the world is not there to provide help; help is something you do for yourself. For example, Outkast remembered that he and other kids from his neighborhood would wrestle in his living room. He recounted his father's response when, one day, things got a little out of hand:

> I'm only like six years old. And one of the older kids…gets me from behind, got me in a headlock, choking me…he had me well enough where I could feel the pressure and I could feel it starting to…and I yelled for help…And my dad comes in and he says—pulls the other dude off, spanks me just one time, not nothing hard just [one slap noise]—"You got yourself into it. Don't yell for help. Yelling for help is when you're falling off a cliff or I'm about to drop this something heavy. You chose to fight, don't yell for help."

Outkast believed his father was trying to teach him an important lesson, which is that you can only take care of yourself. In his father's eyes, you do not ask for help unless you truly need it.

Furthermore, many men reported that seeking support or showing emotions was also dangerous. They were either discouraged through intimidation and threats of physical violence, or through the belief that emotions could be used against them. As an example of threat of harm, Pete shared a story in the BIP group that he had never told anyone before, in which his older brothers handcuffed him to a fence for several hours when he was only four years old. Pete's brothers warned him, "You better not say nothing when you get [home]. All you're gonna do is cause a scene." They blamed him for what happened that day, and when asked if there was a safe person he could talk to, openly and unconditionally, Pete said, "No, because I knew that if somehow, someway, something did come around that I told about this then…It'd be my ass."

Similarly, Bello remembered how his father threatened him if he were to call the police after a beating. Bello's father warned him, "If I ever get in trouble, I will put you in the hospital as long as I'm gonna be in prison. I'll break every bone in your body." It was commonplace for men to report that they did not ask for help, whether there was no one to turn to, or because asking for help was simply not an option. Thus, self-reliance was a significant characteristic each man developed to cope with the emotional burden of childhood adversity. Self-reliance was also learned when men realized they had to take care of themselves in material ways.

Take care of (adult) business. Participants recalled learning at an early age that they had to take care of business that was typically considered an adult's responsibility (e.g., financial responsibility, home maintenance). For example, Christopher recalled having to do so-called "men's" work all by himself. As reflected in the following example, Christopher explained what it was like to be a young man growing up without a male figure in the household:

> And within the next couple of years, you gotta start learning how to be a man and there was no man around to help you. And that's something that I carry with me to this day. Nobody helped me. I had to do it all myself. You got a 13-year-old kid working on a lawn mower by himself, he's gonna fuck it up more than he's gonna do anything, but he's gonna learn.

An absence of a father figure in Christopher's life made learning how to do things exponentially more difficult, yet it was still necessary for him to take care of (adult) business by himself.

Similarly, craving freedom from his uncle's beatings and drunkenness, Noten began to take care of (adult) business in other ways and found escape in full-time employment at age 14:

> I had money, I always had money in my pocket. Then, like I said, I had my permit when I was 14, so I went and bought the car I wanted. The old man said,

> "I ain't got no money to get you a car, get a fucking job." [laughs] I took them words, I said, "Well, if I get a job, I won't have to be home, I won't have to see none of this shit, and I'll go out and buy me a car." So, I ended up buying me a 1970 Monte Carlo. And I had money, and I paid cash for it. Got insurance and everything. And I could drive from home to school. I was a freshman in high school…and that's what I did.

In his sophomore year of high school, Noten began paying for his own tuition, which was about $1,200 annually at a private Catholic school. At 15, Noten filed taxes by himself. From being abandoned by his biological mother to the refusal of his uncle to provide financial resources, Noten found that he could not depend on others. Instead, he had to take care of himself. Again, men in the current study received messages, whether direct or indirect, that to cope with adversity, or to simply accomplish necessary tasks (e.g., fixing the lawn mower), they were going to have to take care of (adult) business by themselves.

