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Using Technology to Conduct Focus Groups With a Hard-to-Reach Population: A Methodological Approach Concerning Male Victims of Partner Abuse in Four English-Speaking Countries

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Abstract

Research shows that the experiences of male victims of partner abuse (PA) are often denied by the public and the professionals who are charged to support PA victims. Recruiting female victims for research on PA victimization is relatively easy because there are existing structures to serve this group of victims. Thus, male victims are considered a hard-to-reach (HTR) population, and studying them can be difficult. This article focuses on the use of technology to collect qualitative data from male PA victims in an international study focusing on male victims. The researchers used their own

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professional networks to recruit and screen a convenience sample of male victims of female-to-male PA, in four different English-speaking countries: Australia, Canada, England, and the United States. Four web-based, video-enabled, focus groups were held for each country—for a total of 12 groups and 41 male participants. This article addresses recruitment methods, the use of technology in data collection, protecting the confidentiality of male victims, methods for informed consent, and lessons learned to facilitate future research.

Keywords
male victims, male survivors, partner violence, domestic violence, perceptions of domestic violence

Hard-to-reach (HTR) populations are defined as individuals, families, groups, or communities who are difficult to identify or locate, or who, even once identified, may be reluctant to work with social services or health providers, or to participate in research studies (Aglipay, Wylie, & Jolly, 2015; Cortis, Katz, & Patulny, 2009). Health and social scientists who study HTR populations must use creative methods to collect information from such groups (Bengry-Howell & Griffin, 2012; Kennan, Fives, & Canavan, 2012; Levine et al., 2011; McDermott, Roen, & Piela, 2013; Rowe, Rosenheck, Stern, & Bellamy, 2014). Male victims of partner abuse (PA) are a HTR population. Their experiences of abuse have often been denied, and they are routinely turned away from services and assistance when they seek support (Cook, 2009; Douglas, & Hines, 2011; Tsui, Cheung, & Leung, 2010). This article focuses on the use of technology to collect qualitative data from male PA victims in four English-speaking countries: Australia, Canada, England, and the United States. It also adds to the growing literature on the diversity of individuals who identify as and seek support for PA victimization (Ard & Makadon, 2011; Douglas, & Hines, 2011; Duke & Davidson, 2009; Finneran & Stephenson, 2014; Siemieniuk et al., 2013).

Male Victims of Partner Violence as a HTR Population

Common knowledge states that PA is predominantly perpetrated by men and victims are predominantly women (Dobash & Dobash, 2000). Women who do aggress sometimes do so in self-defense or retaliation and can therefore be viewed as the primary victims (Douglas, & Hines, 2011). Nevertheless, for

four decades, research has shown that in Western nations, women and men in heterosexual relationships perpetrate similar levels of PA against each other (Archer, 2000; Straus, 2011, 2012). Wide scale research on PA began in the United States in the 1970s; the U.S. National Family Violence Surveys (NFVS) showed that in a representative population sample, half of the perpetrators of physical and psychological PA are women (Straus & Gelles, 1986). The 1985 NFVS found that 11.6% of men used violence against their female partners in the previous year, compared with 12.4% of women. Research has replicated these findings dozens of times using methods and survey tools and techniques that are similar and in some instances the same in different studies (Straus, 1999, 2012), including through meta-analysis and article review analysis (Archer, 2000; Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012). Estimates of PA in the United States range from 8.4% to 18.4% for overall violence and from 3.2% to 5.5% for severe violence, with similar rates of male and female perpetration (Caetano, Vaeth, & Ramisetty-Mikler, 2008; Hale-Carlsson et al., 1996; Kessler, Molnar, Feurer, & Appelbaum, 2001; Schafer, Caetano, & Clark, 1998; Sorenson, Upchurch, & Shen, 1996; Straus, 1995; Straus & Gelles, 1986).

