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*Original Research*

# Barriers to Men's Help Seeking for Intimate Partner Violence

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## Abstract

Evidence suggests that male victims of intimate partner violence (IPV) are less likely to seek help for their victimization than female victims. Studies exploring barriers to help seeking are relatively scarce in the United Kingdom (UK) and those that have been undertaken across Europe, United States, Canada, and Australia have tended to rely on small samples of help-seeking men who have self-identified as victims of IPV. With a view to include more male victim voices in the literature, an anonymous qualitative questionnaire was distributed via social media. In total, 147 men (85% from the UK) who self-identified as being subject to abuse from their female partners, completed the questionnaire. The data was subjected to a deductive thematic analysis and one superordinate and two overarching themes were identified. The superordinate theme was stigmatized gender and the two overarching themes (subthemes in parentheses) were barriers prohibiting help seeking (status and credibility, health and well-being) and responses to initial help seeking (discreditation, exclusion/isolation, and helpfulness). The findings are discussed in the context of Overstreet and Quinn's (2013) interpersonal violence and stigma model and findings from previous research. The conclusions and recommendations promote education and training and advocate a radical change to policy.

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Much of what we have historically understood about experiences of intimate partner violence (IPV) has been derived from research exploring men's perpetration and women's victimization (Pence & Paymar, 2003). Research and activism in the 1970s brought the concept of IPV into mainstream discourse (Dobash & Dobash, 1979). Prior to this IPV had been largely ignored in what Dutton (2006, p.11) labelled the "age of denial"; indeed, privacy in the home was exalted and arguably *wilful blindness* governed (Heffernan, 2011). Behaviors that in any other circumstances would be prosecutable, went "unseen," unreported and unchallenged. Pioneering feminist research of the 1970s led to the development of gendered models of IPV. These models constructed IPV as an issue of men's violence toward women, driven by a patriarchal imperative to control and dominate (Buzawa et al., 2017; Schwartz & DeKeseredy, 2008) in a narrative of power that privileges men and subjugates women.

Alternative explanations for IPV have also been proposed, for example, theories of family violence and general aggression (Felson, 2002). These explanations posit that IPV perpetration may be better understood if the "problem" is constructed at a relationship/individual level rather than a structural one (Caetano et al., 2008; White & Chen, 2002). Research following this perspective has highlighted the complexity of IPV, indicating that men's violence may be better explained by a complex array of factors including adverse childhood experiences and trauma (Whitfield et al., 2003). This line of inquiry has also confirmed that men can be the victims and women the perpetrators of IPV (Archer, 2000; Breiding, 2014; Desmarais et al., 2012; Dutton et al., 2005). The current study builds on recent research on male IPV victimization by female partners to inform how stigma affects help-seeking behaviors among such victims. We do so by analyzing qualitative survey data collected from 147 men who had experienced some form of IPV with a current or former female intimate partner.

## Early Research

Early research exploring male victimization and female perpetration, frequently constructed women's violence within a self-defense narrative (Dobash & Dobash, 2004; Hamberger & Potente, 1994; Saunders, 2002).

Female perpetration was argued to be protective being utilized instrumentally for self or child protection (Babcock et al., 2003; Swan & Snow, 2003; Swan & Sullivan, 2009). Early work also suggested that the violence and abuse suffered by male victims of female perpetrated abuse was not comparable to that experienced by female victims (Flynn, 1990; James, 1996; Kelly & Johnson, 2008). Subsequent research has suggested that while this may hold true in some circumstances, it does not explain all the violence perpetrated by women against their male partners (Dim, 2020; Dutton et al., 2005). Indeed, contemporary accounts have adopted terminology to delineate the types of IPV observed within relationships, e.g., *reciprocal* and *nonreciprocal* (Whitaker et al., 2007); *symmetrical* and *asymmetrical* (Mennicke & Kulkarni, 2016), *bidirectional* and *unidirectional* (Caetano et al., 2005; Renner & Whitney, 2012). The terms reciprocal, bidirectional, and symmetrical broadly refer to relationships in which IPV is perpetrated by both partners; whereas, the terms nonreciprocal, unidirectional, and asymmetrical are used when only one partner (male or female) perpetrates the violence within their relationship. The development of the terminology consolidates the findings that both men and women in same and opposite sex relationships can be victims, perpetrators or both.

Unsurprisingly, given the relative recency in research terms of the recognition of men's victimization, there remains a paucity of research examining how male victims of IPV respond to and seek support for their victimization (Allen-Collinson, 2009; Dim, 2020). A body of literature exploring the experiences of men victimized by female partners is starting to emerge. For example, work in the United States and Canada (Dim, 2020; Hines & Douglas, 2010) and Europe (Bates, 2019; Bjørnholt, & Rosten, 2020; Drijber et al., 2013; McCarrick et al., 2016) has shown that men's victimization experiences may include physical and psychological forms of abuse. The physical assaults reported by male victims have been found to include serious physical attacks from their female partners including: hitting, stabbing with an object, kicking, biting, and choking (Bates & Taylor, 2021; Machado et al., 2017). These assaults challenge the perception that women's violence toward male partners is trivial and inconsequential (James, 1996; Johnson, 2008; Saunders, 2002). The IPV victimization experiences reported in these studies were neither trivial nor inconsequential, with men reporting significant issues with their physical and mental health as a result of the abuse they had experienced, including posttraumatic stress disorder (PTSD; e.g., Hines & Douglas, 2011), anxiety and depression (Coker et al., 2002; Próspero, 2007; Próspero & Vohra-Gupta, 2007), and suicidality (McLaughlin et al., 2012).