Emotions are not manly. Finally, in addition to receiving messages that discouraged help seeking, as well as messages encouraging the early adoption of adult responsibilities, all men in this study reported learning that it was not manly to show emotions. The subsequent paragraphs describe how participants were constantly bombarded with messages about emotional expression as weak, feminine, and emasculating. For example, Kennedy explained, "If people don't know your emotions then they can't fucking dial in on you." By this, Kennedy meant people cannot take advantage of you if they do not know how you feel. Likewise, Lee remembered, "For my stepdad, crying was not allowed…I don't think I ever seen my grandfather cry. Not my two uncles. I've seen one [uncle] tear up once." Lee recognized a pattern among the men in his family that they were stoic and unemotional. In more than three decades, Lee has only witnessed one uncle cry one time.

Similarly, Bert acknowledged, "My dad doesn't really discuss feelings too much" and later added, "I don't like to discuss feelings that much either, so we get along just great." Further, Bert talked about being unemotional as a benefit to his relationship with his father. Like Bert, many men in the BIP group bought into the expectation that men were not supposed to be emotional. However, Kirk expressed his frustration with the idea that emotions are not manly:

> We're groomed to not show our emotions, but even though that's how society's made us as man, that doesn't mean we don't feel emotions. That doesn't mean we don't feel anything. Although we may not show it or express it, we very much feel, and if you say [you're not wanted] to me, it hurts.

Christopher also recognized that emotional expression, or talking about feelings, is not something that men did. He said, "[My best buddies] are gonna think I'm a pussy if I say this, you know." The label "pussy" is often used to emasculate a man (Katz, 2006; Minor, 2001) and it was common among many of the BIP participants. However, this verbal injury is not reserved only for men to use against other men. One night in the BIP group, Tim talked about how his mother lied to him saying his dog ran away. Later he overheard his mother talking to a neighbor about how she actually took the dog to the pound to be put down. When Tim confronted her, crying, she said, "Shut up. Don't be a pussy." Similarly, Bert said that his mother was often worse than his father when it came to talking about feelings. If Bert ever went to his mother with a problem, she would say, "Ah, quit bein' a puss."

When Harley was asked if he had any memory of crying when he was a child, he admitted that his parents responded to his tears much the same way he responded to his own son's tears. He could not give a specific example, but he made it clear that crying was not tolerated by his parents. Harley explained, "I know there was instances where I had lost something and would've been crying and would've got shit for it. Just, 'boys don't cry' type of shit. They'd get sick of hearing it, I'm sure." In general, participants learned very early that emotions, especially adverse emotions (e.g., sadness and fear), are not manly.

Discussion

This interpretive qualitative project explored male IPV perpetrators' early encounters with adversity, attachment, and perceptions of social support. We collected narratives from perpetrators through participant observation and in-depth interviews. Results suggest that a combination of exposure to ACEs, trauma in attachment relationships, and discouraging support discourse interfered with the availability and adequacy of social support.

Theoretical Implications

First, the results of the current study illuminate obstacles to social support's palliative effects that male IPV perpetrators may face throughout their lives. Few men in the current study reported feeling secure and connected with their parents and/or caregivers; but many told stories about their parents and/or caregivers psychologically and/or physically abusing them, and of severe emotional and physical neglect. Others disclosed experiences of household dysfunction, in which parents and/or caregivers were the cause of instability, exposure to harmful substances or situations, and criminal behavior. Detailed

narratives of participants' exposure to ACEs are included in a separate article (Hoskins & Kunkel, 2020).

Furthermore, when discussing the effects of ACEs, men would often say that the experiences left them feeling "unwanted" or "worthless." According to Hobfoll (1985, p. 403), "individuals who perceive the need for social support must feel enough self-esteem to assert their needs and feel that they are deserving of social support (e.g., love, affection, help)." Additionally, Briere et al. (2017) found disengaged parenting to be significantly more predictive of adult psychological symptomatology (e.g., depression, defensiveness, angry outbursts) than of childhood psychological, sexual, and physical abuse.

A second issue that emerged from participants' narratives was the seeking of surrogate support from extended family, friends' fathers, and peers to make up for inadequate social support at home. A few participants had surrogates with whom they could engage in positive activities (e.g., Christopher going fishing with his friends' fathers). These young men's perceptions of support gave them a sense of belonging. Nonetheless, many others discovered that surrogate support came with negative consequences (e.g., drug use and criminal activity).