The U.S. National Intimate Partner and Sexual Violence Survey is a national study of 9,086 women and 7,421 men, providing information on victimization from sexual violence, partner physical violence, stalking, and psychological aggression (Black et al., 2011). When only physical assault is considered, 53% of victims in a 1-year time period are men; when sexual violence and stalking are considered, 43% of annual victims are men. With regard to psychological aggression, 51% of victims in this same 1-year time period are men. Similar rates are found in some other countries. The International Dating Violence Study surveyed over 14,000 students at 68 universities in 32 nations, who were in intimate relationships. The median perpetration rates of severe PA—life-threatening or requiring medical attention—for men was7.6%; perpetration of severe PA for women was 10.6% (Straus, 2008). The 2014 Canadian General Social Survey on victimization found that men and women experienced physical or sexual abuse in spousal relationships at similar rates, 4.2% for men and 3.5% for women in 2010-2014. Also, men and women reported similar rates of emotional or financial abuse, 15% for men versus 13% for women (Burczycka, 2016).

There is still controversy concerning whether men can be targets of PA and regarding what levels of PA they sustain (Follingstad & Rogers, 2013). Some countries report overall lower rates of PA for women and men and less similar rates between the genders, especially when PA is measured in the context of personal safety or an assault or a crime against a person, because most people do not consider PA in this context (Straus, 1998). For example, the 2017

Crime Survey for England and Wales defines PA as follows: "Partner abuse is defined as any non-physical abuse, threats, force, and sexual assault or stalking where the perpetrator is a partner or ex-partner" (2017, p. 8). The rates of victimization for women were 5.9% and for men they were 3%. The 2016 Australian Personal Safety Survey found that 16.0% of women and 5.9% of men experienced partner violence over their lifetimes (Australian Bureau of Statistics, 2017). Regardless of the specificity of rates, the 2018 roundtable on male survivors of partner violence by the U.S. Family Violence Prevention & Services Program (U.S. Department of Health and Human Services, 2018) shows a growing movement in the field to recognize that men can and do sustain partner violence.

Research shows that men in the United States and also in Hong Kong, who seek help for PA victimization have usually sustained severe levels of physical PA that may sometimes be life-threatening (e.g., beating, punching, kicking, using a knife or gun, seeking medical treatment; Choi et al., 2015; Hines & Douglas, 2010a; Hines & Douglas, 2010b). Despite this level of PA, men are often reluctant to seek help, even when they need it (Choi et al., 2015; Machado et al., 2016). Furthermore, when they do seek help, they have difficulty obtaining support. One study of heterosexual men's helpseeking experiences in the United States (Douglas, & Hines, 2011) found that male victims of female partners were most satisfied with services provided by mental health and medical professionals; they were least satisfied with domestic violence agencies, domestic violence hotlines, and the police, possibly because these services were set up to support women. Nearly 67% of men reported that domestic violence agencies and hotlines were not at all helpful. Men have relayed accounts about being turned away, being accused of instigating the abuse, and being called the "real" abuser (Cook, 2009). This is supported by research on domestic violence agencies in the United States and Australia, where directors report that services are not always available for men (Douglas, & Hines, 2011; Tilbrook, Allan, & Dear, 2010). Male victims report that many law enforcement do not take their concerns seriously and that they are unsatisfied with the services received by the police (Burczycka, 2016; Buzawa & Austin, 1993). Studies of men in other countries produce similar findings (Machado, Santos, Graham-Kevan, & Matos, 2017).

Thus, male victims of PA are often not well served by the social service system that is set up to assist PA victims. As a result, these victims often do not get the services that they need. There is sufficient information to show that male victims of PA are a population which is overlooked and underserved, classifying them as a HTR population (Cortis, 2012). In addition to male PA victims being underserved, it is challenging for researchers to identify male victims because there is no obvious resource or place from which to

recruit victims for the purposes of conducting research. One solution that has been used to identify and collect data from HTR population is the use of technology, which has successfully been used with other HTR populations (Kennan et al., 2012; Levine et al., 2011; McDermott et al., 2013; Rowe et al., 2014).