Despite the evidence that IPV can have powerful and enduring effects on victims, the status of "victim" is argued not to have been applied equally to

men and women (Lysova et al., 2022; Seelau et al., 2003; Yamawaki et al., 2018). One of the explanations offered for this relates to the pervasiveness of the masculinity narrative (Dim, 2020; Perryman & Appleton, 2016; Whittaker et al., 2007). This narrative promulgates the belief that men should be powerful and able to protect themselves (Corbally, 2015; Rentoul & Appleboom, 1997), and that they should be able to resolve their own issues and defend themselves and others against abuse (Bjørnholt & Rosten, 2020; Tsui et al., 2010). Indeed, while a *victim* label has important implications for access to support, it can also construct individuals as weak, passive and trapped (Overstreet & Quinn, 2013). In the context of a masculinity narrative, the inferred synonymy between *victim* and *weakness* may be even more salient for male victims (Allen-Collinson, 2009; Corbally, 2015; Melton, & Sillito, 2012; Venäläinen, 2020). Studies have consistently shown men being blamed more for their victimization than women (Lysova et al., 2022; Sorenson & Taylor, 2005; Yamawaki et al., 2018). To request help may therefore challenge internally and externally held beliefs around masculinity, where men are supposed to be strong, independent, and self-sufficient individuals (Walker et al., 2019).

These internal and external factors may help to explain why men who are victimized by their female partners are reluctant to seek help (Machado et al., 2016). Research findings to date have indicated that men do not seek help for a variety of reasons including fear of losing their children (Bates, 2019; Brooks et al., 2017), shame and embarrassment (Tsui et al., 2010), a fear of not being taken seriously (Drijber et al., 2013), a protective or chivalrous attitude toward their partner (Entilli & Cipolletta, 2017), fear of being arrested (Tsui et al., 2010), and a denial of their victim status (Cheung et al., 2009; Corbally, 2015). These findings support the argument that stereotype and stigma may have an important role to play in understanding men's responses to IPV perpetration by their female partners. Stigma has been described as the co-occurrence of labelling and stereotyping leading to a loss in status and discrimination (Link & Phelan, 2001), most definitions of stigma include two main components, a recognition of difference and an associated devaluation (Dovidio et al., 2000). Moreover, stigma is argued to exist within social interactions, it is a function of interaction as opposed to a feature resident within an individual (Hebl & Dovidio, 2005). This is highly relevant because it means that what is stigmatizing in one social context may not be in another (Bos et al., 2013).

## Masculinity and Gender Stigmatization

IPV victimization regardless of victim gender has been ascribed a "stigmatized identity" status (Overstreet & Quinn, 2013, p. 3) because of the hidden

and visible components it entails. The concept of a stigmatized identity may serve as a powerful inhibitor for help seeking. Goffman (1963) explained the complexity of a stigmatized identity, arguing that stigma may be visible or hidden. A visible stigma may be a physical difference or disability that can be seen by others, where a hidden stigma infers a feature or characteristic that is not directly visible to others, for example, a mental health concern, addiction or victimization. Those experiencing a visible stigma have no option but to manage their identity, where those whose stigma is hidden may actively work to keep it out of view. Despite the effort involved in managing a hidden stigma, there is always the possibility that it will be revealed. This fear, Goffman (1963) referred to as a persistent fear of being discredited, living with the knowledge that at any time the stigma may be revealed and that this may influence the way they were seen and responded to by others. Discredited in this context means that their former identity is challenged and devalued by the introduction of this new information. This fear of being discredited or devalued may be particularly relevant to IPV help-seeking narratives where revealing victimization, simultaneously reveals the stigma and may, if poorly managed lead to a victim feeling devalued (Chaudoir et al., 2013; Taylor, 2019). The fear of being discredited as a result of their victim status and the associated social and psychological sequelae have been somewhat neglected in IPV research to date, but may be an important factor in explaining why male victims of female perpetrated abuse are reluctant to seek help (Dim, 2020; Walker et al., 2019).

Overstreet and Quinn (2013) produced a model of IPV stigmatization, describing three components, cultural stigma, stigma internalization, in reference to the way victims come to believe the negative cultural stereotypes attributed to victims of IPV, and anticipated stigma. Anticipated stigma referring to the expectation of how victims of IPV will be treated by others. Overstreet and Quinn's model has been usefully applied to assist in the understanding of female victim experiences. As yet underexplored in the male victimization literature, findings do indicate that this model may be helpfully applied (Murray et al., 2018; Overstreet et al., 2017). Indeed, in terms of cultural stigma, and the internalization of cultural beliefs and norms, the masculinity narrative may arguably compound the issue for men further reducing the likelihood of help seeking (Corbally, 2015; Dim, 2020; Machado et al., 2017; Tsui et al., 2010).

## IPV Policy in the United Kingdom

Somewhat unhelpfully, the cultural approach to male victimization in the United Kingdom (UK) is obscured further by the framing of its IPV policy.