Our analysis revealed a third issue; several traditional male role norms (i.e., avoidance of femininity, self-reliance, and restrictive emotionality; Levant & Richmond, 2007) were prevalent in participants' reports. Thus, we interpret the discouraging social support discourse men received as traditionally masculine (Kunkel & Burleson, 1999). These messages, whether direct or indirect, indicate an increase in the need for self-reliance and a decrease in perceptions of available social support. Instead, seeking social support was deemed inappropriate, regardless of whether help was available. Additionally, men were taught to turn away from emotions, which were considered to be feminine (i.e., weak; Katz, 2006; Minor, 2001). Thus, they were not able to process emotionally loaded experiences in order to make sense of them. Instead, most men admitted that they had no choice but to deal with their problems all by themselves or bury them so deeply that they did not think about them at all.

Finally, the perceived risks of seeking help suggest that men learned early on that aggression is the natural consequence of seeking help, which influenced their perception that asking for support was not worth the risk. It would be appropriate to extrapolate that the men in our study had little to no sense of belonging or security, nor did they experience the support required to help them process their childhood adversity and/or assimilate incongruent data (e.g., Janoff-Bulman, 1992). With the prevalence and effects of childhood adversity, and the patterns of masculine support messages among the current

study's sample, it is no wonder that these men have extraordinary intra- and inter-personal challenges.

Overall, perceptions of social support among participants in our study were significantly lacking, and participants were left to experience adversity without social support. Thus, the current study highlights the need to further examine the complex communicative factors that male IPV perpetrators may have had to contend with during times of childhood adversity. The obstacles preventing access to social support should be considered when attempting to understand the link between ACEs and IPV.

Practical Implications

Although most people who experience child maltreatment do not become IPV perpetrators (Godbout et al., 2017), many IPV perpetrators experience multiple categories of ACEs and some degree of trauma in attachment relationships. Given these apparent associations, we would be remiss to ignore the influence of ACEs on adult IPV perpetration when designing BIP curricula. We believe that, for many male IPV perpetrators, what stands between their adverse pasts and their potentially healthy futures, may be strategies for healthy emotional processing and social support, both of which may be available through BIP groups, if designed with these early childhood experiences in mind.

Trauma-focused interventions are already being tested and utilized (e.g., attachment abuse treatment; e.g., Sonkin & Dutton, 2003). However, attachment abuse treatment is relatively new and often receives criticism from psychoeducational advocates (Pence & Paymar, 2011). Yet, the current study's findings provide evidence to address ACEs, trauma in attachment relationships, and the resulting cognitive, emotional, and social consequences as components of abuse intervention programming. Victim advocates and feminist allies have worked long and hard to remove individual characteristics from the way in which we respond to IPV (Adams & Cayouette, 2002; Pence & Shepard, 1999), arguing that individual choice, and not individual pathology, motivate abusive behaviors (Adams & Cayouette, 2002). Yet we must consider the role of childhood adversity in adult violence perpetration while we continue to support feminist perspectives and hold perpetrators accountable for their individual choices. Numerous studies continue to point to factors that shape how we view relationships and the function of violence within them (e.g., Babcock et al., 2000; Dutton et al., 1994; Swopes et al., 2013) that have the potential to complement prevention and intervention strategies that critically deconstruct patriarchal structures and systems of power and control.

We suggest two possible additions to current practices in BIP programming. First, BIP facilitators can, at a minimum, help IPV perpetrators identify ACEs they may have experienced and provide information and tools to help them begin healing, reappraising, and making sense of their emotions (e.g., Burleson & Goldsmith, 1998; Pennebaker & Smyth, 2016). Such benefits of trauma processing may be crucial to ultimately ending one's dependence on abusive behaviors. Trauma-focused intervention can also address the messages men received regarding self-worth and aggression, as the result of experiencing ACEs and trauma in attachment relationships. With trauma processing as a primary component of BIP groups, intervention practitioners can disrupt long-standing beliefs that may have contributed to the individual's *choice* to use violence and aggression as a means of self-protection. However, as the current study's findings suggest, masculine gender ideology intensifies the negative effects of ACEs and lacking social support.