Studying HTR Populations

There is a small literature that discusses the techniques for engaging and researching HTR populations (Correa-Velez & Gifford, 2007; Curtis, Roberts, Copperman, Downie, & Liabo, 2004; Harris et al., 2008; Thompson & Phillips, 2007). Researchers have used a number of techniques to engage HTR populations. Reaching out to established communities through members' lists is a known way to reach individuals who can be largely hidden from the research and other communities (Thompson & Phillips, 2007). Other methods include using a "snowball" or "chain referral" method of engaging individuals who would be considered HTR (Penrod, Preston, Cain, & Starks, 2003). Recently, technology has been used as a way to engage and collect data from HTR populations.

The most obvious way that technology has been used in research has been through the use of online quantitative studies, where participants complete surveys via the World Wide Web (King, O'Rourke, & DeLongis, 2014). Researchers have determined that data collected in this manner is comparable to research that is conducted face-to-face, via the telephone, or with pencil and paper surveys (Heeren et al., 2008; Schillewaert & Meulemeester, 2005). In fact, some research shows that respondents may provide more honest answers online (Dennis & Li, 2007; Duffy, Smith, Terhanian, & Bremer, 2005). One study of male victims of PA found that men who participated online, as compared with men who participated via computer-assisted telephone interviewers, were more socially isolated, showing that online methods of data collection are one way to collect data from this specific HTR population (Hines, Douglas, & Mahmood, 2010).

A developing body of research discusses the merits of using online methods to collect data from research participants (Janghorban, Roudsari, & Taghipour, 2014; Levine et al., 2011; Masson, Balfe, Hackett, & Phillips, 2013; Vis & Marchand, 2011; Wilkerson, Shenk, Grey, Rosser, & Noor, 2015). Few studies have used technology to collect qualitative data from HTR populations. One such study used an online methodology to gather qualitative data from Internet chat forums where lesbian, gay, bisexual, and transgender (LGBT) youth discussed self-harming behaviors (McDermott et al., 2013), but this research did not involve posing a set of interview or

survey questions to the participants themselves. Wilkerson and colleagues have conducted two qualitative studies online with HTR populations (Wilkerson, Iantaffi, Grey, Bockting, & Rosser, 2014; Wilkerson et al., 2012). One focused on viewing sexually explicit media among men who have sex with men (Wilkerson et al., 2012), while the other focused on the health needs of nontransgender men who have sex with transgender persons and vice versa (Wilkerson et al., 2014). In both of these instances, focus groups were held using web-based video-conference technology. Focus groups (Marková, Linell, Grossen, & Salazar-Orvig, 2007) have recently been identified as the method to study and collect data that allows researchers to capture the shared knowledge of study participants (Barth, 2002; Romney, Boyd, Moore, Batchelder, & Brazill, 1996; Wan, 2012), by integrating language, interactions, and allowing the group dynamics to reflect the history and culture of a specific phenomenon. Video conferencing is increasingly being used to work with HTR populations to deliver health care education, information, coaching, and check-ins about physical health conditions (Friesen, Hormuth, Petersen, & Babbitt, 2015; Hall, Stellefson, & Bernhardt, 2012) and psychotherapeutic services (Kozlowski & Holmes, 2014; Marziali, Damianakis, & Donahue, 2006). Given the right set of circumstances and the expanding availability of Internet connectivity, the professional literature documents that video conferencing is a legitimate way to engage HTR populations.

Current Article

The purpose of this article is to document alternative methods for collecting data from a HTR population—male victims of partner violence. We are an international group of researchers with expertise in male victims of female-to-male PA. Our goal was to design a study where we assessed the individual and collective experiences of male victims of PA and to examine how these experiences varied across international settings. Because an international comparison across countries of male PA victims has not been conducted before, we wanted to begin with broad, open-ended questions so that we could understand this phenomenon from the point of view of the men, which is why we chose to use qualitative methods (Berg & Lune, 2011). We selected focus groups over individual interviews, so that the men could together see that we validated their concerns and interests. We were also looking for especially rich data about men's experiences, and previous research shows that participants in focus groups, as opposed to interviews, elaborate more in their responses (Heary & Hennessy, 2006).