The UK government's approach to IPV is firmly situated within the Violence Against Women and Girls strategy (Crown Prosecution Service, 2019). A strategy that promotes the belief that IPV is a problem of men's violence toward women. Cumulatively, therefore, the cultural message is that IPV victims are female, and the perpetrators are men. A message that also appears to have influenced both service availability and response style (Hine et al., 2020; Hogan et al., 2012; Huntley et al., 2019). Services within the UK for men experiencing IPV are sparse (Bates & Douglas, 2020). Cook (2009) argued that the dearth of services for men illustrates a lack of public recognition of the problem. A factor that may make help seeking even more difficult (Perryman & Appleton, 2016). The findings from research to date suggests that the lack of visible services for male victims and the response received when men do report victimization may combine to serve as a further barrier to disclosure and support seeking (Lysova & Dim, 2020; Machado et al., 2016; Mansfield et al., 2003; Perryman & Appleton, 2016; Tsang, 2015; Wright, 2016). Consequently, for a male victim the cultural messages appear to have the power to delegitimize their experience.

A body of research is mounting, however, based on the research undertaken in the field to date, it is possible that there are experiences currently missing from the academic literature. Much of the research to date has come from help-seeking samples (Hines & Douglas, 2011; Morgan & Wells, 2016; Simmons et al., 2016). A sampling technique that while powerful is restricted to those who have sought help. In addition, research has also indicated that men may need greater assurance of confidentiality and anonymity to disclose their experiences (Mankind Initiative, 2020; Tsui et al., 2010) which means that the dominance of face to face data collection methods used to date may inadvertently exclude some potential participants (Cook, 2009; Nybergh et al., 2015). Finally, many of the studies undertaken to date have explored barriers to help seeking as one of several concerns for male victims which may limit the depth and richness of the barriers data collected.

## The Current Study

The aim of the current study is to explore the barriers to help seeking reported by men who have experienced IPV in opposite-sex relationships. This study seeks to explore male victim's experiences of help seeking for IPV from a female partner and the role of masculinity narratives and stigma on help-seeking. In particular the barriers faced when deciding whether to seek help or not and where applicable, the responses to help seeking attempts.

## Method

A qualitative, anonymous, online questionnaire was selected with the objective of extending the response pool and so enabling a wider range of experiences to be included. Using a method that is neither face to face nor restricted to those who have already sought help. This strategy has already been shown to be successful for recruiting male victim samples in the UK (Bates, 2019) and in Australia (Walker et al., 2019).

### Participants and Procedure

The questionnaire was advertised online, through social media (e.g., Twitter and Facebook) and via organizations that are known to work with male victims of IPV (e.g., Mankind Initiative). In advertising the questionnaire, we avoided using the term "domestic violence." It was clear in the information prior to the questionnaire that this was for men who had experienced aggression and control from female partners and was for those in opposite-sex relationships. A total of 147 men completed the online questionnaire with an age range of 27 to 74 years ($M = 47.38$, $SD = 8.83$), only 34 participants (23%) were under the age of 40 years. Only 11 respondents (8%) were over 60 years of age. Therefore, 102 of the 147 participants were aged between 40 and 59 years. The majority identified as British (85%) followed by 5% describing themselves as European, 4% as US citizens, 1% as from Australia/New Zealand, 1% from Canada and 4% identified as other. Less than half the sample identified as being in a current relationship (46%), but more than three-quarters had children (89%). In total, 45% of participants reported having a current partner. In total, 80% of respondents were referring to experiences from a relationship that had ended and where they were no longer cohabiting with their abuser. The data set once downloaded was sorted by age within an excel spreadsheet, therefore, the participant numbers used within text are lower for younger respondents and higher for older respondents.

### Questionnaire Design

The design priority was to develop an online anonymous questionnaire that focused almost exclusively on exploring barriers to and experiences of help seeking for adult males in opposite-sex relationships. The information circulated to attract potential participants explicitly sought respondents who had self-identified as in (or had been in) a relationship with a woman where they had experienced aggressive and/or controlling behavior.

The final questionnaire was qualitative (with the exception of nine demographic items) and included 28 questions in total. It was organized into two sections, parts one and two. Part one of the questionnaire asked some broad questions relating to demographics (e.g., age; parental status; length of relationship) and the nature of the relationship generally and then moved on to ask specifically about both physical aggression and nonphysical forms of aggression such as emotional and financial abuse. For example: Can you describe what happens when there is conflict in your relationship? (e.g., Has this ever escalated to physical aggression? Could you describe what happens during these events?), sometimes in relationships, people try and influence, or manipulate each other's behavior. Thinking about this, can you describe your partner's behavior around finances and children (if applicable). This section also included questions about whether participants had ever told anyone about their experience and if so, how their disclosure had been responded to.

The second part of the questionnaire focused on barriers to help seeking. Previous research had identified a number of potential barriers and these were used to guide question design (Bates, 2019; Brooks et al., 2017; Cheung et al., 2009; Corbally, 2015; Drijber et al., 2013; Entilli & Cipolletta, 2017; Tsui et al., 2010). The barriers identified from previous research were organized into the following themes: personal barriers; fear of safety; children; not being believed; being blamed; financial barriers; lack of support; role of coercion and control within the relationship. These themes were constructed following a general prompt, *in previous research, men have indicated there were a number of barriers to them telling people about their experiences or asking for help/support. These are listed below, can you please explain if any of these were relevant to your experience.* The final questions in part two offered participants the opportunity to identify any barriers that had been missed but were relevant to their help seeking or disclosure.