Therefore, our second suggestion is that BIP facilitators expand how they deconstruct gender socialization. Historically, BIP groups have addressed gender among intervention strategies insofar that group facilitators teach perpetrators about patriarchal structures and the dynamics of male power and control (Pence & Paymar, 1993). However, results from the current study illustrate the need to address gender socialization as it relates to restrictive emotionality (Levant & Richmond, 2007), as well as gender norms regarding seeking social support. Specifically, the current study illustrates how many men are taught to be self-reliant, to restrict emotions, and to reject femininity (within themselves and others). With these beliefs driving behavior, men may be less likely to compromise or collaborate in conflict situations. Further, they may be more likely to aggress to demonstrate power, not because they feel entitled to power but, instead, because they know what powerlessness feels like, and wish to avoid it at all costs.

BIP curricula materials should include an affective component to encourage men to embrace more stereotypically feminine modes of communicating in order to encourage healthy processing of adverse experiences that may influence abusive behaviors. This particular component may work well in tandem with cognitive behavioral therapy models of intervention because they involve retraining patterns of thinking.

Limitations and Future Directions

The design of the current study may warrant consideration of four potential limitations. First, the study's methods included participant observation and in-depth interviews. The first author engaged as a full participant and gathered data through direct observation. This method of data collection may

limit the ability to capture "reality" due to the researcher's subjective selection and, therefore, rejection of observable information. Additionally, the researcher must use sight, listening, and memory (all fallible processes) to collect observational data. The second method of data collection, in-depth interviews, presents potential limitations, as participants may have misperceived, misremembered, or even purposefully withheld or distorted information. However, the first author's immersion in the BIP groups, coupled with efforts to practice open and honest communication, helped to build rapport with study participants. Thus, when compared with other data collection tools, the current study may have provided a more valid representation of participants' experiences.

Second, though interviews were conducted until saturation was reached (Lindlof & Taylor, 2017), a small sample of 15 participants may fail to capture the actual differences in the larger population of IPV perpetrators. However, 10 months of participant observation, with over 100 men in the weekly BIP group at FSE, greatly bolstered the 15 narratives of the men who were interviewed (Manning & Kunkel, 2014). Nonetheless, future studies would benefit from consideration of the many challenges that make some men particularly difficult to access (e.g., time constraints, transportation issues, insufficient childcare, and incarceration).

A third limitation was our inability to include much diversity in the sample selection. Though there are many different racial identities and sexual orientations among IPV perpetrators, the interview sample failed to represent the population diversity. Indeed, the study participants were predominantly Caucasian and they all identified as heterosexual. Thus, future research would feature greater diversity in sample participants.

A fourth limitation may have been potential participant reactivity due to the gender identity of the first author and her presence in a predominantly male space. Participant reactivity refers to participants altering their behaviors while being observed due to reactions to the researcher (Maxwell, 2012). As a woman, the first author's presence may have posed a threat to data collection, because participants may have perceived her as too similar to their relationship partners (i.e., the victims of their abuse) and, therefore, not a trusted other. However, FSE typically conducts BIP group meetings with male and female co-facilitators and, often, a female-only facilitation team. Thus, participants were accustomed to having women present and engaged in the group meetings. Additionally, in social support research, women tend to be the preferred source of emotional support and caring (Burleson, 2003), which was evident in the men's willingness to disclose deep personal experiences and emotions to the female facilitators at FSE and our female first author.

Overall, the current study suggests male IPV perpetrators would benefit from trauma-focused BIP curricula design. However, most BIP in the United States do not include such content in their curricula because of beliefs that perpetrators use childhood abuse as an excuse for their own behavior (e.g., Pence & Paymar, 2011), or they believe trauma processing can only be achieved through individual therapy (e.g., Sonkin & Dutton, 2003). Future research should explore what strategies can be incorporated into existing BIP curricula design to increase the efficacy of such groups. Thus, a future study could explore how BIP groups could promote positive social support discourse working to improve the health of male IPV perpetrators.

Conclusion

The current study contributes to our understanding of how male IPV perpetrators share common exposure to several barriers that prevent access to social support's palliative effects. Though reducing childhood adversity and increasing protective factors during childhood would be ideal solutions, one feasible alternative may be to provide social support resources in existing intervention programs (e.g., BIP groups).

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