Researchers have established guidelines for when it is appropriate for researchers to conduct focus groups online (Tuttas, 2015; Wilkerson et al.,

2014). Among the issues to consider are the geographic distance between participants, and participants and researchers; whether the research team is technologically skilled enough to facilitate live, online data collection; whether the video-conferencing system is secure; whether the population is HTR; and whether the population has the technology skills and access to equipment to participate. We met all of this criteria and began our study design in 2013. The purpose of this article is to describe the method of using technology to collect data from male PA victims in four English-speaking countries, the lessons learned, and to issue recommendations for future research methods with this HTR population.

Conducting Online Focus Groups With Male Victims of PA

Between October 2013 and February 2014, we conducted 12 focus groups (three in each country) with a total of 41 men, in four English-speaking countries: Australia, Canada, England, and the United States. The focus groups lasted 90 min and never exceeded more than four participants and two facilitators at a time.

Recruitment of Participants

We used our professional networks in our respective countries to recruit a convenience sample of male PA victims for the focus groups. Individuals within our own professional networks included domestic violence and mental health providers in the field, domestic violence advocates, and individuals interested in male PA victimization. In the United States, we reached out to male PA victims who had added themselves to an email list maintained by the two U.S. researchers in this project (D.A.H. and E.M.D.). Research has documented that reaching out to communities or list of individuals in a community is an effective way to engage HTR populations (Thompson & Phillips, 2007). Specifically, we contacted individuals within our networks and encouraged them to distribute the following recruitment statement:

> We are looking for volunteers to participate in a 90-minute online discussion group. We are trying to learn more about men's experiences of abuse from a female intimate partner in different Western countries (UK, USA, Canada and Australia). This is an under-researched area and we hope that by allowing men's voices to be heard we can contribute to the understanding and development of prevention, services, and funding for this issue, in addition to raising international awareness.

Potential participants were also informed that we were interested in hearing about the experiences of men who had sustained all forms of PA: emotional, psychological, controlling behaviors, and physical, as well as sexual aggression or coercion. Furthermore, the recruitment statement assured men that their identities would remain confidential throughout the focus group process. (More information on this follows in the next section.) Beyond this, participants had to live in one of the four countries being investigated (Australia, Canada, England, and the United States), speak English, and be between the ages of 18 and 59. We did not recruit men over age 59 because in the United States, some elder abuse laws mandate the reporting of abuse toward individuals age 60 and over; it would have been impossible to both keep the identity of victims confidential and comply with mandatory reporting laws (Office for Victims of Crime Training and Technical Assistance Center, 2012). We used this criterion across all nations to be consistent across study sites. Participants also had to have an email address, an Internet connection, and access to a computer and a webcam. Furthermore, potential participants were informed that because this project involved a sensitive topic, the men would need to participate from a private location. Men identifying as currently in an abusive relationship were not excluded at the outset of the study because we did not want to exclude men who were confident they could remain safe and may benefit from taking part. It was stressed, however, that their safety was paramount at the recruitment stage (see the screening, confidentiality, and protection sections for further details). Finally, the men were informed that as part of their participation, they had to be willing to disclose some of their experiences of abuse and victimization within the context of a focus group.

Screening of Participants

The men who contacted us in response to the recruitment advertisement were given a brief explanation of the study and consent statement. They were informed that if they were still interested in taking part after reading the information sheet, they would be asked to complete a screening questionnaire via email that had been designed to keep them safe and free from harm. Those who expressed continued interest were sent a screening questionnaire which asked for sociodemographic information about themselves, but most importantly, assessed whether participation could be potentially detrimental to the men themselves. To make this determination, we assessed whether the men were currently in an abusive relationship and if participation would potentially put them at risk for being harmed, if they were currently experiencing a crisis, and their motivation for wanting to participate. We also screened for

Table 1. Number of Potential Participants, Screening Activities, and Final Number Who Participated.

Participants in Study	Australia	Canada	United Kingdom	United States
No. of potential participants who contacted us prior to start of study[a]	39	18	21	25
No. who requested/received screening survey	30	10	15	19
No. who returned screening survey	21	10	11	15
No. who were screened out	0	0	1	2
No. who were waitlisted	8	0	0	2
No. approved as participant, but who did not participate	1	1	0	0
No. included in study	12	9	10	12

[a]Some men continued to express interest in the study after it was launched and all slots were filled. The numbers in this table show the number of potential participants who contacted us prior to the start of the study.

whether the men were experiencing any mental health concerns and if they had adequate support should they encounter distress after participating in the focus group. We also wanted to make sure that the potential participants understood that the purpose of the focus groups were not to specifically provide counseling or support; they were being conducted for the purposes of research and knowledge creation.