## Analytic Strategy

A thematic analysis was applied to the data (Braun & Clarke, 2006); specifically, a deductive analysis was chosen with a focus on semantic themes. It is important to note that the often over simplistic inductive versus deductive bifurcation is open to challenge (Alhojailan, 2012; Fereday, & Muir-Cochrane, 2006). We acknowledge the debate and recognize that when working with qualitative data, it is unlikely to be either inductive or deductive process, rather a "hybrid" of the two (Swain, 2018, p.1). The analytic process followed Braun and Clarke's (2006) six step method. The six steps are as follows: (1) familiarization with the data, (2) generating our initial codes, (3)

searching for themes, (4) reviewing our initial themes, (5) defining and naming our themes, and (6) producing the report.

The process that followed involved the main authors reading through the data several times to develop a familiarization with the responses to individual questions but also to the body of data in its entirety. The lead authors then independently revisited the data and generated initial codes. The process of code generation and discussion was a lengthy one, it involved moving between *a priori* theoretically driven codes (e.g., parent, child, son, daughter, husband, male) and *a posteriori* data driven codes (e.g., isolation, exclusion, alone, lonely) (Swain, 2018). A thematic map was produced to ensure that the codes (extracted data) and the entire data set were represented by the themes and subthemes (Braun & Clarke, 2006; Maguire & Delahunt, 2017). For example, the codes relating to relationships (parent, son, child, father were captured within the theme of *Status and Credibility*; the codes relating to isolation, exclusion, loneliness were captured within the themes of *Isolation and Exclusion* if related to help seeking or *Health and Well-being* if related to barriers). The main objective of this final step was to ensure that that the final themes represented the lived experiences of the men in the sample and were contextually meaningful (Braun & Clarke, 2006, 2012; Carpenter & Suto, 2008; Guest et al., 2012). The importance of context was particularly relevant here because there was considerable overlap in what might prevent a person seeking help and the outcome of help seeking. For example, fear of isolation or separation from the family was both a barrier to seeking help for some participants and the outcome of help seeking for others.

## Analysis

In addition to the broad demographic data collected, participants were asked whether they had reported their abuse. In total, 27% of participants reported not having sought help or disclosed their abuse to others until years after the relationship had ended and a further 13% had used this questionnaire as their first opportunity to disclose. Participants were also asked about the types of abuse they had experienced. The types of abuse reported by participants included: physical violence, sexual, emotional, financial, verbal, administrative abuse, and coercion and control. From the 147 respondents who completed the question specifically related to physical violence, 104 reported being physically assaulted on more than one occasion. The assaults described included: hair pulling, scratching, gouging, biting, being burned with cigarettes, pushed down the stairs, punched and hit with objects in their sleep and while awake, being kicked, stamped on, and attacked with knives.

## Thematic Analysis

The deductive analysis produced one superordinate theme *stigmatized gender* with two overarching themes (subthemes identified in parentheses): (a) *barriers prohibiting help seeking* (*health and well-being; status and credibility*) and (b) *responses to initial help seeking* (*discredited; exclusion and isolation; helpfulness*) (Figure 1 provides a simplified map of the superordinate and overarching themes and subthemes).

This section is organized by theme with extracts from the data taken verbatim to illustrate the coding and analytic process. The verbatim extracts are followed by a participant number and their age in years (e.g., Participant 2, 28 years).

## Superordinate Theme: Stigmatized Gender

*Cultural stigma* (Overstreet & Quinn, 2013) was described in many of the men's accounts of their experiences. The participants' perception of prejudice and experience of discrimination was distressingly common, "I first called a women's help line they listened and then rapidly the tone changed and she told me I only thought I was being abused and that I was the abuser and that I needed help dealing with all of the anger and violent abuse I was causing …. and that I needed to turn myself in. I hung up, terrified!" (Participant 32, 41 years).

The participants' constructions of the masculine identity and the associated behavioral norms was a powerful component of this theme. For many participants it was not simply about what other people would think or how
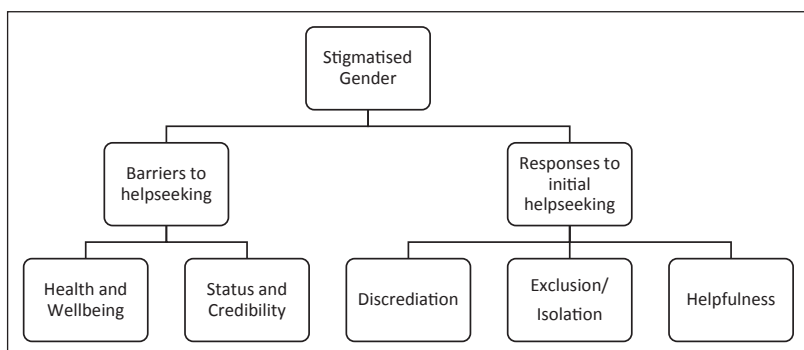


**Figure 1.** Simplified thematic map—Barriers to help-seeking.

they might behave toward them. Seeking help was also concerned with moving from a psychological position of *denial* to an *acknowledged victim status*. This transition was reported to be risky and one that presented challenges to their self-image, "given societal expectations for my age demographic, I find it hard to admit that this happens to me as a man" (Participant 112, 54 years). There were elements here of what Overstreet and Quinn (2013) referred to as *internalized stigma*, in terms of the participants' own beliefs relating to their gender and their own expectations of masculinity, for example, "It is very difficult to show others my failure as a male" (Participant 147, 74 years); "We must man up and take all punishment. If we act or call for help, we are not a man" (Participant 72, 46 years).

A number of factors may combine to justify the anticipated stigma reported by male victims: (a) media campaigns: "I didn't realize men went through it; I thought only women were victims" (Participant 46, 42 years), "Many men do not know their rights and feel they have to endure due to the way they have been socialized. By family media and government" (Participant 16, 37 years). (b) Service provider training, "On one occasion while being held in a cell in anticipation of questioning I was told by one higher ranking officer that I was filthy scum and that I would definitely be going to prison for several years (I was the one who had been both physically and emotionally abused)" (Participant 109, 52 years). "People say men refuse to ask for help. But in my experience men do ask for help and are told to shut up" (Participant 73, 46 years). (c) The lack of visible services, "I first called a women's help line as there was nothing for men but I was desperate as my family had cut me off already" (Participant 34, 41 years). (d) The language of legislation, "The [UK] Government … are completely biased that men can be victims of DV" (Participant 26, 39 years).

Participants accounts included reports of beliefs and experiences that endorse their fear that seeking help will reveal their identity as a victim and in so doing generate responses that simply compound their problems and intensify their fears.

Under the superordinate theme of gender, two overarching themes, Barriers to help seeking and Responses to initial attempts at help seeking were generated. These themes may offer useful insights into what organizations, professionals, family members, and society more widely could do to make seeking support more accessible for male victims.

## Overarching Theme One: Barriers to Help Seeking

The analysis revealed that 13% of respondents had not disclosed their experiences prior to this questionnaire, a further 21% had only disclosed after the relationship was over and often years later.

*Subtheme: Status and credibility.* Status and credibility fears mainly involved concerns about the implications of a change in status. For the parents in the sample, this was particularly focused around the fears inculcated in them by their abusers, including: being redefined as an abuser, an unfit parent, or a poor provider, "of being falsely accused of domestic and sexual assault in a bid to deny me access to my child" (Participant 10, 36 years). "I didn't involve social services or police as I was told they will support the woman not the man…. It's is very lonely as a man who is being tortured at home" (Participant 31, 40 years).

Where children were not involved the threats centered around counter claims, such as the abuser would claim victim status "She was careful not to outright threaten me most of the time but sometimes it slipped out when she was really out of control and she even said she would say I raped her" (Participant 34, 41 years). In some cases, participants explained that the abuser had already prepared the ground by priming others with false accounts of behaviors "I was fearful of allegations sticking somehow. She would phone my friends, family and tell them I had done this or that and, in the end, told all she had endured 'an abusive relationship for years' which was utter rubbish" (Participant 96, 50 years).

Participants were also concerned that seeking help would lead to reprisals that would impact negatively on their roles within their communities and workplaces "Moaning about my wife beating me up could turn a friend who admired me into someone who either viewed me as a failure or suspicious that I was really to blame within minutes" (Participant 38, 42 years); or fears relating to being criminalized "being threatened with false allegations that could result in me being in prison for many years" (Participant 129, 58 years).

This subtheme includes a range of coercive and controlling behaviors on the part of the abusers that are believed by the victims to be supported by service providers. This series of experiences, real or preemptive, were highly effective in preventing help seeking.

## Subtheme Two: Health and Well-being (Children's and Own)

Of the 135 respondents who reported having children with their abusive partners, only 27% had custody. For the male victims in this sample the fears reported were primarily focused on having to leave an abusive home and leave their children behind "I had both a fear of not seeing our son and for his safety" (Participant 25, 38 years), with the additional threat of a loss of contact "Fear of being removed from their life and not being there for them was the thing that kept me in the relationship and kept me trying to fix it" (Participant 43, 42 years). If she found out that I had complained there would

be hell to pay. It wasn't safe to do so. You have to bear in mind that when you have children they come first. Keeping the relationship going is the first priority (Participant 38, 42 years).

The children were a significant barrier for many of the fathers, the men finding themselves in a position of weighing up the impact on children of living through the abuse if they stayed in the relationship, against the possibility of the children becoming the targets of abuse if they left, "Letting my children down. I tried so incredibly hard to make it work and be there for them. This is the number one reason why it took me so long to leave her" (Participant 49, 43 years).

Even in cases where participants did not fear a transference of abuse directly onto the children, they did express concerns that their children may be coerced into rejecting them "to be told that you both won't see them and that she will make sure they grow up to hate you is not nice" (Participant 52, 43 years).

The respondents consistently reported fears associated with help seeking or raising the problem with their partner in terms of their own safety and well-being, for example, I thought that she would hurt me if she ever found out about what I'd said (Participant 43, 42 years). Felt that if I did something she would have no hesitation in using violence or getting someone else to do it (Participant 144, 72 years).

A number of participants recognized that physically, they could potentially defend themselves, if the need arose. However, their socialization to never hit/hurt girls/women was a barrier to self-defense or help seeking, a fear that was intensified by threats of false allegations and the implications for their children (Hine et al., 2020; Walker et al., 2019). It was mostly around a fear of the consequences if I had to fully physically defend myself. It would be me removed from the home, me not seeing the kids for months (Participant 90, 47 years).

A number of participants also raised psychological barriers to seeking help or raising the issue of separation with their partners. It felt terrible, but I just thought it was something wrong with me. Like I wasn't good enough. I still haven't told anyone all of what happened as it is embarrassing/shameful (Participant 3, 29 years).

Unfortunately, the accounts given by participants who have sought help, do little to allay the fears cited above. Indeed, one of the participants reported "if I meet a man like me, I will tell him not to disclose the abuse, no one will believe you" (Participant 147, 74 years). "My experience is that nobody is interested. Prepare yourself to receive the abuse with a smile" (Participant 73, 46 years).