Participants

Table 1 shows the number of men who contacted us, were sent screening forms, returned those forms, were screened out, and ultimately how many participated. Of the 103 men who contacted us, we screened out three men who might be at risk by participating (one from the United Kingdom and two from the United States) or who wanted to pursue a particular political agenda, such as changing funding or the approach to how men who seek help are treated, as the primary reason for wanting to participate. Our intent was to keep each participant safe, but also to engage all of them men in a positive and fruitful discussion about their experiences of abuse. The two members of the team who are clinically based practicing psychologists (E.M.C. and L.D.) helped to guide our decisions around screening.

Technology Used to Conduct Focus Groups

We used GoToMeeting® to conduct the focus groups, which facilitates online video conferencing and is powered by Citrix®, a platform, software, and cloud-computing company.[1] GoToMeeting® is a fee-for-service technology and allows live video conferencing and audio recordings of meetings. For the type of account that we had for GoToMeeting®, we could have a total of six participants, which for us meant four male victim participants and two facilitators.

GoToMeeting® allows for group chats to take place during the web conferencing and for individual members of a session to privately chat with one another. This allowed for facilitators to check in with each other and for individual participants to contact the facilitator with clinical experience when feeling emotionally distressed (or for the clinically trained facilitator to reach out to a participant who appeared to be distressed). Communicating exclusively through the live chat feature was not an option for the participants. They were expected, and did, use the audio and video features in GoToMeeting®.

Steps Taken to Ensure Confidentiality and Protection of PA Victims

The issue of ethics in conducting online qualitative research with vulnerable or HTR populations has been raised by those working with individuals from such communities (Brownlow & O'Dell, 2002). This study was approved by the university boards of ethics of the participating researchers. When interested male PA victims contacted us to indicate their interest in our study, we cautioned each man to consider whether participation would put them in harm. We included the following language in the recruitment statement, in red lettering.

> Please note! If you are currently in an abusive relationship, you should think very carefully about whether your participation in this project can be carried out safely. For example, will your partner be able to read your emails to us and from us? Will your partner be aware of you participating in the online discussion group? Remember, unless a website has been set up in a specific way, people can trace your history on the computer—that is they can see what sites you have been logged onto. They will be able to trace that you have accessed the weblink to our online group unless you know how to effectively delete this history. Think—would taking part threaten your safety in any way? Please do not take any further part in this study if it does.

In our recruitment statement, we also ensured the men that we could maintain their confidentiality, but because they would be emailing with us, we

could not ensure anonymity. The men were encouraged to use an email address that did not explicitly use their name (they could create a new one just for the purposes of this study). We also encouraged the men not to use their real names in email correspondence and assured them that we had no interest in using their real names during the focus groups. In fact, we found a list of male names on the World Wide Web, randomly assigned them the names to each of the men in the final pool of participants, and emailed each participant his assigned alias. At the scheduled time of each focus group, the participants were in charge of logging into the GoToMeeting® platform and of identifying themselves to the group by typing their name during this process. We encouraged them to use their assigned alias. About half of the men signed into the GoToMeeting® platform for the focus group using their actual first names and about half used the alias that we provided. Men's decisions regarding which name to use was known to the researchers only and was not discussed during the focus groups. We did require the men to use a webcam in each focus group that we held. We theorized that this would help to establish trust between the participants and between the participants and the researchers. We also wanted, as researchers, to be able to monitor the participants' background to see, to the best of our ability, if anyone else was in the room with them. Participants were instructed in the information sheet that they were required to take part in a private location to maintain confidentiality and that we would eject anyone from the group who appeared to be participating from a public location.

In our recruitment statement and email correspondence with the men before the study, we informed them of our efforts to keep them safe, to keep their responses confidential, their right to refuse participation, to skip questions, to take a break by turning off the audio or video feed momentarily, or to leave the focus group at any time. We also provided the men with a list of resources that could help in the event that they needed support after the focus groups were completed. Once the focus group started, we reviewed these main points with the participants using a PowerPoint presentation shared from the screen of one of the researchers and asked that individually, each of the men verbally consent to the terms and conditions of the study. This was audio recorded as an automatic feature of GoToMeeting®. Participants seemed to understand the serious nature of keeping participants safe. Every participant consented, and no one questioned the methods or rationale for our techniques.

Handling Technology During the Focus Groups

After we briefed the men on their rights as research participants, we gave an overview about how to handle the technology that we were using during the

focus groups. One of our primary concerns was preparing the participants to handle technology concerns that may arise to avoid confusion and the misuse of time. In advance of the focus group sessions, we sent the men information about the technology needs, including Internet connection, microphone, speakers, webcam, how to log on to join the focus group, and we asked them to log in 15 min before the start time to address concerns with technology. The email also included information about the length of the session and the number of questions that we would ask the men. On the day of the focus groups, after we addressed confidentiality, but before we started asking the questions, we began with an orientation in how to use the technology and the various features of GoToMeeting®. We also instructed the men in how to use the chat feature as previously described.

Running the Focus Groups

Once we completed the initial start-up information about confidentiality and technology, we had roughly 60 to 70 min left for each focus group. For each focus group, one of the facilitators was a researcher whose nationality or residency matched that of the participants. The second facilitator did not share the nationality of the participants, but always made her national location known with the men. As noted, the facilitators were able to communicate with each other privately during the sessions through the use of a private chat feature, to check in around use of time—for example, to assess when a question should be pursued further or when it was time to move on, seeking clarification in understanding accents and pronunciations, and expressing concern about the potential well-being of any participant who was or was potentially in distress.

Supporting the Participants During the Focus Groups

We found the men to be incredibly forthcoming in their discussions of themselves, their partners, their children, and other affected family members. The men told stories of physical, sexual, and emotional abuse, which resulted in rich data (Dixon, Celi, Hines, Lysova, & Douglas, In progress; Lysova, Hines, Dixon, Douglas, & Celi, In progress). To support the participants in our study, we made sure that the two practicing psychologists on our team (EMC and LD) were always one of the facilitators during the focus groups. Thus, if one of the participants began to struggle emotionally, mental health support was available immediately. Three of the men did report that they were experiencing emotional concerns and privately messaged this information to the appropriate facilitator via the GoToMeeting® facility. Similarly,

there were a few instances when the facilitators reached out to the men who appeared to be struggling. None of the men ceased participation, despite having been very recently informed that they could leave at any time without consequence to themselves, suggesting that level of emotional difficulty experienced did not cause men to opt out of the study. Finally, at the end of the group we again provided the men with a list of resources in their own countries that could help in the event that they needed support after the focus groups were complete. These were also emailed to participating men again in a final debriefing and thank you email post-group completion.

Advantages of Conducting Online Focus Groups With Male PA Victims

Like many other researchers (Janghorban et al., 2014; Kozlowski & Holmes, 2014; Tuttas, 2015; Wilkerson et al., 2014), we found online focus groups to be a legitimate method for qualitative research and for data collection. Specifically, we found it to be successful in terms of interacting with and collecting information from male victims of PA. The data from this study, about men's experiences with PA victimization and their helpseeking efforts, are in the process of being analyzed and will be reported in several different articles at a later date (Dixon, Celi, Hines, Lysova, & Douglas, In progress; Lysova, Hines, Dixon, Douglas, & Celi, In progress). We found that when working with this HTR population, there were several advantages to using this methodology. By participating remotely, the men were better able to protect their identities if this was a concern. They could use the assigned pseudonym and participate remotely from their homes. No one knew the location of their home, or even the city/town in which they lived; only the name of the country was known. The men could control the degree to which they wanted to participate. The men could opt out of questions, which is not unique for social science research, but if needed, they could temporarily remove themselves from the conversation by muting the audio of the conversation or by turning off their webcam and then returning when they felt comfortable doing so. Arguably, this would have been more difficult to achieve in a face-to-face setting.