### Overarching Theme Two: Responses to Initial Help Seeking

While 34% of participants in the sample did not seek help or at least not during or even until years after the relationship had ended. Those that did report their experiences provided accounts that not only confirm the fears of many of the nondisclosers, but also offer clear direction for how these barriers may be overcome.

*Subtheme one: Discredited.* In total, 30% of the participants did disclose to professional/social service providers and reported being dismissed, accused or ridiculed. A further 6% who disclosed to friends and or family were not believed or derided. In sum, of the respondents who gave enough detail to categorize (104) 70% had either not sought help during the relationship or had done so and been delegitimized in some way. The described consequences of discreditation included self-doubt, shame and further delays in seeking support. Where help was tentatively sought participants reported what might be described as a profound sense of impotence, particularly when the response received was dismissive or affirmed what their abusers had said would happen. "They did nothing. I reported abuse to police several times and they took no positive action. Social workers took matters very lightly and even took the perpetrators side, as if they didn't believe me" (Participant 90, 47 years). "It is lack of social services and police taking things seriously or being disposed to believe you" (Participant 142, 66 years). "When you actually extend your hand for help, when you are at your most vulnerable—you are simply shut off and treated like a criminal piece of garbage. What else are you supposed to do? Commit suicide? Turn to the bottle?" (Participant 1, 27 years).

The impact of the responses varied across and within participants, for some it was discussed in terms of decreasing mental health, suicidal ideation, and general worthlessness, findings consistent with previous research (Machado, et al., 2017; Walker et al., 2019). "Like being scooped out emotionally, kinda thing. Stuck in a sticky tar when a monsters chasing you in dreams kinda thing. I was 'stuck' emotionally for years. Really damaged me it did" (Participant 69, 46 years) "I nearly took my life" (Participant 63, 45 years).

Disbelief, discreditation and ridicule were not the only responses received, some participants acknowledged that following disclosure they had gone on themselves to minimize their experiences either to protect their partner, to avoid isolation, or because they felt they must be to blame "I told friends and family, who did try to help, but I kept going back thinking I was the one who was at fault" (Participant 56, 45 years). For others, they recognized that sources of help were well meaning but ineffective "Family supported me but didn't know what to do. The police told me to go and talk to her and left it at

that" (Participant 7, 33 years), "People didn't believe, or found it amusing at first, but when it persisted people tried to help, but there wasn't much they could do as I was too afraid to leave her" (Participant 3, 29 years). The ineffective nature of the attempts to support were not always a lack of willingness on the part of services, in some cases, participants were too fearful of the consequences of accepting help to progress with complaints. "Each time I was asked if I wanted to take it further, I didn't … Properly scared shitless of her I was" (Participant 69, 46 years). "I couldn't have her arrested ever, I only thought of my children and could not have their mother arrested...." (Participant 40, 42) years.

A number of participants reported moving from a position of distress to one of frustration and helplessness, that nobody believed them, and nobody would help them, this was particularly evident in fathers, where they reported feeling that their concerns for their children were ignored. "I was left feeling helpless. There was no help. Everything was set up to help women I was told men committed 99% of this sort of crime. But that didn't help me. More importantly it didn't help the kids...." (Participant 49, 43 years).

These fears were confirmed in many cases by the sequelae of their reporting to professional services, "Humiliating in a word. At one point I told the police that I had been assaulted at least ten times in 2 weeks. This promoted questions about my previous relationships and whether I had been abusive in those. Even if their suggestions were entirely untrue they would then describe me as being an abuse denier. They suggested I go on a course!" (Participant 38, 42 years) "The police and social services have not believed me and have taken everything she has said to be true without question" (Participant 74, 47 years).

These fears whether ongoing or not have had tangible impacts on the participants lives, "My life now revolves around fear of further allegations and I have had to install tracker app on my phone and Video cameras in my car and outside my house so as to protect myself from further false allegations" (Participant 54, 44 years). "After her false allegations I felt for a long time under pressure to prove that I am not a child abuser… I felt very isolated" (Participant 100, 50 years).

Participants' experience of seeking help was frequently seen to lead to services referring to them as abuse deniers and/or for their abusers to lodge counter allegations. Such counter allegations were reported across the data set and one of the commonalities was the reported presumption by others (service providers, employers, family and friends) that the allegations were true. While all allegations around abuse must be taken seriously and investigated it seems the male victims do not experience a sense of equity in the way their cases are

managed. "Even after she tried to ram me off the road in …, the SS asked what I had done to provoke her" (Participant 38, 42 years). "… I mentioned domestic violence to the social service the next thing they said was, 'How do you think you caused that?'" (Participant 17, 37 years).

It is unfortunate that in seeking to help female victims of IPV we may have created a scenario that actively disadvantages others, I don't know if I'm excluded from receiving help based either on my gender or my race or both (Participant 65, 45 years).

*Subtheme two: Excluded and isolated.* Evidence suggests that where help seeking is not a positive experience for the victim, it may lead to a number of negative outcomes including PTSD (Douglas & Hines, 2011), anxiety and depression (Próspero, 2007) or a reluctance to seek help in the future (Gold, 2019). In this sample, in addition to PTSD, anxiety and depression, feelings of exclusion and isolation were identified as outcomes of help-seeking behaviors. "It was PTSD and anxiety that was causing me to shake or convulse" (Participant 11, 36 years), "Generally it made me very ill it reduced me to the least a person could be, contemplating suicide on several occasions" (Participant 109, 52 years). "The general impotence and the psychological isolation was excruciating" (Participant 109, 52 years), "Isolation. It's a path I walk alone" (Participant 6, 33 years).