As noted, some have argued that using online communication tools in providing health care among high-risk populations may increase participant comfort and lead to higher rates of disclosure (Lingley-Pottie & McGrath, 2008; Saberi, Yuan, John, Sheon, & Johnson, 2013; Simpson, Richardson, & Pelling, 2015). This is consistent with our experiences. When participants experienced emotional difficulty, they could reach out privately to one of the clinical facilitators for support. This is a unique feature of online focus groups

and something that would likely be impossible in face-to-face settings. Furthermore, it would have required a level of disclosure in front of peers that could have been intimidating. Qualitative accounts of using video-conferencing technology indicate that clients/patients report feeling more at-ease, less intimidated, and less nervous when speaking to someone through live video (Saberi et al., 2013). This might be especially true among male victims of PA who often report feelings of inadequacy, embarrassment, and humiliation, and who describe significant internal barriers to seeking help for their victimization (Cook, 2009; Hoy, 2012). The purpose of this study was not to assist the men with helpseeking, but rather to hear from the men about their victimization and this method of data collection may have helped to facilitate that goal by providing the men with a more comfortable format that facilitated the kind of support that they needed to stay engaged and to continue to participate. For example, there is evidence that for some people using video conferencing can help to facilitate disclosure of sensitive information (Frye & Dornisch, 2010).

Online focus groups allowed us to bring together participants from across the globe, to hear from a diverse group of men with similar experiences and commonly shared knowledge. In addition to providing the men with a sense of control regarding their location and degree of participation, using online focus groups made it possible to gather information from male victims of PA. As previously discussed, male victims are a HTR population. There are almost no on-the-ground shelters, services, or agencies that specialize in this population. Some do provide services for them (Douglas, & Hines, 2011; Tsui, 2014; Tsui et al., 2010), but finding enough men in one geographic region who have sought help, to conduct multiple focus groups, is not as feasible as it is when studying female victims. Thus, this technology allowed us to bring together a geographically diverse group of victims and participants. Furthermore, they were able to benefit from the group experience and shared knowledge, as evidence by the desire of some of them to stay in touch, without actually being in the same room together. The same is true for the facilitators. Our research collaboration brings together a small group of international researchers who examine a small, but growing area of partner violence and abuse. Without the use of this technology, we would have not have been able to collaborate with each other in the conducting of this study.

Finally, the technology allowed us to audio record the focus group sessions. This allowed us to have record of the discussions, but it continues to maintain the confidentiality of the participants in the focus groups. This would be true for face-to-face sessions as well, but not all readers may be aware of the different types of features that are available through video-based web conferencing.

Lessons Learned and Recommendations for Future Research With Male PA Victims

As with all new research methodologies, we also discovered potential pitfalls or areas that we would caution for future research. First, not surprisingly, are issues concerning technology? Does the sound recording produce a good quality audio file, and is it possible to create two files with two separate destinations in case of malfunction? We found that the sound files were more than adequate of the focus group sessions that we recorded. We worked with several graduate student transcribers and there were no reported problems with the audio file. GoToMeeting® automatically placed the audio files in one location, not two. As a result, we were sure to back-up our files as soon as the one audio file was available. What other sounds are present that might interfere with the audio signal, such as an open window capturing traffic noise or the time of day that they are logging on? Carrying out a focus group during peak demand times for Internet connectivity might make connectivity more problematic. Similarly, what is the speed of the Internet connection and how will this have an impact on participation? This is an issue for each participant and facilitator, alike. Furthermore, HTR populations may have inadequate access to high-speed Internet service. Facilitators/researchers need to be able to troubleshoot these matters on the spot. Inviting this study's participants to log in 15 min early enabled several technological issues to be rectified ensuring that the focus group started on time with all present. These are concerns that have been raised by other researchers who have conducted online focus groups (Janghorban et al., 2014; Tuttas, 2015) and specifically, HTR populations (Wilkerson et al., 2014).