The exclusion experienced extended across their social worlds: Family, "I often felt disbelieved by both family and friends. There was rarely any positive outcome" (Participant 122, 56 years); Friends, When trying to speak about it to some friends. One even mentioned no smoke without fire about her allegations (Participant 62, 45 years); Workplace relationships, "Even my work colleagues who knew about the false allegations seemed to treat me with suspicion" (Participant 7, 33 years), and relationships with professionals, "I felt like a separated father with inferior rights, rather than an equal parent with equal rights. This perception with the school was especially apparent" (Participant 48, 43 years). "We still aren't anywhere near a point where it's acceptable for a guy to talk about this. It's basically social castration if you do" (Participant 2, 28 years).

A number of participants did say that their feelings of impotence, loneliness, fear and exclusion could have been ameliorated to some extent by a number of changes, for example, resource availability, amendments to legislation and general education and training.

"If there had been legal support for men being threatened with false allegations. …If, at any time in my life, someone had told me that men can be victims and that there is no shame in admitting it" (Participant 2, 28 years). "If there been shared parenting legislation so that I wouldn't have been afraid to lose the children" (Participant 15, 37 years). "If there had been a male

shelter for me to leave with our child I would have done. I was our child's main carer at the time" (Participant 67, 46 years).

*Subtheme three: Helpfulness*. In 14% of cases participants did report feeling (at some point) actively and effectively helped when they sought help. While this is a modest number, there are important implications associated with this for support providers, employers, friends and family members. The messages here concur with those from female victims for example, Waldrop and Resick (2004, p. 300) who found that "the responsiveness of potential help sources, such as friends, family, police, and the courts was important. Women who receive a more positive response from help sources are likely to have greater confidence in their abilities to change their situations, and may be more likely to access support services in the future" however, the availability of avenues for support for male victims remains a significant barrier in itself (Bates & Douglas, 2020).

Despite these challenges, some participants did disclose their experiences and reported positively on the responses that they received. Their positive experiences were reports from a variety of help sources including, Professionals: It has been recently a huge relief and liberating to have had reassurance from professionals that actually I was the victim and not the perpetrator (Participant 85, 47 years); It was good to talk and stopped my feelings of suicide (Participant 89, 47 years), Family and friends, Yes it was an outlet for me, to be able to talk to my mother and sister about her behavior. I received support from both (Participant 133, 59 years), Work colleagues, Work colleague was very helpful as had similar experiences (Participant 19, 37 years).

This need for validation and inclusion was clearly powerful, it has the potential to reduce the sense of exclusion and isolation reported by so many of our participants. These positive help-seeking experiences demonstrate the importance of well informed and nonjudgmental service personnel and a greater community awareness of male victimization.

## Discussion

The influence of gender in IPV research, policy, and practice has been powerful (Gold, 2019; Milligan, 2019; Walker et al., 2019). It is unsurprising therefore that gender was identified within and across participant accounts. However, the pervasiveness of the influence of gender across professional, social, and family networks reinforced the conclusions drawn from the relatively sparse body of existing literature on this topic (Dim, 2020; Huntley et al., 2019; Josolyne, 2011; Walker et al., 2019). Men overwhelmingly reported

experiences of discrimination by virtue of their gender or held beliefs associated with their gender that served as inhibitors to help seeking. In keeping with Overstreet and Quinn's (2013) IPV stigma model, the impact of stigma associated with IPV and gender on the participants' help-seeking behavior was profound and reportedly operated in several ways. The participants' accounts echoed the findings reported by others from the U.S., Canada, and Australia (Brown, et al., 2019; Milligan, 2019; Walker et al., 2019), indicating that the masculinity narrative is pervasive and influences both the individual in need of help (Brooks et al., 2017; Morgan & Wells, 2016) and those who are charged with responding (e.g. the police and social services; Lysova & Dim, 2020; Lysova et al., 2022).

One of the most useful aspects of the application of Overstreet and Quinn's (2013) model is to demonstrate the complexity involved in tackling stigma. The stigma of IPV victimization is ubiquitous and when enmeshed with gender becomes insidious. The cultural power that IPV stigma holds to delegitimize the victim is widespread and subtly, yet persistently reinforced. Indeed, the application of Overstreet and Quinn's (2013) model to this male sample, offered a useful heuristic for understanding this barrier, inferring that like female victims, male victims also experience stigma as a barrier (cultural, internalized, and anticipated). Moreover, it helped us to organize the findings into the psychological, social, and cultural processes that may serve to inhibit action.

Our findings support those from Europe, U.S., Canada, and Australia (Barrett et al., 2020; Machado et al., 2016; Milligan, 2019; Wright, 2016). The barriers identified related to organizational and professional responses to help seeking became a reality for many of the male victims. One of the reasons identified for this was that the allegations made against them by their abusive partners did not appear to be rigorously challenged by professionals (Gold, 2019; Hine et al., 2020).