Second, what is visible in one's dwelling, such as family members, pets, domestic workers or handymen, and so forth, and other than being a distraction, is this a problem? Of most importance, is this a threat to confidentiality? In one of our sessions, we did have a family member walk by during the live focus group session. We stopped the session and asked the participant to make sure that his space was private and that no one else would be entering the room, to which he abided. These are concerns that can be raised with participants when materials are sent in advance of focus group sessions and rules for participation are made clear and agreed upon by all members, as was done for our study and therefore made reiteration to the male participant easier during the focus group session. Third, when we participate in online activities, we may not always be fully present (Taneja, Fiore, & Fischer, 2015). Participants might be checking email or distracted by something else in our environments. The participants revealed difficult stories of abuse and trauma, which requires attention and respect to the stories being told. This may be less important in research which does not involve sensitive topics such as PA.

We did not encounter issues related to poor attention, but it is something that facilitators should discuss in advance between themselves and with participants. They must be willing to keep all participants engaged and gently redirect participants if their attention appears to be split or less than optimal. Using video-based facilities may also serve to reduce this risk as participants are visible and distractions are more likely to be obvious.

Fourth, sometimes participating in a group session, such as we describe here, can be cathartic and members can bond with each other or want to stay in touch (Caserta & Lund, 1996). This happened in three of our focus groups. Some of the men emailed and asked if they could stay in touch with each other. In one of the groups, one of the men asked online if they could share email addresses. To maintain confidentiality and not put any men under pressure to conform to the request, the facilitators said they would contact each of the men separately to ask if it was alright to share their email addresses with the other members of their focus group. If this had been in a face-to-face setting, this might have occurred naturally without the necessary gatekeeping from us. At the same time, perhaps the men would not have reached out afterward without the benefit of electronic communication. Fifth, we have no guarantee that the men were participating from their stated associated countries and short of tracking the Internet service provider address for each individual, which would be a violation of confidentiality, participants were trusted to be honest in their declared country of residence.

Finally, with regard to limitations, this methodology does not allow for individuals who are without Internet access to participate. In the United States, individuals without Internet access include those who are older, have less education, and are more likely to be people of color (Perrin & Duggan, 2015). HTR populations are of modest means, live in rural areas, or do not have access to reliable Internet services (Madden, 2013). In addition, research shows that individuals who have higher levels of comfort with technology are more comfortable with self-disclosure through communication tools that rely on more recent developments in technology (Frye & Dornisch, 2010). In such instances, we potentially missed an opportunity to hear from some male victims of PA, which limits the generalizability of studies using this technology. There is evidence that the anonymity that is offered by online communications can lead to exaggerated claims or experiences, such as with online dating website, or harsh attacks in the comment field that follow news articles (Guadagno, Okdie, & Kruse, 2012; Rodríguez-Darias & Aguilera-Ávila, 2018; Utz, 2005; Woo, 2006). Other research shows that in online discussion forums. there is little difference in the answers that are provided by respondents who are anonymous, as compared with respondents whose identity is known (Paskuda & Lewkowicz, 2017). Finally, like all research on PA, we did not validate the experiences or claims of the men with regard to the abuse

that they sustained. It is possible that some of the men in the study fabricated their experiences. They would have had to have dedicated over 2 hr of their time to do so, without any obvious gains. The clinicians on the team did not express concern regarding the legitimacy of the participants and the information that they conveyed.

Conclusion

Conducting focus groups online provides one way for researchers to reach and collect data from the HTR population of male victims. It is especially useful because there is no central way to reach men who are victims of PA, as there is for women. Not all of them are helpseekers and of those who are, many have had poor responses to those experiences. Using technology to interact with these men not only brings together participants from different regions or countries, it allows the same for researchers, as well. This method permitted the researchers to be "present" in multiple locations/countries during data collection and allowed the men's stories to be heard in their own words. Despite some of the limitations with this approach, it offers access to one HTR population, adding knowledge regarding how to engage a more diverse group of individuals who identify as PA victims. Participants and researchers can engage with others from outside their immediate region and all of the standards of confidentiality are maintained as they would be with face-to-face data collection. As such, this approach affords the generation of international knowledge in an under researched area.

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1. For more information on GoToMeeting®, visit http://www.gotomeeting.com/. For more information on Citrix, visit https://www.citrix.com/.

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