Milligan (2019) identified similar issues in her U.S. sample of male victims and Walker et al. (2019) in their Australian sample. The dominant narrative of men as perpetrators and women as victims appears to have created myopia whereby individuals who do not fit the standard narrative are discredited (Gold, 2019; Hogan, 2020; Walker et al., 2019). The isolation the participants reported was not simply a function of the control used by the abuser to prevent help seeking, it was also a reflection of socio-political and -cultural systems that unintentionally enable isolation by excluding males from media campaigns, support services and policy (Machado et al., 2016). This unintended consequence has the power to reinforce the undeserving male victim status and disenfranchise the victim by reducing their social capital (Park et al., 2020). Research with female victims tells us how important developing

social and community capital is in the process of recovery (Piga, 2018; Sullivan, 2018). Despite the evidence that at least a third of victims of IPV are male, the dearth of support services available to male victims makes inclusion and support extremely challenging (Hine et al., 2020).

Consistent with conclusions from recent studies examining male victimization, help seeking, and professional service responses (Brooks et al., 2017; Brown et al., 2019; Hogan, 2020; Huntley et al., 2019; Lysova & Dim, 2020; Lysova et al., 2022; Machado et al., 2017) we endorse the calls for the discrimination in the system to be acknowledged. Moreover, our findings reinforce the message that work needs to be undertaken to support professionals to recognize unconscious bias, prejudice, and receive training to support behavior and process change. Charman (2020), for example, explored the deserving and undeserving narratives used by police officers and suggested that these are pervasive and entrenched, arguing that training must be developed to address the bias and resultant discrimination.

Despite the range of barriers to help seeking expressed, participants primarily attributed their experiences to their gender. The men's accounts included multiple references to scenarios where their attempts to seek help led to them being dismissed as liars, unfit fathers or the "real" abuser, a shocking indictment for any society that claims to be egalitarian. There are powerful social and ethical arguments for training and education around victimization and the power and consequences of unconscious bias (Charman, 2020).

## Limitations and Future Research

The use of the anonymous online questionnaire as a data collection tool was partially successful, it attracted a wider pool of voices (13% of participants had not disclosed their experiences prior to this study) and so provided some support for one of our main aims. It also generated a wealth of rich and detailed data. However, the design of the questionnaire may benefit from some revision. There is a danger when questions are developed from previous research findings that participant's accounts are constrained. Future studies may seek to develop a questioning style that enables the participants identify the barriers or responses to help seeking in a less structured/guided manner (Berg & Lune, 2013). Moreover, while some success in widening the discourse may be claimed, there are still voices being excluded from this extremely important research area. The age range captured in this study remained similar to those in previous research (Brooks et al., 2017; Cheung et al., 2009; Corbally, 2015; Drijber et al., 2013; Entilli & Cipolletta, 2017; Huntley et al., 2019; Tsui et al., 2010) male victims primarily over 40 and

under 60 years of age. A factor which is of particular concern given claims that IPV rates in female perpetration are increasingly common in younger women (Dutton et al., 2005). Future researchers need to consider how to further extend the reach of their research to maximize inclusion. It might be for example that a prestudy stakeholder meeting with experts by experience under 40 and over 60 years of age may support the development of alternative more inclusive data collection strategies.

Future research exploring how to harness the expertise available in both men's and women's services and develop services that focus on IPV as opposed to the gender of the person seeking help may also be worthwhile. Understanding the reluctance of service providers and professionals to engage with male victims may be critical in addressing the needs of male victims and their children. This study identified structural and individual barriers to help seeking, it also presents reports of some disturbing practices from those whose role is to protect or support the public. Future studies examining the experiences of male victims and their children may provide insight into the types of services required to meet their needs. In addition, further research exploring the training available to health and social care providers in the UK may help elucidate the problem.

## Conclusion and Recommendations

The themes extracted largely serve to support the findings of previous research from help-seeking populations gathered in other European and Western countries. The application of Overstreet and Quinn's (2013) IPV stigma model to this male victim sample has also enabled their experiences to be articulated and acknowledged in terms of cultural, internalized and anticipated stigma, which arguably provides a useful starting point for individuals, organizations, and policy makers. If stigma is a product of social interaction, and what is stigmatizing in one social context may not be in another then, changing perceptions and reducing barriers is possible (Bos et al., 2013). However, the application of the model does confirm that the barriers and responses to help seeking reflect powerful pervasive individual and sociocultural beliefs. A factor that may infer that solutions targeted at one level of analysis, for example at the individual level may be insufficient to address the problem. Rather multilevel approaches that target structural inequalities and individual beliefs relating to violence and victimization may be required. For example, training for service providers with a focus on inclusive practices alongside training on recognizing and challenging unconscious bias and the associated discrimination that may follow, UK policy reviews to ensure that laws that are designed to be inclusive are fully and meaningfully

operationalized. Interestingly, adopting a gender-neutral approach in Law, policy, and service provision may be a useful start but recent findings from Norway suggest that in isolation this may not be sufficient (Bjørnholt & Rosten, 2020). Educating children in schools about healthy relationships and challenging gender stereotypes, while a longer term endeavor, may ultimately help to tackle perpetration and reduce the stigma associated with help seeking for IPV victimization. In addition, media campaigns that are more representative of all those who may be victims of IPV may help tackle some of the entrenched beliefs held by individuals of all ages. These suggestions echo those presented by Gold (2019) and Hine (2019).

The overriding recommendation is that a considerable amount of sociopolitical effort is needed so that we can be unequivocal in the message that: "anyone can be a victim of IPV and that all victims need an opportunity to seek support and have a right to have their account heard without prejudice or bias."

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